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# AOV INTERNATIONAL LLP MAINTENANCE OF BIOMEDICAL EQUIPMENT SERVICE REPORT



HOSPITAL NAME	CHC GHAROTA	COMPLAINT NUMBER	HMF.
HOSPITAL TYPE	CHC.	COMPLAINT RECEIVED DATE / TIME	
DISTRICT	PATNAKOT.	COMPLAINT ATTENDED DATE / TIME	09/08/22 9:15
USER CONTACT DETAILS		COMPLAINT RECTIFIED DATE / TIME	09/09/22 9:30
EQUIPMENT TYPE (TICK THE BOX)	<input type="checkbox"/> UNDER CONTRACT <input type="checkbox"/> UNDER WARRANTY <input type="checkbox"/> UNDER AMC/CMC <input type="checkbox"/> PHYSICAL DAMAGE <input type="checkbox"/>		

EQUIPMENT DETAIL	BARCODE NUMBER :	4190020012	MANUFACTURER :	Other
	EQUIPMENT NAME :	Examination Mobile	MODEL NO :	NA.
	DEPARTMENT :	hair OP	SERIAL NUMBER :	409

PROBLEM IDENTIFIED: mobile light not working.

ACTION TAKEN: checked the m/c and found, the age of equipment is more than 40 years and not repairable so recommended for condemnation.

PHASE - NEUTRAL (VOLT):     
  PHASE - EARTH (VOLT):     
  NEUTRAL - EARTH (VOLT):

ENGINEER'S REMARKS

SPARES CONSUMED OR REQUIRED	PART NAME	QTY	SERIAL NO. / LOT NO

CUSTOMER REMARK IF ANY

B. S. Grewal  
 ਸੀਨੀਅਰ ਮੈਡੀਕਲ ਅਫਸਰ ਇੰਚ  
 ਕਮਿਊਨਿਟੀ ਹੈਲਥ ਸੈਂਟਰ  
 ਘਰੋਟਾ (ਪਟਨਾਕੋਟ)

FOR AOV INTERNATIONAL LLP  
 ENGINEER NAME & SIGNATURE