

AOV INTERNATIONAL LLP

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



45467

SERVICE REPORT

HOSPITAL NAME	PH HOSHIARPUR	COMPLAINT NUMBER	PB 21012
HOSPITAL TYPE	DH	COMPLAINT RECEIVED DATE/TIME	29/6/24
DISTRICT	HOSHIARPUR	COMPLAINT ATTENDED DATE/TIME	11/7/24
USER CONTACT DETAILS	7696566260	COMPLAINT RECTIFIED DATE/TIME	11/7/24
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 checked="" type="checkbox"/> CONDEMNED		

EQUIPMENT DETAIL	EQUIPMENT NUMBER: 2090130111	MANUFACTURER: PROTEGE
	EQUIPMENT NAME: Phaco EMUSIFICATION	MODEL NO: DP X 100
	DEPARTMENT: EYE O.T.	SERIAL NUMBER: P12623

PROBLEM IDENTIFIED: Machine is not working.

ACTION TAKEN: Checked and found the machine has multiple problems. Replaced many parts. Found that machine has multiple problems of many parts need replacement. Repair of the some is not cost effective as beyond encourage repair. Phaco model DPX 100 has ready continued work back in use. Do not have any spare to repair it.

PHASE - NEUTRAL (VOLT):
 PHASE - EARTH (VOLT):
 NEUTRAL - EARTH (VOLT):

ENGINEER'S REMARKS: As per OEM company report attached we, there strongly recommend of the same and propose that its replacement for condemnation.

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

CUSTOMER REMARKS IF ANY

JOB COMPLETED SATISFACTORY
 YES
 NO

CUSTOMER SIGNATURE WITH SEAL
 Dr Meenu Sidhu
 MBBS, MS (Eye)
 PCMS-I (Regd. No. 40715)
 Civil Hospital, Hoshiarpur

FOR AOV INTERNATIONAL LLP

 ENGINEER NAME & SIGNATURE





**PROTEGE
Stellaris™ Field Service Report**

Bausch & Lomb 3365 Tree Court Industrial Blvd St. Louis, MO 63122
 Phone: 800-338-2020 Fax: 636-226-3070

SR Number:
10/7/2024

Customer Location

Customer Name: DR MEENU Clinic / Surgery: DISTRICT HOSPITAL Region: NORTH
 Street: KAMAL PUR ZIP / City Code: 146001 City: MASHIARPUR State: PB Country: INDIA
 Customer Phone: Customer Fax: Customer Email: Customer Name:

System Information

System Serial No: P12697 First Installation Date: Service Execution: Out Of Box Failure

Service Record

Request Code: SR Status: B+L Send Date: 1 Service Action Code:
 Service Date: 10/07/2024 Service Engineer (SE): ADMISHNIK GARG 2 Service Action Code:

Service Order / Billing Data

Billing / Contract Type: Service No./Contract No.: P.O. No.: Request Date: Request Time:

Symptom Code(s) **Problem Description**
 1 MACHINE NOT STARTING UP.
 2
 3
 4

Fixing Code(s) **Problem Solution**
 1 CHECKED THE MACHINE & FOUND THAT
 2 MACHINE HAS MULTIPLE PROBLEMS & MANY
 3 PARTS NEED REPLACEMENT. REPAIR OF THE
 4

Error Message SAME IS NOT COST EFFECTIVE & IS BEYOND ECONOMIC REPAIR.
 PROTEGE MODEL DPX 100 HAS BEEN DISCONTINUED LONG BACK & WE DO

Service Parts Removed NOT HAVE ANY SPARES TO REPAIR IT.

Qty	Part No.	Description	Serial No.	HW Version	SW Version	Depot Location	PartsTracking	Loaner Ser No	Loaner Status
WE, THEREFORE STRONGLY RECOMMEND THE CONDEMNATION OF THE SAME AND PROPOSE FOR ITS REPLACEMENT.									

Service Parts Installed

Qty	Part No.	Description	Serial No.	HW Version	SW Version	PartsTracking
[Empty]						

Service Comments

Time and Costs

Service Time and Costs				Travel Expenses		
Travel (h)	Labor (h)	Total Time	Travel (h)	Labor (h)	Airfare	Travel Costs
		Costs per h			Hotel	Total Costs
Day 1					Rental Car	
Day 2		Time Costs			Other	
Day 3						

Patient Involvement

Patient Involvement Reported by Customer? **NO**
 Patient Impact Reported by Customer? **NO**

Final System Release

MACHINE NOT WORKING
 Date: 10/07/2024 Customer Acknowledgements of Service/ Customer Representative: Service Representative: *(Signature)*