

# AOV INTERNATIONAL LLP

BIO-MEDICAL EQUIPMENT MAINTENANCE & MANAGEMENT PROGRAM (BMMP) OF  
PUNJAB HEALTH SYSTEMS CORPORATION



24723

## SERVICE REPORT

HOSPITAL NAME	SDH PHAGWARA	COMPLAINT NUMBER	DB-11721
HOSPITAL TYPE	SDH	COMPLAINT RECEIVED DATE/TIME	09/27/23
DISTRICT	KAPURTHALA	COMPLAINT ATTENDED DATE/TIME	28/09/23
USER CONTACT DETAILS	7986018291	COMPLAINT RECTIFIED DATE/TIME	03/10/23
EQUIPMENT TYPE (TICK THE BOX)	<input type="checkbox"/> UNDER CONTRACT <input type="checkbox"/> UNDER WARRANTY <input type="checkbox"/> UNDER AMC/CNC <input type="checkbox"/> PHYSICAL DAMAGE <input checked="" type="checkbox"/> CONDEMNED		

EQUIPMENT DETAIL	EQUIPMENT NUMBER:	3110100118	MANUFACTURER:	NIA
	EQUIPMENT NAME:	Eye OPD KERATOMETER	MOBEL NO:	NIA
	DEPARTMENT:	EYE OPD	SERIAL NUMBER:	NIA

PROBLEM IDENTIFIED: *machine not working*

ACTION TAKEN: *checked and found machine calibration dummy missing, bulb not focused adjustment broken, chin rest not working and mirror not working. since not probably adjust. machine old more than 15 year and not repairable. Suggestion for RBER.*

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

ENGINEER'S REMARKS: *Suggested for RBER*

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

CUSTOMER REMARKS IF ANY

JOB COMPLETED SATISFACTORY  YES  NO

CUSTOMER SIGNATURE WITH SEAL: *[Signature]*

FOR AOV INTERNATIONAL LLP  
ENGINEER NAME & SIGNATURE: *KAPIL KUMAR*



Senior Medical Officer



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# INCIDENT REPORT

I. R. No. **741**  
 Date **03/10/2023**  
 Region **KAPURTHALA**

Device Identification		Date & Location	
a. Asset No.	<b>3110100118</b>	a. Hospital Name	<b>SDH PHAGWARA</b>
b. Asset description	<b>KERATOMETER (manual)</b>	b. Department Name	<b>BBB</b>
c. Manufacturer Name	<b>N/A</b>	c. Date of Occurrence	<b>27/09/23</b>
d. Model	<b>N/A</b>	d. Time of Occurrence	
e. Serial No.	<b>N/A</b>	e. Date of Reported	<b>03/10/23</b>
f. Any other Details		f. Time Reported	

Follow Up Action		Damage to Equipment	
A. BM Work Order No.:	<b>PB-11721</b>	A. Major <input checked="" type="checkbox"/>	B. Minor <input type="checkbox"/>

5. Description of the Incident (State exactly what was the sequence of events leading up to the incident and where the incident occurred. Please add another paper if space provided is not enough.)  
*Focus adjustment broken, and calibration dummy missing.*

6. Cause of Incident

a. Physical Damage <input type="checkbox"/>	j. Inadequate Illumination <input type="checkbox"/>
b. Missing Spare/Parts <input type="checkbox"/>	k. Hazardous Method or Procedure <input type="checkbox"/>
c. Operating without Authorization <input type="checkbox"/>	l. Non Use of Personal Protective Equipment <input type="checkbox"/>
d. Wrong Usage / Setting <input type="checkbox"/>	m. Patient Action <input type="checkbox"/>
e. Unsafe Equipment <input type="checkbox"/>	n. Fire, Explosion or Natural Calamities <input type="checkbox"/>
f. Unsafe Position or Posture <input type="checkbox"/>	o. Hazardous Personnel Attire <input type="checkbox"/>
g. Working on Moving or Dangerous Equipment <input type="checkbox"/>	p. Unsafe Design or Arrangement <input type="checkbox"/>
h. Distraction, Teasing or Willful Misconduct <input type="checkbox"/>	q. Equipment Malfunction or Device Failure <input type="checkbox"/>
i. Not Guarded or Improperly Guarded <input type="checkbox"/>	Other Explain <input type="checkbox"/>

7. Action Taken on Equipment Repair

a) Minor problem and solved without any financial implications.	<input type="checkbox"/>
b) Minor problem and submitted the quote for required parts.	<input type="checkbox"/>
c) Major problem, needs vendor support for further trouble shooting.	<input type="checkbox"/>
d) Major problem. Can not be repaired, Proposed for BER	<input checked="" type="checkbox"/>

E) Replacement required parts details

Required Parts	Part Nos	Qty	Approx. Cost
a)			
b)			
c)			
d)			
e)			
Total approx. estimate cost of Repair			

8. Remarks (if any)  
*machine not repairable.*

Signatures

Engineer Name	<b>KARIL KUMAR</b>	NODAL OFFICER	<i>[Signature]</i>
Date	<b>02/10/23</b>	Date	

Senior Medical Officer  
 AOV  
 T/c Civil Hospital, Phagwara

