

Northeast Medical Consulting, Inc

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Bid Sheet

	Number of Areas to be tested	Times per Year	Dates to be tested
Formaldehyde Monitoring:			
Xylene Monitoring:			
Toluene Monitoring:			
Waste Gas Monitoring: # of Anesthesia Machines # of Recovery Rooms # of Manifolds			
Anesthesia Vaporizer Accuracy: # of Vaporizers			
Glutaraldehyde Monitoring:			
Ethylene Oxide Monitoring: # of Sterilizers # of Aerators			
Isolation Room Ventilation Evaluation:			
Medical Gas Systems Evaluation: Evaluation includes: Gas supply sources, Master and Area Alarms, Zone Valves, Patient Terminal Outlets, and Gaseous & Particulate Contamination Testing.	# of outlets		
	# of Medical Air Compressor Systems _____		
	Sizes # of Vacuum Systems _____		
	Sizes # of Manifolds _____		
Medical Gas Certifications: _____			
Hospital Name:			
Address & Zip:			
Contact Name & Title:			
Phone Number & Ext:			
Fax Number:			
Comments:			

Please fax completed form to (240) 282-1086