



FORM FOR THE EVALUATION OF ENGINEERS FOR GMH DONATED TOOLS

**Please send the completed form to info@ghanamedicalhelp.com.*

1. Applicant name
2. Applicant phone #
3. Applicant email
4. Name of hospital
5. Region..... District
6. Level of health delivery: TEACHING REGIONAL DISTRICT OTHER,
Describe.....
7. Have you received a toolkit from GMH before?
8. Brief description of technology management responsibilities
 - a.
 - b.
 - c.
 - d.
9. Describe the type of tools being used in your work place currently
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10. Source of tools
11. Year of acquisition
12. What would you list as the 4 top needed tools?
 - a.
 - b.
 - c.
 - d.



13. What equipment do you work on the most and what are your most common repair issues?

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14. Roughly how many repairs have you carried out in the last 12 months?

15. How are you able to detect repeated cause of breakdown for equipment?

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16. Briefly describe the most difficult repairs you undertook this year

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17. What is your annual cost of maintenance?.....

18. What is the source(s) of funding the maintenance?.....

19. Name and designation of responsible officer

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Ghana Medical Help
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Utopia ON L0M1T0
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20. Is there anything else you want us to know about you or your hospital's needs?

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