



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



INCIDENT REPORT

I. R. No. 125
Date 12/12/23
Region

1 Device Identification	
a. Asset No.	<u>4200030086</u>
b. Asset description	<u>oxygen Concentrator</u>
c. Manufacturer Name	<u>N/A</u>
d. Model	<u>24-52W</u>
e. Serial No.	<u>N/A</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 & 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: Ranbir Singh
Date: _____
NODAL OFFICER: _____
Date: _____
ਸਿਨੀਅਰ ਮੈਡੀਕਲ ਅਫਸਰ ਏ: ਸੀ. ਐਚ. ਸੀ. ਮੋਰਿੰਡਾ, ਰੂਪਨਗਰ



AOV INTERNATIONAL LLP

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



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: 4200030086	MANUFACTURER: others
	EQUIPMENT NAME: OXYGEN CONCENTRATOR	MODEL NO: 24-52W
	DEPARTMENT: General Ward	SERIAL NUMBER: N/A

PROBLEM IDENTIFIED: Machine is not working.

ACTION TAKEN: checked & found that the machine was submerged in rain & flood water. found that moisture in base & wet. Main PCB compressor motor rusted completely. All spares item are not repairable and Available in market. So Recommended for Condimation.

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

ENGINEER'S REMARKS: This m/c is recommended for Condimation.

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 Bhardwaj ENGINEER NAME & SIGNATURE
CUSTOMER SIGNATURE WITH SEAL: ਮਨੀਸ਼ ਕੌਰ ਸਿੰਘ ਮੋਹਾਲੀ, ਰੁਪਨਗਰ	