

**METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY
GENERAL FUND 4% RESERVE FUND
INFORMATION SHEET
(As Required By Ordinance 086-1534)**

**Health Department
2nd Quarter 2009
38201000**

Object Code	Item	Qty.	Estimated Cost	Replace. or New Equip.	Age of Equipmt Replacing (In Years)	Estimated Life of Equipment (In Years)
503850	X-Ray Dental - Planmeca Dental PM2002 EC Proline Model	1	\$21,900	Replace	10	15
503850	Microscope - Leica MicroStar IV Model	2	\$10,000	Replace	15	15
503850	Physican Exam Stools	6	\$2,400	Replace	15	15
503400	Audiometer	1	\$5,000	Replace	10	15
503400	Measuring Board - Perspective Enterprises Model 2 Yrs to Adult Wall Mount	1	\$1,500	Replace	10	15
503400	Biompedance Monitor - Bodystat Model 1500	1	\$1,500	Replace	2	15
503400	Measuring Board - Perspective Enterprises - 0-2 years tabletop model	1	\$1,000	Replace	10	15
503400	Measuring Board - Prespective Enterprises 2 years to Adult Wall Mount Model	1	\$1,500	Replace	10	15
503850	Infant Scale - Health -o-Meter	2	\$1,000	Replace	12	15
503850	Physician Scale - Detecto Manual model	2	\$1,000	Replace	18	15
503850	Diagnostic Set Welch-Allyn Wall Mount	5	\$7,500	Replace	20	15
503850	Physician Stool	6	\$2,400	Replace	15	15
503150	Rotator - Vulcon Tech - rototron RT10 Model	1	\$3,000	Replace	14	15
503850	Audio Diagnostic Set - Welch-Allyn Wall Mount	1	\$3,000	Replace	15	15
503850	Physician Scales	2	\$1,000	Replace	15	15
503850	Incubator - Clinical Scientific Model 100	1	\$3,000	Replace	18	15
503850	Emergency Cart 3 Shelves	1	\$2,000	Replace	15	15
503850	Diagnostic Set - Welch-Allyn Wall Mount	3	\$1,500	Replace	15	15
503150	Exam Light Gooseneck	6	\$1,800	Replace	15	15
503850	Infant Scale - Health-O-Meter	4	\$2,000	Replace	10	15
503850	Dental Film Processor Dentex 810 Basic Model	1	\$15,000	Replace	15	15
503400	Nebulizer - Pulmo-Aide LA10522 Model	1	\$1,000	Replace	10	15
503850	Microscope - Vickers Instruments	2	\$4,000	Replace	15	15
503850	Oscilloscope - BK Precision 1461 Model	1	\$4,000	Replace	20	15
503850	Analytical Scale - Countertop	2	\$2,000	Replace	20	15
	Total		\$ 100,000			

Is this expenditure federal or state reimbursable?..... Yes/No
 Can this equipment be used year around?..... Yes/No
 Has the price been verified by Division of Purchases? Yes/No
 Have you checked Public Property Division for usable surplus equipment?..... Yes/No
 Is equipment absolutely necessary at this time? Yes/No
 Will equipment reduce present cost?..... Yes/No
 Is equipment to extend services?..... Yes/No
 Is equipment to reduce manpower?..... Yes/No
 Will equipment require new manpower?..... Yes/No
 Will equipment increase productivity?..... Yes/No
 Will equipment promote public health? Yes/No
 Will equipment promote public safety? Yes/No

Have all previously adopted resolutions appropriating funds from the General Fund Reserve Fund
 (4% Fund) been complied with by expending said funds as required? Yes/No
 If not, do you expect to expend funds and the date expected for the expenditure?..... Yes/No

COMMENTS: _____

Department Head _____

Date _____