



Hospital Attestation to Request the Use of Multiple Pieces of New or Replacement Equipment

Submission of this attestation to the Department of Health's (Department) Division of Acute and Ambulatory Care (DAAC) will satisfy a health care facility's notice and approval requirements under 28 Pa. Code § 51.3(a)(h), and (l) relating to the use of multiple pieces of new or replacement equipment. The Department reserves the right to conduct an onsite survey or inspection, if necessary, to determine compliance with all licensure requirements.

Submission of this attestation does not satisfy the facility's obligation to notify the Department's Division of Safety Inspections (DSI) pursuant to 28 Pa. Code § 51. (d) and (h) if the new or replacement equipment requires any construction, alternation, or renovation of space in the facility.

The undersigned individual authorized by the health care facility's governing body attests that the facility has satisfied the following requirements for use of multiple pieces of new or replacement equipment in a health care facility.

Please complete the fields and check the relevant boxes below to indicate completion of the requirement.

Facility Name: _____

Facility Address: _____

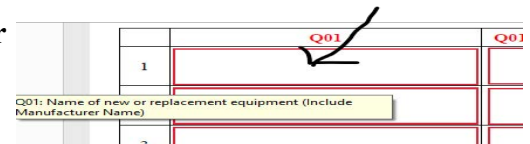
QUESTIONS TO BE ANSWERED ON EQUIPMENT GRID BELOW (Pages 3-5)

- Q01: Name of new or replacement equipment (Include Manufacturer Name)
- Q02: The required 60-day notification for new or replacement equipment was sent to the Department
- Q02A: Date notification was sent
- Q03: Date the new or replacement equipment will be placed in use
- Q04: Date the new or replacement equipment was installed
- Q05: The new or replacement equipment required a Division of Safety Inspection (DSI) plan review **(If applicable complete Q05A and Q05B)**
- Q05A: Date plan was approved **(If Q05 is Not Applicable leave Q05A blank)**
- Q05B: Plan Review # **(If Q05 is Not Applicable leave Q05B blank)**
- Q06: DSI occupancy survey completed with no deficiencies **(If applicable complete Q06A)**
- Q06A: Date DSI survey completed **(If Q06 is Not Applicable leave Q06A blank)**
- Q07: A narrative for the new or replacement equipment was provided to the Department and included scope of care (purpose/function)

- Q08: The governing body approved the new or replacement equipment with documentation in the governing body's meeting minutes **(If applicable)**
- Q09: Policies and procedures were developed or revised for the new or replacement equipment. **(If applicable)**
- Q10: Physicians and/or staff using the new or replacement equipment were instructed on the proper use of the equipment and all policies/procedures related to the equipment. Documentation of this completed instruction has been added to their credential file or employee file
- Q11: The facility has obtained certification by the manufacturer indicating that the equipment was properly installed **(If applicable)**
- Q12: If New or replacement equipment is radiology equipment, the facility maintains a copy of the physicist's report on the equipment **(If applicable)**

Note: Questions marked **(If applicable)** Select "NA" if not applicable or "Yes" if applicable

Each question above can be viewed on the grid by hovering over the box.



1	Q01
2	Q01

Q01: Name of new or replacement equipment (Include Manufacturer Name)

Please add any additional information you would like the Department to know about your attestation.

Note: Red boxes must be completed for each unique piece of equipment **EQUIPMENT GRID**

	Q01	Q02	Q02A	Q03	Q04	Q05	Q05A	Q05B	Q06	Q06A	Q07	Q08	Q09	Q10	Q11	Q12
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Note: Red boxes must be completed for each unique piece of equipment **EQUIPMENT GRID**

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	Q01	Q02	Q02A	Q03	Q04	Q05	Q05A	Q05B	Q06	Q06A	Q07	Q08	Q09	Q10	Q11	Q12
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With the addition of the new or replacement equipment listed on the grid, the facility is in full compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Hospitals, 28 PA Code, Part IV, Subparts A and B, November 1987, as amended June 1998.

Attestation on behalf of the health care facility named above by:

_____ (Print Name)

_____ (Sign Name) Date: _____

Please email the completed attestation to DAAC Division Director at RA-DAAC@pa.gov and cc your assigned Field Office HFQE Surveyor.