



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



INCIDENT REPORT

I. R. No. **115**

Date **12/12/23**

Region

1 Device Identification

a. Asset No.	4200030064
b. Asset description	Oxygen Concentrator
c. Manufacturer Name	KONGSUNG.
d. Model	KSOC-10
e. Serial No.	Ma 21050581087
f. Any other Details	

2 Date & Location

a. Hospital Name	CHC MORINDA.
b. Department Name	Female Ward
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.:	
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3 Damage to Equipment

A Major <input checked="" type="checkbox"/>	B Minor <input type="checkbox"/>
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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

Date

Ranjit Singh

NODAL OFFICER

Date

[Signature]

ਸੀ. ਐਚ. ਸੀ. ਮਰਿੰਡਾ, ਰੁਪਨਗਰ
ਸੀ. ਐਚ. ਸੀ. ਮਰਿੰਡਾ, ਰੁਪਨਗਰ



AOV INTERNATIONAL LLP

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38423

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: 4200030064	MANUFACTURER: Kongsung	
	EQUIPMENT NAME: OXYGEN CONCENTRATOR	MODEL NO: KSOC-10	
	DEPARTMENT: Female Ward	SERIAL NUMBER: MA21050581087	
PROBLEM IDENTIFIED	Machine is Not Working (Due to flood and Rain Water submerged)		
ACTION TAKEN	Checked and found In these Machine the Main card is faulty and Also Compressor is faulty. And Also pump and filter is faulty and Machine is Not Repairable. Because spare part is Not Available in market.		
■ PHASE - NEUTRAL (VOLT): 237 ■ 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			
JOB COMPLETED SATISFACTORY	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		FOR AOV INTERNATIONAL LLP Ranvir Singh
CUSTOMER SIGNATURE	ਸੀ ਐਚ ਸੀ ਮੋਰਿੰਦਾ, ਰੂਪਨਗਰ ਸੀ ਐਚ ਸੀ ਮੋਰਿੰਦਾ, ਰੂਪਨਗਰ		ENGINEER NAME & SIGNATURE