


117



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

<b>INCIDENT REPORT</b>		I R No.	
		Date	
		Region	
1	<b>Device Identification</b>	2	<b>Date &amp; Location</b>
a.	Asset No. <u>4120020006</u>	a.	Hospital Name <u>CHC Dethlon</u>
b.	Asset description <u>Microscope (Monocular)</u>	b.	Department Name <u>Laboratory</u>
c.	Manufacturer Name <u>Reck London</u>	c.	Date of Occurrence <u>25/4/23</u>
d.	Model <u>47</u>	d.	Time of Occurrence
e.	Serial No. <u>30221</u>	d.	Date Reported <u>25/4/23</u>
f.	Any other Details	e.	Time Reported

3	<b>Follow Up Action</b>	4	<b>Damage to Equipment</b>
A	BM Work Order No:	A	Major <input checked="" type="checkbox"/> 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)

Microscope stage faulty + Not repairable & recommended for condemnation.

6	<b>Cause of Incident</b>	
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 Personal 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 Willfull Misconduct <input type="checkbox"/>	q. Equipment Malfunction or Device Failure <input type="checkbox"/>
i.	Not Guarded or Improperly Guarded <input type="checkbox"/>	Others Explain <input checked="" type="checkbox"/> <u>Part Not Available</u>

07. **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 vender 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	Part Nos	Qty	Approx.Cost
Required parts	a)			
	b)			
	c)			
	d)			
	e)			
<b>Total approx.Estimate cost of Repair</b>				

8 **Remarks (if any)**

*(Remarks area is mostly blank)*

<b>Signatures</b>	<u>Nish Kumar</u>	
	Engineer Name <u>Nish Kumar</u>	NODAL OFFICER
Date <u>25/4/23</u>		Date <u>25/4/23</u>

**DEEPA MEET KAUR**  
Medical Officer  
CHC Dethlon (Ludhiana)  
758

117



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



SERVICE REPORT

HOSPITAL NAME	CHC Dehlon	COMPLAINT NUMBER	
HOSPITAL TYPE	CHC	COMPLAINT RECEIVED DATE/ TIME	25/4/23
DISTRICT	Ludhiana	COMPLAINT ATTENDED DATE/ TIME	25/4/23
USER CONTACT DETAILS		COMPLAINT RECTIFIED DATE/ TIME	
EQUIPMENT TYPE (TICK THE BOX)	<input checked="" type="checkbox"/> UNDER CONTRACT <input type="checkbox"/> UNDER WARRANTY <input type="checkbox"/> UNDER AMC/CNC <input type="checkbox"/> PHYSICAL DAMAGE <input type="checkbox"/> CONDEMNED		

EQUIPMENT DETAIL	EQUIPMENT NUMBER: 4120020006	MANUFACTURER: Beck London
	EQUIPMENT NAME: Microscope (Monocular)	MODEL NO: 47
	DEPARTMENT: Laboratory	SERIAL NUMBER: 30221

PROBLEM IDENTIFIED: Stage clip faulty.

ACTION TAKEN: Check & found that the machine stage not working & machine stage not repairable. Not set

PHASE - NEUTRAL (VOLT): 225  
  PHASE - EARTH (VOLT): 228  
  NEUTRAL - EARTH (VOLT): 3

ENGINEER'S REMARKS: Machine recommended for condemnation.

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

CUSTOMER REMARKS IF ANY

JOB COMPLETED SATISFACTORY  YES  NO

CUSTOMER SIGNATURE WITH SEAL

[Signature]   
 [Stamp: MANJEEET KAUR, Medical Officer, CHC Dehlon Ludhiana, 53308]   
 [Signature: Kunal]   
 ENGINEER NAME & SIGNATURE

