

## Equipment Profile

<b>Equipment type</b>	
<b>Manufacturer</b>	
<b>Serial Number</b>	
<b>TGLN Identifier</b>	
<b>Does this type of equipment require its own CPI?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>CPI Number:</b> _____
<b>Equipment cleaning required?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Time Interval:</b> _____
<b>Preventative Maintenance required?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Time Interval:</b> _____
<b>Validation required upon installation?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Calibration required?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Time Interval:</b> _____
<b>If equipment malfunctions or breaks:</b> 1. Re-qualification required? 2. Re-calibration required?	1. Yes / No 2. Yes / No