



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



# INCIDENT REPORT

I. R. No. **116**  
 Date **12/12/23**  
 Region

1 Device Identification		
a.	Asset No.	4200030065
b.	Asset description	Oxygen Concentrator
c.	Manufacturer Name	KONSUNG
d.	Model	KSOC-10
e.	Serial No.	Ma 21050581157
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.:

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 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 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"/>

Required Parts	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	NODAL OFFICER
	<i>Ranjit Singh</i>	<i>[Signature]</i>
Date		Date



# AOV INTERNATIONAL LLP

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**38412**

## 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 : 4200030065	MANUFACTURER : KONSUNG BIOMEDICAL
	EQUIPMENT NAME : OXYGEN CONCENTRATOR	MODEL NO : KSOC-10
	DEPARTMENT : FEMALE WARD	SERIAL NUMBER : MA21050581157

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

**ACTION TAKEN** : Checked and found in these machine the power supply is faulty. Solenoid valve also faulty. Compressor is burned. filter are faulty. All card's are rusted. And 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 Ranbir Singh Ravi Bhardwaj ENGINEER NAME & SIGNATURE
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CUSTOMER SIGNATURE WITH SEAL  
 ਸੀਨੀਅਰ ਮੈਡੀਕਲ ਅਫਸਰ ਇੰ.,  
 ਸੀ.ਸੀ.ਸੀ. ਮੋਰਿੰਡਾ, ਰੁਪਨਗਰ

