



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



INCIDENT REPORT

I. R. No. **103**
Date **12/12/23**
Region

1 Device Identification	
a. Asset No.	4200030015
b. Asset description	Oxygen Concentrator
c. Manufacturer Name	KONGSUNG
d. Model	KSOC-10
e. Serial No.	HA21050581526
f. Any other Details	

2 Date & Location	
a. Hospital Name	CHC MDRINDA
b. Department Name	Main OT
c. Date of Occurrence	12/12/23
d. Time of Occurrence	
e. Date of Reported	12/12/23
f. Time Reported	

3 Follow Up Action	
A. BM Work Order No.:	

3 Damage to Equipment	
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)

Machine is submerged in flood & rain water. Rusted badly & jammed. Not Repairable.

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 checked="" 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 Temporarily 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		Part Nos	Qty.	Approx. Cost
a)				
b)				
c)				
d)				
e)				

Total approx. estimate cost of Repair

8 Remarks (if any)

Engineer Name *Ranbir Singh*
Date

NODAL OFFICER
Date

Singh
ਸੀ. ਐਚ. ਸੀ. ਮੋਰਿੰਡਾ, ਰੂਪਨਗਰ
AOV

AOV INTERNATIONAL LLP

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SERVICE REPORT**



HOSPITAL NAME	CHC MORINDA	COMPLAINT NUMBER	Service Call
HOSPITAL TYPE	CHC	COMPLAINT RECEIVED DATE/ TIME	
DISTRICT	ROPAR	COMPLAINT ATTENDED DATE/ TIME	12/12/23
USER CONTACT DETAILS		COMPLAINT RECTIFIED DATE/ TIME	12/12/23
EQUIPMENT TYPE (TICK THE BOX)	<input checked="" type="checkbox"/> UNDER CONTRACT <input type="checkbox"/> UNDER WARRANTY <input type="checkbox"/> UNDER AMC/CMC <input type="checkbox"/> PHYSICAL DAMAGE <input type="checkbox"/> CONDEMNED		

EQUIPMENT DETAIL	EQUIPMENT NUMBER: 4200030015	MANUFACTURER: KONSUNG BIOMEDICAL
	EQUIPMENT NAME: OXYGEN CONCENTRATOR	MODEL NO: KSOC-10
	DEPARTMENT: MAIN OT	SERIAL NUMBER: MA20150581526

PROBLEM IDENTIFIED: Machine is Not Working (Due to flood & Rain water Submerged)

ACTION TAKEN: Checked and found the Machine is not getting ON. In these machine the supply is faulty. All Compressor is jammed and filter is checked. and part is not Available in market. and Pump is also faulty. part is not Available in market.

PHASE - NEUTRAL (VOLT): 236
 PHASE - EARTH (VOLT): 234
 NEUTRAL - EARTH (VOLT): 02

ENGINEER'S REMARKS: This M/c is recommended for Condemnation.

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

CUSTOMER REMARKS IF ANY:

JOB COMPLETED SATISFACTORY
 YES
 NO

FOR AOV INTERNATIONAL LLP
Ravinder Singh
Ravi Bhardwaj
 ENGINEER NAME & SIGNATURE

CUSTOMER SIGNATURE: *ਸਰਦਾਰ ਸ਼ੇਖਰ ਸਿੰਘ*
 ਸਰਦਾਰ ਸ਼ੇਖਰ ਸਿੰਘ, ਮੁਖਿਓ, ਰੋਪੜ

