DIRECCIÓN QUIRÚRGICA

**DEPARTAMENTO DE EVALUACION TECNOLOGICA**

**CERTIFICADO DE ACEPTACIÓN**

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| **ENTRADA:**  **FECHA DE RECEPCIÓN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  ORIGEN DEL PRESUPUESTO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | LICITACIÓN |  | No. Evento/contrato/ convenio |  | |  | INVITACIÓN A TRES |  | No. Partida: |  | |  | COMPRA DIRECTA |  | DONACIÓN |  | |  | DEMOSTRACIÓN |  | SINIESTRO |  | |  | PERMANENTE |  |  |  | | | | | | | | | | | | | | | | |
| **PROVEEDOR:**   |  |  |  |  | | --- | --- | --- | --- | | COMPAÑÍA : |  | TELEFONOS : |  | | REPRESENTANTE : |  | ING. SERVICIO : |  | | E-MAILS : |  |  |  | | | | | | | | | | | | | | | | |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **DESCRIPCIÓN:** |  | | |  | |  | | | | EQUIPO: |  | | | CLASIFICACIÓN ART.83 RIS: | |  | | | | CANTIDAD: |  | VOLTAJE/CORRIENTE/WATTS: | | | |  | | | | MARCA: |  | | MODELO: |  | SERIE: | |  | | | COSTO DEL EQUIPO |  | | No. |  | |  | |  | | (CON IVA): |  | | CONTROL: |  | |  | |  | | | | | | | | | | | | | | | | |
| **UBICACIÓN:**   |  |  |  |  | | --- | --- | --- | --- | | ÁREA: |  | SERVICIO: |  | | RESPONSABLE /EXT/EMAIL: |  | | | |  | | | | | | | | | | | | | | | | | | |
| **CAMBIO POR GARANTIA: FECHA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\*LLENAR LOS DATOS, SI Y SOLO SI SE REALIZÓ CAMBIO DE EQUIPO POR GARANTIA.**  NO. CONTROL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SERIE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **\*LLENAR LOS DATOS, SI Y SOLO SI SE REALIZO CAMBIO DE ACCESORIO POR GARANTIA.**  ACCESORIO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MARCA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  MODELO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SERIE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  MANUALES O FOLLETOS ENTREGADOS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NOMBRE Y FIRMA DE CONFORMIDAD  DEL JEFE DE SERVICIO O RESPONSABLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
| **CARACTERÍSTICAS** | | | | | | | | | **CUMPLE** | | | | **NO CUMPLE** | | |
| 1.  2.  3.  4.  5.  6.  7.  8.  9.  10….  En caso de requerirse anexar hoja con características | | | | | | | | | 1.  2.  3.  4.  5.  6.  7.  8.  9.  10… | | | | 1.  2.  3.  4.  5.  6.  7.  8.  9.  10… | | |
| **ACCESORIOS Y COMPONENTES** | | | | | | | **MARCA** | | **MODELO** | | | | **SERIE** | | |
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| **SOFTWARE:** | | | | | | | | | | | | | | |
| **NOMBRE** | | | **LICENCIA** | | | | | | | **No. DISCOS/USB** | | | | |
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| **MANUALES DEL EQUIPO** | | | | | | **MANUALES DE LOS ACCESORIOS** | | | | | | | | |
| DIGITAL IMPRESO FOLLETO | | | | | | DIGITAL IMPRESO FOLLETO | | | | | | | | |
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| **PARTES FALTANTES** | | | | | | | | | | | | | | |
| **CANTIDAD:** | **DESCRIPCIÓN:** | | | | **FECHA DE ENTREGA** | | | **FIRMA DE ENTREGA** | | | | | | |
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| |  |  |  | | --- | --- | --- | |  | **SI** | **NO** | | **SE ENTREGA MANUAL DE USUARIO Y/O INSTRUCTIVO AL AREA USUARIA:** |  |  |  |  |  |  |  | | --- | --- | --- | --- | |  | **SI** | **NO** | **N/A** | | **SE ENTREGA SOFTWARE AL AREA USUARIA** |  |  |  |     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  FIRMA DEL PROVEEDOR FIRMA DEL JEFE DE SERVICIO O . RESPONSABLE TECNICO  .  \*Termina entrega de equipos y accesorios\*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  REQUIERE CAPACITACIÓN:   |  |  |  | | --- | --- | --- | |  |  |  | | **REQUIERE INSTALACIÓN Y/O PRUEBAS DE FUNCIONAMIENTO (F06-PR-SSQ-04)** | **SI** | **NO** | |  |  |  |  |  |  |  | | --- | --- | --- | |  | **SI** | **NO** | | **USUARIO** |  |  | | **BIOMÉDICA** |  |  |   **SE ENTREGA FUNCIONANDO AL ÁREA USUARIA FECHA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **FECHA DE CONCLUSION DE CAPACITACION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **NOMBRE Y FIRMA DEL PERSONAL**  **DE EVALUACIÓN TECNOLÓGICA** | | | | | | | | | | | | | | |

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| **OBSERVACIONES**\*\* |
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\*\*solo en caso necesario