

AOV INTERNATIONAL LLP



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



35804

SERVICE REPORT

HOSPITAL NAME	CHC Nihal Singh Wala	COMPLAINT NUMBER	PB20259
HOSPITAL TYPE	CHC	COMPLAINT RECEIVED DATE/TIME	6/06/24
DISTRICT	Moga	COMPLAINT ATTENDED DATE/TIME	8/06/24
USER CONTACT DETAILS	9878602862	COMPLAINT RECTIFIED DATE/TIME	8/06/24
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: 4150060035	MANUFACTURER: medical
	EQUIPMENT NAME: ECG machine	MODEL NO: Cardio fax-3R
	DEPARTMENT: X-ray room	SERIAL NUMBER: F10761009

PROBLEM IDENTIFIED: Not working (all accessories not available)

ACTION TAKEN: check and found that machine is not working
 check and found that it main board is faulty
 and this is very old model, no spare part available
 so this machine is not repairable and recommended
 for condemnation. its body is also damaged.

PHASE - NEUTRAL (VOLT): 220V
 PHASE - EARTH (VOLT): 223V
 NEUTRAL - EARTH (VOLT): 0.3V

ENGINEER'S REMARKS: Not working, recommended for condemnation.

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

CUSTOMER REMARKS IF ANY:

JOB COMPLETED SATISFACTORILY YES NO
 Signature: *Dr. Upvan Chobera*
Dr. Upvan Chobera (PCMST)
M.O CHC N.S.Wala
PMC 45265
 CUSTOMER SIGNATURE WITH SEAL *S/N Nayab*

FOR AOV INTERNATIONAL LLP
 Signature: *yogesh Taje*
ENGINEER NAME & SIGNATURE
 9289690083





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INCIDENT REPORT

I. R. No. **1036**

Date **8/06/24**

Region **Moga (Moga)**

1 Device Identification	
a. Asset No.	4150060035
b. Asset description	EKG machine
c. Manufacturer Name	Medicaid
d. Model	Cardio FAX-3R
e. Serial No.	F10761009
f. Any other Details	

2 Date & Location	
a. Hospital Name	Chc Nihal Singh Wala
b. Department Name	X-ray room
c. Date of Occurrence	6/06/24
d. Time of Occurrence	
e. Date of Reported	
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 not working and all accessories missing and not separable

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 type="checkbox"/>	n. Fire, Explosion or Natural Calamities	<input 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	<i>Yogesh Tagra</i>	<i>Dr. Upvan Chobera</i>	
	Engineer Name YOGESH TAGRA	NODAL OFFICER Dr. Upvan Chobera (PCMS1)	
	Date	Date	
		M.O CHC N.S.Wala PMC 45265	