



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



INCIDENT REPORT

I. R. No. 4001
Date 4-4-24
Region Jalandhar

1 Device Identification	
a. Asset No.	<u>41020 50221</u>
b. Asset description	<u>Radiant baby warmer</u>
c. Manufacturer Name	<u>NA</u>
d. Model	<u>NA</u>
e. Serial No.	<u>NA</u>
f. Any other Details	

2 Date & Location	
a. Hospital Name	<u>CHC Kartarpur</u>
b. Department Name	<u>Labour Room</u>
c. Date of Occurrence	<u>4-4-24</u>
d. Time of Occurrence	
e. Date of Reported	<u>4-4-24</u>
f. Time Reported	

3 Follow Up Action	
A. BM Work Order No.:	<u>PB 18064</u>

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)

* checked And Found that machine body properly damaged And burnt. Heating element and all wiring with control box are damaged And faulty. Temp sensor faulty. machine not suitable for patient use.

6 Cause of Incident			
a. Physical Damage	<input checked="" type="checkbox"/>	j. Inadequate Illumination	<input type="checkbox"/>
b. Missing Spare/Parts	<input checked="" 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 checked="" type="checkbox"/>	n. Fire, Explosion or Natural Calamities	<input 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	<u>MANRAJ SINGH</u>
Date	<u>4-4-24</u>
NODAL OFFICER	<u>Dr. Jackson</u> P.C.M.S.-1 Medical Officer (Dental) CHC Kartarpur (Jal.)
Date	



AOV INTERNATIONAL LLP

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37247



SERVICE REPORT

HOSPITAL NAME	CHC Kartarpur	COMPLAINT NUMBER	PB/8064
HOSPITAL TYPE	CHC	COMPLAINT RECEIVED DATE/ TIME	4-4-24
DISTRICT	Jalandhar	COMPLAINT ATTENDED DATE/ TIME	4-4-24
USER CONTACT DETAILS	9872097731	COMPLAINT RECTIFIED DATE/ TIME	4-4-24
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: U100050221	MANUFACTURER: NA
	EQUIPMENT NAME: Radiant Wainer	MODEL NO: NA
	DEPARTMENT: Labour Room	SERIAL NUMBER: NA

PROBLEM IDENTIFIED
* Not Working.

ACTION TAKEN
* checked and found that machine physically damaged. Element, Temp. Plobley Tyrol and control box damaged, body puffed. Not safe for patient life. Non-repairable and too old machine. Recommended for condemnation.

PHASE - NEUTRAL (VOLT): 230V
 PHASE - EARTH (VOLT): 230V
 NEUTRAL - EARTH (VOLT): 0V

ENGINEER'S REMARKS
* Recommended for condemnation.

SPARES CONSUMED	PART NAME	QTY.	SERIAL NO. / LOT NO.
	/	7	7

CUSTOMER REMARKS IF ANY

JOB COMPLETED SATISFACTORY YES NO
 CUSTOMER SIGNATURE WITH SEAL: *Dr. Jackson* (PC.M.S.-1 Medical Officer (Dental) CHC Kartarpur)

FOR AOV INTERNATIONAL LLP
 ENGINEER NAME & SIGNATURE: *Mamraj Singh*

