



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)

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
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																
13																
14																
15																
16																
17																

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
18																
19																
20																
21																
22																
23																
24																
25																
26																
27																
28																
29																
30																
31																
32																
33																
34																

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
35																
36																
37																
38																
39																
40																
41																
42																
43																
44																
45																
46																
47																
48																
49																
50																

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.