

Hospital Equipment Maintenance Schedule

To: [Equipment Maintenance Team]

From: [Your Name]

Date: [Date]

Subject: Scheduled Maintenance for Hospital Equipment

Dear Team,

This is to inform you about the maintenance schedule for the following hospital equipment. Please ensure that all necessary preparations are made for each scheduled maintenance session.

Equipment Name	Location	Maintenance Date	Technician Assigned
X-Ray Machine	Radiology	[Insert Date]	[Technician Name]
CT Scanner	Radiology	[Insert Date]	[Technician Name]
MRI Machine	Radiology	[Insert Date]	[Technician Name]
Ultra Sound Machine	Radiology	[Insert Date]	[Technician Name]

Please ensure that all relevant staff members are informed of these maintenance dates and that the equipment is accessible during scheduled times. If there are any conflicts or issues, do not hesitate to contact me.

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Position]

[Hospital Name]