

<p>Children's Memorial Hospital Where kids come first.™</p>	<p>Administrative</p> <p>Policy and Procedure Manual</p>	<p>Policy # LD-3</p> <p>Effective Date: 1/12/2004</p> <p>Approved By:</p>
<p>Subject: Capital Equipment Purchases</p>		

Policy: A Capital Equipment purchase is defined as any equipment purchased costing at least \$5000.00 per individual item with a life greater than two years. All Capital Equipment purchases must be approved by respective Chief Officers, Administrators, or Division Heads (see Administrative Policies # LD-1 "Expenditure Authorization" and #EC-17 "Equipment Leasing"). Other authorizations such as Biomedical Engineering, Information Management, and Real Estate Services must also be obtained if applicable. The Finance Department and Purchasing Department will not process any request lacking appropriate approvals.

Purpose:

To assure that Capital Purchases are reasonable and justified and meet hospital guidelines and/or standards.

Procedures:

1. Requestor
 - A. Secures a Capital Expenditure Request Form (see attached form available from Purchasing Department).
 - B. Fills out the form and supplies all necessary information.
 - C. Obtains approvals (see Section VIII, Routing and signature portion of the form) from 1-7 (if all are applicable).

NOTE: All electrical equipment must be approved by Biomedical Engineering.
All computer/network related equipment must be approved by the Information Management Department.
All Real Estate/Facilities/Renovation and furniture purchases must be approved by the Real Estate and Facility Services Department.

- D. Submits approved request form to the finance Department, Box #26, for funding approval.
- E. Finance will then forward the original request to the Purchasing Department.
- F. The Purchasing Department has a 5 day lead time to create a Purchase Order.
- G. Purchasing will create purchase order and initiate contact with the vendor unless prior arrangements have been as with items over \$50,000.

II. Purchasing Department

Receives, date stamps and reviews the Capital request for completeness. Requisitions for equipment reviewed by MD Buyline (two to three week process upon request) will be submitted for price analysis. Orders will be processed in the approved manner. Please note that a Purchase Order will not be created for any purchases without an approved Capital Expenditure Requisition Form prior to invoices or delivery of the equipment.

REQUESTING DEPARTMENT		DEPARTMENT NAME:		CHARGE TO COST CENTER/FUND #:		BOX NO.:		PHONE EXT.:		CONTACT NAME:	
DATE REQUESTED:		ROOM NO.:		COST CENTER/FUND #:		FISCAL YEAR:		CAPITAL ACTIVITY NO.:		EXTENSION:	
DELIVER TO:	BUILDING:	QTY.	UNIT OF MEASURE	MANUFACTURER AND MODEL				DESCRIPTION			
ITEM NO.								UNIT COST	TOTAL COST \$	VENDOR CONTACT PHONE:	
<p>SUGGESTED VENDOR:</p> <p>VENDOR #:</p> <p>VENDOR NAME:</p> <p>ARE SERVICE/OPERATIONS MANUALS INCLUDED WITH PURCHASE? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF VENDOR INSTALLED, ANY COST SHOULD BE INCLUDED IN QUOTE. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IS BIOMEDICAL ENG. TRAINING INCLUDED? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>											
<p>REQUIRED SUPPORTING DEPARTMENTAL REVIEW</p> <p>BIOMEDICAL ENGINEERING #141</p> <p>IS EQUIPMENT REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF YES, INDICATE APPROVAL: <input type="checkbox"/> UL <input type="checkbox"/> ETL <input type="checkbox"/> NONE</p> <p>IF YES, HAS PRODUCTS STANDARD COMMITTEE APPROVED? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>OTHER WHO? _____</p> <p>ESTIMATED ANNUAL MAINTENANCE COSTS POST-WARRANTY: _____</p> <p>WILL BIOMEDICAL ENGINEERING COVER SERVICE FOR THIS EQUIPMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IS THIS IDENTICAL TO ANY EXISTING CMH EQUIPMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>											
<p>ENGINEERING DEPARTMENT #104</p> <p>INSTALLATION COSTS:</p> <p>PLANNING, CONSTRUCTION, & DESIGN DEPARTMENT COSTS/COMMENTS:</p>											
<p>INFLECTION CONTROL (MEDICAL EQUIPMENT ONLY) #268</p> <p>COMMENTS:</p> <p>IS THIS EQUIPMENT REPLACING CURRENT EQUIPMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>NOTE: IF YES, COMPLETE PROPERTY DISPOSAL FORM FOUND UNDER FORMS ON THE POINT. PLEASE LIST ASSET TAG #(S) OF DISPOSED ITEMS</p> <p>CAPITAL LEAD INFORMATION: NAME: _____ PHONE EXT: _____</p>											
<p>ROUTING AND SIGNATURES</p> <p>1. REQUESTED BY: _____ DATE: _____</p> <p>2. DEPARTMENT APPROVAL: _____ DATE: _____</p> <p>3. DIVISION HEAD/VP APPROVAL: _____ DATE: _____</p> <p>4. BIOMEDICAL ENG. APPROVAL: _____ DATE: _____</p> <p>5. H.I.S. APPROVAL: _____ DATE: _____</p> <p>6. ENGINEERING APPROVAL: _____ DATE: _____</p> <p>7. INFECTION CONTROL APPROVAL: _____ DATE: _____</p> <p>8. PLANNING, CONSTRUCTION DESIGN APPROVAL: _____ DATE: _____</p> <p>9. FINANCE APPROVAL: _____ DATE: _____</p> <p>9. FINANCE CODING: _____ CAPITAL ACTIVITY #:</p>											
<p>FOR PURCHASING USE ONLY</p> <p>DATE RECEIVED: _____ MID BUYLINE REVIEW COMPLETED: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>DATE P.O. PLACED: _____ BUYER: _____ PURCHASE ORDER NO: _____ COMMENTS: _____</p>											