



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



INCIDENT REPORT

I. R. No. 127
Date 12/12/23
Region

| 1 Device Identification | |
|-------------------------|----------------------------|
| a. Asset No. | <u>4200030071</u> |
| b. Asset description | <u>Oxygen Concentrator</u> |
| c. Manufacturer Name | <u>KONGSUNG</u> |
| d. Model | <u>KSOC-B</u> |
| e. Serial No. | <u>Ma 21041701428</u> |
| f. Any other Details | |

| 2 Date & Location | |
|-----------------------|---------------------|
| a. Hospital Name | <u>CHC MORINDA</u> |
| b. Department Name | <u>General 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 of 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 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>Ranbir Singh</u> | NODAL OFFICER | <u>ਸੰਜੀਅਰ ਮੈਡੀਕਲ ਅਫਸਰ ਏ. ਐਚ. ਸੀ. ਮੋਰਿੰਡਾ, ਰੂਪਨਗਰ</u> |
| | Date | | Date | |



AOV INTERNATIONAL LLP

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PUNJAB HEALTH SYSTEMS CORPORATION



38414

SERVICE REPORT

| | | | |
|---|---|----------------------------------|---|
| HOSPITAL NAME | CHC MORINDA | COMPLAINT NUMBER | office |
| 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: 4200030071 | MANUFACTURER: KONSUNG BIOMEDICAL | |
| | EQUIPMENT NAME: OXYGEN CONCENTRATOR | MODEL NO: KSOC-5 | |
| | DEPARTMENT: GENERAL WARD | SERIAL NUMBER: MA2104/701428 | |
| PROBLEM IDENTIFIED | Machine is Not Working. (Due flood & Rain Water submerged) | | |
| ACTION TAKEN | Checked and found in these Machine the All card are rusted. and Also compressor is jammed and Not working. filter and pump Also faulty. valve is Also faulty. And MLC is not separable because part is Not Available in market. | | |
| <input type="checkbox"/> PHASE - NEUTRAL (VOLT): 237 <input type="checkbox"/> PHASE - EARTH (VOLT): 235 <input type="checkbox"/> NEUTRAL - EARTH (VOLT): 02 | | | |
| ENGINEER'S REMARKS | This MLC 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 |
| CUSTOMER SIGNATURE WITH SEAL | ਸ਼੍ਰੀ ਅੰਜ ਸੀ ਮੋਰਿੰਡਾ, ਰੁਪਨਗਰ ਸ਼੍ਰੀ ਅੰਜ ਸੀ ਮੋਰਿੰਡਾ ਅਫਸਰ ਏ: | | |