

Hospital Attestation to Request the Use 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 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 new equipment 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: _____

Name of new or replacement equipment:

The required 60-day notification for New or Replacement Equipment was sent to the Department.

Date notification was sent: _____

Date the new or replacement equipment will be placed in use: _____

Date the new or replacement equipment was installed: _____

The new or replacement equipment required a Division of Safety Inspection (DSI) plan review. *(If applicable)*

Date Plan was approved: _____ Plan Review #: _____

DSI occupancy survey completed with no deficiencies. **(If applicable)**

Date of DSI survey completed: _____

A narrative for the new or replacement equipment was provided to the Department and included the scope of care (purpose/function).

The governing body approved the new or replacement equipment with documentation in the governing body's meeting minutes. *(If applicable)*

Policies and procedures were developed *or revised* for the new or replacement equipment. *(If applicable)*

Physicians 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 made in their credential file or employee file.

The facility has obtained certification by the manufacturer indicating that the equipment was properly installed. *(If applicable)*

New or replacement equipment is radiology equipment, the facility maintains a copy of the physicist's report on the equipment. *(If applicable)*

With the addition of the new or replacement equipment, 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 and HFQE Supervisor.

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