



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



INCIDENT REPORT

I. R. No. **107**  
Date **12/12/23**  
Region

1 Device Identification	
a. Asset No.	4200030028
b. Asset description	Oxygen Concentrator
c. Manufacturer Name	KONGSUNG
d. Model	KSOL-10
e. Serial No.	MA21050580514
f. Any other Details	

2 Date & Location	
a. Hospital Name	CHC MORINDA
b. Department Name	LABOUR ROOM
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			

Remarks (if any)

Engineer Name: **Ranbir Singh**  
Date: \_\_\_\_\_  
NODAL OFFICER: **ਸਿਨੀ ਅਰ ਮੈਡੀਕਲ ਅਫਸਰ ਏ. ਐਚ. ਸੀ. ਮਰਿੰਡਾ, ਰੁਪਨਗਰ**  
Date: \_\_\_\_\_



# AOV INTERNATIONAL LLP

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 PUNJAB HEALTH SYSTEMS CORPORATION  
**SERVICE REPORT**



38411

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: 4200030028	MANUFACTURER: KONSUNG BIOMEDICAL
	EQUIPMENT NAME: OXYGEN CONCENTRATOR	MODEL NO: K50C-10
	DEPARTMENT: LABOR ROOM	SERIAL NUMBER: MA21050580514

PROBLEM IDENTIFIED: Machine is Not Working (flood & Rain water submerged)

ACTION TAKEN: Checked and found in these Machine the Main card is not working and supply is not come and All filter's and pump is checked and compressor is jammed. and All card's are suspect. part is Not Available in market.

PHASE - NEUTRAL (VOLT): 237  
  PHASE - EARTH (VOLT): 235  
  NEUTRAL - EARTH (VOLT): 02.

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

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

CUSTOMER REMARKS IF ANY

COMPLETED SATISFACTORY  YES  NO

CUSTOMER SIGNATURE: *(Signature)*  
 ਸੀ. ਐਚ. ਸੀ. ਮੋਰਿੰਦਾ ਰੋਪੜ  
 ਸੀ. ਐਚ. ਸੀ. ਮੋਰਿੰਦਾ ਰੋਪੜ  
 FOR AOV INTERNATIONAL LLP  
 Rande Singh,  
 Ravi Bhardwaj  
 ENGINEER NAME & SIGNATURE

