



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



INCIDENT REPORT

I. R. No. **112**
Date **12/12/23**
Region

1 Device Identification	
a. Asset No.	4200030039
b. Asset description	Oxygen Concentrator
c. Manufacturer Name	N/A
d. Model	27-52W
e. Serial No.	2105263221068
f. Any other Details	

2 Date & Location	
a. Hospital Name	CHC MORINDA.
b. Department Name	Emergency.
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"/>
b. Missing Spare/Parts	<input type="checkbox"/>
c. Operating without Authorization	<input type="checkbox"/>
d. Wrong Usage / Setting	<input type="checkbox"/>
e. Unsafe Equipment	<input type="checkbox"/>
f. Unsafe Position or Posture	<input type="checkbox"/>
g. Working on Moving or Dangerous Equipment	<input type="checkbox"/>
h. Distraction, Teasing or Willfull Misconduct	<input type="checkbox"/>
i. Not Guarded or Temporarily Guarded	<input type="checkbox"/>
j. Inadequate Illumination	<input type="checkbox"/>
k. Hazardous Method or Procedure	<input type="checkbox"/>
l. Non Use of Personal Protective Equipment	<input type="checkbox"/>
m. Patient Action	<input type="checkbox"/>
n. Fire, Explosion or Natural Calamities	<input checked="" type="checkbox"/>
o. Hazardous Personnel Attire	<input type="checkbox"/>
p. Unsafe Design or Arrangement	<input type="checkbox"/>
q. Equipment Malfunction or Device Failure	<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: **Ranjit Singh**

Date: _____

NODAL OFFICER: **ਸੀ. ਐਚ. ਸੀ. ਮੋਰਿੰਡਾ, ਰੁਪਨਗਰ**

Date: _____

AOV

AOV INTERNATIONAL LLP

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SERVICE REPORT**



38403

HOSPITAL NAME	CHE MORINDA	COMPLAINT NUMBER	Service Call
HOSPITAL TYPE	CAC	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: 4200030039	MANUFACTURER: OTHERS
	EQUIPMENT NAME: OXYGEN CONCENTRATOR	MODEL NO: ZY-52W
	DEPARTMENT: EMERGENCY	SERIAL NUMBER: 2105263221068

PROBLEM IDENTIFIED: Machine is Not Working.

ACTION TAKEN: Checked and found the machine was submerged in rain and flood water and found moisture at base & wet. All filters are checked. Also PCB, power supply are not working and All the repaired item are not repairable & also 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 Condemnation.

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

CUSTOMER REMARKS IF ANY:

JOB COMPLETED SATISFACTORY
 YES
 NO

CUSTOMER SIGNATURE WITH SEAL: *(Signature)*
 ਸ੍ਰੀ ਮੋਹ ਸੀ ਮਰਿੰਡਾ, ਰੁਪਨਗਰ

FOR AOV INTERNATIONAL LLP
(Signature)
 Ravi Bhandwal
 ENGINEER NAME & SIGNATURE

