# Equipment Log

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| This Equipment Log can be completed by the participant, worker or their service provider and advises icare what equipment requires a maintenance schedule. The Equipment Log is to be submitted with a request for equipment maintenance. |

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| Participant/Worker’s Name | icare reference number | Date |
|  |  | Click or tap to enter a date. |
| icare contact | Case manager | Occupational Therapist |
|  |  |  |

### Current equipment

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| **Equipment**  (include make / model) | **Needs routine maintenance**  (Yes or No) | **Preferred repairer** (if applicable) |
| *e.g. Permobil F3 Corpus Power Wheelchair*  *Aspire Shower Chair* | *Yes*  *No* | *No Preference*  *NA* |
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### Equipment no longer in use

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| **Equipment** | **Would you like this removed?**  (Yes or No) |
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| Please send the completed Equipment Log with an equipment maintenance request to  [care-requests@icare.nsw.gov.au](mailto:care-requests@icare.nsw.gov.au) |

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|  | **icare** GPO Box 4052, Sydney NSW 2001 **General Phone Enquiries: 1300 738 586** Email: [care-requests@icare.nsw.gov.au](mailto:care-requests@icare.nsw.gov.au) www.icare.nsw.gov.au |