



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



# INCIDENT REPORT

I. R. No. 117  
Date 12/12/23  
Region

1 Device Identification	
a. Asset No.	<u>4200030066</u>
b. Asset description	<u>Oxygen Concentrator</u>
c. Manufacturer Name	<u>Medoxy.</u>
d. Model	<u>Jay 101</u>
e. Serial No.	<u>MZ-J10D 13972.</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 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	<u>Ranjit Singh</u>	NODAL OFFICER	<u>ਸਾਨਿਅਰ ਮੈਡੀਕਲ ਅਫਸਰ ਡਿ. ਸੀ. ਐਚ. ਸੀ. ਮੋਰਿੰਡਾ, ਰੁਪਨਗਰ</u>
	Date		Date	



# AOV INTERNATIONAL LLP

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PUNJAB HEALTH SYSTEMS CORPORATION  
SERVICE REPORT**



HOSPITAL NAME	CHC MORINDA	COMPLAINT NUMBER	PB/4265
HOSPITAL TYPE	CHC	COMPLAINT RECEIVED DATE/TIME	12/12/23
DISTRICT	ROPAR.	COMPLAINT ATTENDED DATE/TIME	14/12/23
USER CONTACT DETAILS		COMPLAINT RECTIFIED DATE/TIME	14/12/23
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: 4200030066	MANUFACTURER: Medoxy.
	EQUIPMENT NAME: OXYGEN Concentrator	MODEL NO: Jay 16
	DEPARTMENT: Female Ward	SERIAL NUMBER: M7 JED/3972.

**PROBLEM IDENTIFIED:** Machine is not working.

**ACTION TAKEN:** checked the machine found that machine showing error. Compressor motor and All filter are checked. All Cond are rusted due to water & flood. All spare part are not available in market.

PHASE - NEUTRAL (VOLT): 237     
  PHASE - EARTH (VOLT): 235     
  NEUTRAL - EARTH (VOLT): 2

**ENGINEER'S REMARKS:** This machine is recommended for Condensation.

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

N/A

**CUSTOMER REMARKS IF ANY:**

JOB COMPLETED SATISFACTORY  YES  NO

CUSTOMER SIGNATURE WITH SEAL: *(Signature)*  
 ਸ਼੍ਰੀ ਨੀਮਰ ਮੈਡੀਕਲ ਅਫਸਰ ਏ; ਸੀ. ਐਚ. ਸੀ. ਮੋਰਿੰਡਾ, ਰੂਪਨਗਰ

FOR AOV INTERNATIONAL LLP  
*(Signature)*  
 Engineer Name & Signature: Ravir Singh, Rav Bhardwaj

