



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



INCIDENT REPORT

I. R. No. **106**
Date **12/12/23**
Region

1 Device Identification		2 Date & Location	
a. Asset No.	42000 300 27	a. Hospital Name	CHC MORINDA.
b. Asset description	Oxygen Concentrator.	b. Department Name	LABOUR ROOM
c. Manufacturer Name	N/A	c. Date of Occurrence	12/12/23
d. Model	27-52W	d. Time of Occurrence	
e. Serial No.	2105263221015	e. Date of Reported	12/12/23
f. Any other Details		f. Time Reported	

3 Follow Up Action		3 Damage to Equipment	
A BM Work Order No.:		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)

Signatures	
Engineer Name	<i>Ranbir Singh</i>
Date	
NODAL OFFICER	<i>ਸੀ. ਅਚ. ਸੀ. ਮਰਿੰਡਾ, ਰੂਪਨਗਰ</i>
Date	



AOV INTERNATIONAL LLP

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38417



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: 4200030026	MANUFACTURER: OTHERS
	EQUIPMENT NAME: OXYGEN CONCENTRATOR	MODEL NO: A-SLC-1
	DEPARTMENT: LABOUR ROOM	SERIAL NUMBER: 0833

PROBLEM IDENTIFIED: Machine is Not Working (Due to flood & Rain Water submerged)

ACTION TAKEN: Checked and found in these MIC the All card's are rusted and MIC is completely dead. Inside MIC is rusted because of flood and rain water submerged. Compressor is faulty also and valve is rusted. And spare part is Not Available in Market.

PHASE - NEUTRAL (VOLT): 231
 PHASE - EARTH (VOLT): 235
 NEUTRAL - EARTH (VOLT): 02

ENGINEER'S REMARKS: This MIC is recommended for Condemnation.

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

PATIENT/OWNER SIGNATURE WITH SEAL:

COMPLETED SATISFACTORY: YES NO

FOR AOV INTERNATIONAL LLP
 Ranbir Singh
 Ravi Phandwaj
 ENGINEER NAME & SIGNATURE



ਸੀਨੀਅਰ ਮੈਡੀਕਲ ਅਫਸਰ ਸਿ,
 ਸੀ ਐਚ ਸੀ ਮੋਰਿੰਡਾ, ਰੁਪਨਗਰ