



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



INCIDENT REPORT

I. R. No. 114
Date 12/12/23
Region _____

| 1 Device Identification | |
|-------------------------|----------------------------|
| a. Asset No. | <u>4200030063</u> |
| b. Asset description | <u>Oxygen Concentrator</u> |
| c. Manufacturer Name | <u>KONGSUNG-</u> |
| d. Model | <u>KSOC-10</u> |
| e. Serial No. | <u>TA 21050581086</u> |
| f. Any other Details | |

| 2 Date & Location | |
|-----------------------|--------------------|
| a. Hospital Name | <u>CHC MORINDA</u> |
| b. Department Name | <u>Female Ward</u> |
| c. Date of Occurrence | <u>12/12/23</u> |
| d. Time of Occurrence | |
| e. Date of Reported | <u>12/12/23</u> |
| 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: ਸੀਨੀਅਰ ਮੈਡੀਕਲ ਅਫਸਰ ਟਿ., ਸੀ. ਐਚ. ਸੀ. ਮੋਰਿੰਡਾ, ਰੂਪਨਗਰ
Date: _____



AOV INTERNATIONAL LLP

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SERVICE REPORT

38424

| | | | |
|---|---|-------------------------------|----------------------|
| 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: 4200030063 | MANUFACTURER: Kong Sung | |
| | EQUIPMENT NAME: OXYGEN CONCENTRATOR | MODEL NO: KSOC-10 | |
| | DEPARTMENT: Female Ward | SERIAL NUMBER: MA 21050581086 | |
| PROBLEM IDENTIFIED | Machine is Not Working (Due to flood & Rain Water submerged) | | |
| ACTION TAKEN | Checked and found in these Machine the All Card's are rusted and filter and pump is faulty. Also Compressor is jammed. and inside there is rust everywhere rusting because of Rain water submerged. and moisture found. so m/c is not working & Not repairable. | | |
| ■ 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 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | FOR AOV INTERNATIONAL LLP Ravi Singh Ravi ENGINEER NAME & SIGNATURE | | |
| CUSTOMER SIGNATURE WITH SEAL ਸ਼੍ਰੀਮਤੀ ਮੇਡੀਕਲ ਅਫਸਰ ਏ. ਐਚ. ਸੀ. ਮੋਰਿੰਡਾ, ਰੂਪਨਗਰ | | | |

