POLICY AND PROCEDURE

Policy No.: 504

SUBJECT: EQUIPMENT DEMONSTRATION, Revised: November 2015 EVALUATION, AND LOAN Supersedes: May 2013

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POLICY:

1. All equipment demonstrations, evaluations, and loans by outside vendors are to be coordinated according to the Administrative Policy and Procedure No. A301 on Vendor Relations.

2. Individual staff members are not to contact vendors directly.

3. Vendors should not be in the treatment areas or office without prior authorization from Materials Management Department.

PROCEDURE:

- 1. Department members or the vendor may initiate the request for equipment demonstration, evaluation, or loan.
- 2. Evaluation of equipment, including samples, must be coordinated through the Product Evaluation Committee via Materials Management by submitting a "New Item Request" form (Attachment A) for approval of the evaluation.
- 3. "Equipment demonstrations" are arranged by the OT personnel in CART who contacts the vendor. In cases of evaluation or loan, an On-Line Requisition is initiated for "Evaluation Only at No Charge" according to the rehabilitation center procedure.
- 4. In the event of an evaluation or loan, electrical equipment will be checked by Building Crafts prior to or on the day of delivery.
- 5. The treatment area(s) involved in the evaluation must complete a "Report of Product Evaluation" form (Attachment B) as soon as the evaluation takes place and send it to the area coordinator.
- 6. The area coordinator compiles the evaluations and sends to the department director for review.

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7. Evaluation of equipment **DOES NOT** constitute a promise of purchase nor can evaluation comments be used in any promotion by the vendor.

8. Upon completion of the evaluation, the equipment is returned to the vendor through RLANRC Receiving Office, according to the rehabilitation center procedures.

Reference: Administrative Policy and Procedure No. A301, "Vendor Relations".

Administrative Policy and Procedure No. 8617 "Product Evaluation

Committee"

Director, Occupational Therapy and Recreation Therapy Department

Signature(s)On File