Equipment & Component History

FORM 10

Facility Name: _____ **Period(s) or Date(s):** _____ **Sheet:** _____

Department: _____ **Equipment File Location:** _____

Include major components: tubes, controls, tables, cassette holders, and transformers. Retain supporting documents.

Date	System or Component Model And Serial No.	Receipt or Transfer or Use or Storage or Disposal	From or To or Location	Document or Service Reference

Equipment & Component History

FORM 10

Facility Name: _____ **Period(s) or Date(s):** _____ **Sheet:** _____

Record supporting references, review, and applicable requirements below.

Note(s) or Supporting Record(s):

Reviewed By: _____ **Review Date:** _____

State or Jurisdiction: _____

Regulatory Requirement Reference(s): _____

Required Interval(s) or Deadline(s): _____

Retention(s) or Trigger(s): _____