

Asset Purchases Application Form

Capital Funding Source: Choose an item.

Prior to the approval of all Asset Purchases, appropriate approvals/endorsements must be gained prior to purchase.

Please follow these steps and attach all relevant documents.

- Check if item is on **SOA** - <http://qcd.govnet.qld.gov.au/Pages/Home.aspx>
 - If not on SOA, you must:**
 - follow the requirements of the [Procurement Matrix](#) (genuine documented attempt to obtain three quotes), or
 - complete an [EPP](#) (Briefing Note Exemption from Procurement Process) in the instance of Sole Supplier, Confine market (less than three suppliers), or genuine urgency situations.
 - If on SOA:** 1 quote to be supplied noting SOA # in form below.
- Send Application Form (**in Word Format**), quote(s) (and approved EPP if applicable) to CHHHSAssetDepartment@health.qld.gov.au.
- Remember to attach all other relevant supporting paperwork (ie: TGA Certificate). NB: Check with your Business Manager regarding future servicing/maintenance costs as these are not included in the purchase price and are paid from operational funds.

All fields must be completed, or your application will be returned to you

STEP 1: DETAILS			
Applicant Name:		Phone Number:	
Email:			
Required equipment details / Product Description:			
			Model:
Is the item available on Standing Offer Arrangement (SOA)? SOA Number:			Choose an item.
If NO, has an EPP been completed and approved?	Choose an item.	If NO, are 3 quotes attached?	Choose an item.
Service Agreement required?	Choose an item.	Acquisition cost (excluding GST):	\$
Controlling Cost Centre:		Service agreement cost (excluding GST):	\$
Warranty Period:		Recurrent costs (excluding GST):	\$
Equipment to be purchased from: (Supplier's Name)			
Old Barcode Label(s): (if applicable)			
Location of equipment:	Department/Ward/Area: Facility:		



COMPASSION



ACCOUNTABILITY



RESPECT



INTEGRITY



Queensland
Government

STEP 2: Points to consider prior to purchasing ALL equipment

• Is the item suitable for end users?	• Does the item require ongoing maintenance by BEMS or BTS?	• Are there safety issues for staff or patients when using this item?
• Are there any infection control and sterilisation issues? (eg: cleaning of item)	• Therapeutic Goods Administration Certification is a requirement.	• What company support is offered? (eg: warranty period; maintenance / service agreement; quality assurance)
• Is training and education provided on use of item?	• Are there installation and refurbishment requirements?	• What is the delivery time-frame for the item? • Are there ongoing operational costs?

STEP 3: ENDORSEMENT BY BUSINESS MANAGER (CMAR & FNQHF APPLICATIONS ONLY)

BUSINESS MANAGER

Name

☐ Endorsed
☐ Not endorsed

Date

Comments

STEP 4: SIGNATURES / ENDORSEMENT FOR CHHS ASSET DEPARTMENT USE ONLY

Bio-Medical Technology Services (BTS)

Name

☐ Endorsed
☐ Not endorsed

Signature

Date

Comments

Clinical Resources Unit (CRU)		
Name	<input type="checkbox"/>	Endorsed
	<input type="checkbox"/>	Not endorsed
Signature	Date	
Comments		

Infection Control		
Name	<input type="checkbox"/>	Endorsed
	<input type="checkbox"/>	Not endorsed
Signature	Date	
Comments		

Building, Engineering & Maintenance Services (BEMS)		
Name	<input type="checkbox"/>	Endorsed
	<input type="checkbox"/>	Not endorsed
Signature	Date	
Comments		

Workplace Health & Safety (WHS)		
Name	<input type="checkbox"/>	Endorsed
	<input type="checkbox"/>	Not endorsed
Signature	Date	
Comments		

Digital Health Services		
Name	<input type="checkbox"/>	Endorsed
	<input type="checkbox"/>	Not endorsed
Signature	Date	
Comments		

Central Sterilising Department (CSD)	
Name	<input type="checkbox"/> Endorsed <input type="checkbox"/> Not endorsed
Signature	Date
Comments	

STEP 5: FINANCE CHECK	
Name	<input type="checkbox"/> Endorsed <input type="checkbox"/> Not endorsed
Signature	Date
Comments	
Remaining Budget \$ (excluding cost of this application)	

STEP 6: FNQHF FUNDING APPROVAL FOR ASSETS (OVER \$5,000)	
Name	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
Signature	Date
Comments	

Need advice?

Please contact CHHHSAssetDepartment@health.qld.gov.au Cairns and Hinterland Hospital and Health Service

