# 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

|  |  |  |
| --- | --- | --- |
| **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 |

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|  | **icare**GPO Box 4052, Sydney NSW 2001**General Phone Enquiries: 1300 738 586**Email: care-requests@icare.nsw.gov.auwww.icare.nsw.gov.au |