**DNAMER Equipment Fault/Malfunction Form**

To submit a notification of faults/malfunctions of equipment identified during any activities using the DNAMER Simulation Room/s please fill out the following details and email to: Janice.Butt@health.wa.gov.au

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| --- | --- |
| **Name:** |  |
| **Details of alternative contact:** |  |
| **Department:** |  |
| **Contact phone:** |  |
| **Email address:** |  |
|  |  |
| **Title of activity:** |  |
| **Date identified:** |  |
| **Type of equipment:** |  |
| **Please describe the fault/malfunction:** |
|  |

Signature: Date: