

# Rancho Los Amigos National Rehabilitation Center INFORMATION MANAGEMENT SERVICES POLICY AND PROCEDURE

# SUBJECT: PROCUREMENT – FIXED ASSETS

Policy No.: 111 Supersedes: 7/30/03 Revision Date: 5/08/13 Page: 1 of 1

## I. PURPOSE:

To establish guidelines for Information Management Services (IMS) when requesting fixed asset computer equipment for Rancho Los Amigos National Rehabilitation Center (RLANRC).

## II. POLICY:

All requests for fixed asset computer equipment shall be approved by the Fixed Asset Committee.

## **DEFINITION**

Fixed asset computer equipment refers to all items with a unit cost greater than \$4,999.99, with a life expectancy of one to three years, or items placed on stringent budgetary controls by the Los Angeles County Auditor-Controller.

## III. PROCEDURE:

#### REQUEST FOR FIXED ASSET EQUIPMENT

- A. Fixed asset equipment is ordered on Equipment Request Form (Form R-73), (Attachment A). Upon completion of Form R-73, submit the form to the Section Head for review/approval.
- B. On approval of Form R-73, the Section Head will forward the completed form to the Department **OnLine Requisition (OLR)** Coordinator for entry into the IMS Procurement Tracking System.
- C. Upon recording of Form R-73 by the Department **OLR** Coordinator, the form is submitted to the Chief Information Officer (CIO) for review/approval.
- D. The CIO-approved Form R-73 is forwarded to Administration for final approval.
- E. Upon approval, Administration will forward Form R-73 to Materials Management for processing.

#### RECEIPT OF EQUIPMENT

Materials Management will notify the Department **OLR** Coordinator when the equipment is received. The IMS Procurement Tracking System will be updated at that time.

#### NON-APPROVALS

Denied requests on Form R-73 are returned to the Department **OLR** Coordinator for closure on the IMS Procurement Tracking System.

	PLEASE NOTE INCOMPLETE FORM WILL BE RETURNED TO ORDERING DEPARTMENT/SERVICE COST CENTER			
TO	BE COMPLETED BY ORDERING DEPARTMENT: (Rumbers 1 Inrough 25)			
8	EQUIPMENT DESCRIPTION	2. INITIAL EQUIPMENT COST		
	Model * Unit Cost S	Include tal. buigk. Incluiuran et		
	Vendor Name	•		
	Vendor Representative Vendor Phone ( )			
3	PLEASE ATTACH MANUFACTURER DESCRIPTION AND SPECIFICATION BROCHURE.			
4	Expected useful life of equipment:YEARS (in terms of technological obsolescence )			
5	Equipment must be ordered from specified vendor. ONLY. for the following reasons:			
2				
6	Proposed LOCATION of new equipment: Room #Bidg. #			
7	Room/Area alterations necessary PRIDR to installation (please provide description):			
8	Equipment is Portable Stationary Built-In			
9	Equipment operated by:  Electricity Battery Hydraulic Other			
10.	Accessory(s)/Option(s) required to operate requested equipment			
	DESCRIPTION ORDER ND USAGE/MONTH UNIT COST			
		11. TOTAL ACCESSORYINI COST:		
	I			
12	Supply(s) required to operate requested equipment.			
2	DESCRIPTION ORDER ND USADE/MONTH UNIT COST	12. TOTAL ANNUAL SUPPLYNI CO		
	I	I		
14	Proposed use/benefit of equipment (please explain how/where the equipment is to be used, who will use it, and how it will be compatible with existing County equipment)			
44	Is this equipment to be used for direct patient care? D NO D YES			
45.				
	current Infection Control Policies/Procedures? DNO DYES			
15	Is inservice training necessary for operators/users?  ND VES If yes, please describe course length, location.	IS. TOTAL TRAINING COST:		
	cost. etc.	·		
17	Will this equipment create a need for new position(s)?   N0   YES If yes, please explain	IE. TOTAL NEW POSITIONINI COST		
		1		
19	Requested equipment is to Supplement existing equipment (list)			
	Replace outdated/unrepartable equipment			
	COUNTY ND SERIAL NUMBER (BIG) Room #1 (Years) VALUE			

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# I. - Continued:

	HILINDED.		
20.	Equipment will result in overall cost savings	21. TOTAL PROJECTED BAVINGS: S	
22		ue. as follows:	23. TOTAL PROJECTED ANNUAL Revenue S
24		t	
25	I have provided complete information on abo other requests.	ove request and have indicated my Priority Number above in relation to my	
	DEPARTMENT/SERVICE	CONTACT PERSON EXTENSION	
	DEPARTMENT/BERVICE Authorized Bigneture	64.75	
	TO BE COMPLETED BY ARE	ADMINISTRATOR	
	Area Administrator's Tentative Approval	A ADMINISTRATOR	
_	Signature, Area Administrator	Dete	
Т	O BE COMPLETED BY BUILD	ING CRAFTS DEPARTMENT: (Numbers 1 through 7)	
1.	Estimated cost of modifications/alterations r	necessary for installation: 5	
2	Installation by: VENDOR, to be "Turn Key COUNTY PERSONNEL:	K. **	3. TOT. ESTIMATED INSTALLATIO COST: \$
4	Equipment to be serviced by:		
		ual cost of service contract \$	5. TOTAL ANNUAL VENDOR MAINTENANCE CDST
		stimated annual cost of parts:   stimated annual maintenance hours required: Hours	۱
		pecial equipment necessary for maintenance:	6. TOTAL ANNULAL COUNTY MAINTENANCE COST
	ī	00509PTION COS1	I
7.		ith the ordering department/service relating to installation and med the above information to be accurate and complete.	
	Signeture, Building Crafts Departm		
<u>у т</u>	O BE COMPLETED BY EQUIP		
• •	O DE COMPLETED DI EQUIP	MENT COMMITTEE.	
		[ ] APPROVED [ ] DENIED	
	Signature, Associate Executive De		
Th	O BE COMPLETED BY FINAN s equipment has been approved through the is as Additional Equipment by the Equipment Co	Annual Budget Process	
		Budgeted Amount \$	
		Item Number	
	Signiture, Controller	Test /	
_	Sill mine? Addition	Date	the second s