



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



INCIDENT REPORT

I. R. No. **108**
Date **12/12/23**
Region

Date & Location

1 Device Identification	
a. Asset No.	42000 30030
b. Asset description	Oxygen Concentrator
c. Manufacturer Name	N/A
d. Model	A-5LC-1
e. Serial No.	12077
f. Any other Details	

a. Hospital Name	CHC MORINDA
b. Department Name	LABOUR ROOM
c. Date of Occurrence	12/12/23
d. Time of Occurrence	12/12/23
e. Date of Reported	
f. Time Reported	

Damage to Equipment

A Major <input checked="" type="checkbox"/>	B Minor <input type="checkbox"/>
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3 Follow Up Action	
A BM Work Order No.:	

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

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

8 Remarks (if any)

Signatures
 Engineer Name *Ranbir Singh*
 Date
 NODAL OFFICER *[Signature]*
 Date
 ਸੀ. ਐਚ. ਸੀ. ਮੋਰਿੰਡਾ, ਰੂਪਨਗਰ

AOV INTERNATIONAL LLP

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38418

SERVICE REPORT

HOSPITAL NAME	CNC MORINDA	COMPLAINT NUMBER	Service C
HOSPITAL TYPE	CNC	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: 4200030030	MANUFACTURER: OTHERS
	EQUIPMENT NAME: OXYGEN CONCENTRATOR	MODEL NO: A-5LC-1
	DEPARTMENT: LABOR ROOM	SERIAL NUMBER: 12077

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

ACTION TAKEN: Checked and found in these M/C the supply is Not getting on. because card are rusted and solenoid valve is rusted. All pump & filter are checked. Inside rusting is Everywhere in M/C. and M/C is Not repairable because part is Not Available.

PHASE - NEUTRAL (VOLT): 235
 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

COMPLETED SATISFACTORY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	FOR AOV INTERNATIONAL LLP Ravi Bhardwaj Ranbir Singh ENGINEER NAME & SIGNATURE
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ਸਾਨਿਅਰ ਮੈਡੀਕਲ ਅਫਸਰ ਏ: ਸੀ. ਐਚ. ਸੀ. ਮੋਰਿੰਡਾ, ਰੁਪਲਗਰ

