



Rancho Los Amigos National Rehabilitation Center

INFORMATION MANAGEMENT SERVICES

POLICY AND PROCEDURE

SUBJECT: PROCUREMENT – FIXED ASSETS

Policy No.: 111
Supersedes: 7/30/03
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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.

EQUIPMENT REQUEST

FISCAL YEAR _____

PLEASE NOTE: INCOMPLETE FORM WILL BE RETURNED TO ORDERING DEPARTMENT/SERVICE

COST CENTER _____

I. TO BE COMPLETED BY ORDERING DEPARTMENT: (Numbers 1 through 25)

1. EQUIPMENT DESCRIPTION _____

Model # _____ Qty _____ Unit Cost \$ _____

Vendor Name _____

Vendor Address _____

Vendor Representative _____ Vendor Phone (_____) _____

2. INITIAL EQUIPMENT COST
(Include tax, freight, installation, etc.)
\$ _____

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: _____

6. Proposed LOCATION of new equipment: Room # _____ Bldg. # _____

7. Room/Area alterations necessary PRIOR to installation (please provide description): _____

8. Equipment is: Portable Stationary Built-in

9. Equipment operated by: Electricity Battery Hydraulic Other _____
 Fuel (describe) _____

10. Accessory(s)/Option(s) required to operate requested equipment:

DESCRIPTION	ORDER NO.	USAGE/MONTH	UNIT COST
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

11. TOTAL ACCESSORY(ies) COST:
\$ _____

12. Supply(s) required to operate requested equipment:

DESCRIPTION	ORDER NO.	USAGE/MONTH	UNIT COST
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

12. TOTAL ANNUAL SUPPLY(ies) COST:
\$ _____

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): _____

14a. Is this equipment to be used for direct patient care? NO YES

14b. Has Epidemiology been consulted to assure continued compliance with current Infection Control Policies/Procedures? NO YES

15. Is inservice training necessary for operators/users? NO YES If yes, please describe course length, location, cost, etc. _____

16. TOTAL TRAINING COST:
\$ _____

17. Will this equipment create a need for new position(s)? NO YES If yes, please explain _____

18. TOTAL NEW POSITION(ies) COST:
\$ _____

19. Requested equipment is to:

Supplement existing equipment (list): _____

Replace outdated/unreparable equipment

COUNTY NO.	SERIAL NUMBER	LOCATION (Bldg./Room #)	APPROX AGE (Years)	APPROX SALVAGE VALUE
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

Equipment MUST be retained in service until new equipment is received

There is no similar equipment currently in our department/service's inventory

