# SERVICE CONTRACT PURCHASE ORDER ADDENDUM
# BETWEEN THE
# UNIVERSITY OF NORTH CAROLINA HOSPITALS AND

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Purchase Order Number

UNC Hospitals (the Hospital) reserves the right to designate at its sole discretion an external organization (Designee) to monitor regulatory compliance on all the Equipment covered by the Service Contract described in the Purchase Order noted above. The Vendor (named above) warrants that it and all the Equipment covered by the Purchase Order noted above will comply with all of the following conditions and requirements:

**A. Equipment Inventory**

1. The Vendor shall provide to the Hospital or its Designee the complete equipment inventory covered by the Service Contract indicating:

- Vendor's unique identification number for each device
- Device descrition(s)
- Device model(s)
- Device serial number(s)
- Coverage start and end dates
- Coverage times

**B. Equipment Replacements**

1. The Vendor shall request to the Hospital or its Designee to perform an Incoming Inspection on every device intended as a permanent or temporary replacement of an existing device covered by the Service Contract.

2. The Vendor shall provide to the Hospital or its Designee all the information requested in A.1. for every device used as a permanent or temporary replacement of an existing device covered by the Service Contract. The information shall include the Vendor's unique identification number of the replaced device.

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**C. Planned Maintenance (PM) Schedule**

1. The Vendor shall provide to the Hospital or its Designee an Annual PM Schedule for each device covered by the Service Contract. The PM Schedule shall include:

- The Vendor's unique identification number for each device
- The month(s) in which the device(s) will receive the PM(s)
- The Vendor's unique identification number for each PM procedure(s)
- The estimated PM duration in hours

2. The Vendor shall provide to the Hospital or its Designee a detailed description of all the PM procedure(s) used in C.1.

3. The Vendor shall provide to the Hospital or its Designee an Annual PM Schedule as detailed in C.1. for every device used as a permanent or temporary (more than six months) replacement of an existing device covered by the Service Contract.

**D. Documentation**

1. Upon completion of any PM, a complete, legible service report shall be provided to the Hospital or its Designee. The report must contain the following minimum information:

- Date and service hours. Commencement and completion time.
- Unique identification number of the device(s) that received the service.
- Clear and detailed description of the work performed including the PM check list used to document the service.
- Individual listing and identification of all components, parts, kits, sub-assemblies, assemblies, upgrades, updates, and any modification to either hardware or software.
- Documentation of all the actual measurements performed to verify the proper operation and calibration of the device(s) after the service, including electrical safety testing according to NFPA-2002. Documentation must include the acceptable tolerances of each measurement.
- Name and signature of the person who performed the service.
- If a Purchase Order number was requested prior to the delivery of the service, the report must include the number and a detail of the charges.

2. A label indicating the information below shall be affixed to each device:

- PM completion date
- Next PM scheduled date (month/year)
- Initials of service provider