**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](mailto:Janice.Butt@health.wa.gov.au)

|  |  |
| --- | --- |
| **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: