



### AOV INTERNATIONAL LLP

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



### SERVICE REPORT

44265

HOSPITAL NAME	Dh Amritsar	COMPLAINT NUMBER	PS26634
HOSPITAL TYPE	DH	COMPLAINT RECEIVED DATE/ TIME	19/11/24
DISTRICT	Amritsar	COMPLAINT ATTENDED DATE/ TIME	19/11/24
USER CONTACT DETAILS	6280480372	COMPLAINT RECTIFIED DATE/ TIME	20/11/24
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 :	201008033	MANUFACTURER :	Mona Jhe
	EQUIPMENT NAME :	Suction machine	MODEL NO. :	NA
	DEPARTMENT :	Labour OT	SERIAL NUMBER :	NA

PROBLEM IDENTIFIED: machine not working

ACTION TAKEN: Attend the call found that Suction motor burn ems pump clean blade truck rusted body not be repairable

PHASE - NEUTRAL (VOLT): 230v  
 PHASE - EARTH (VOLT): 220v  
 NEUTRAL - EARTH (VOLT): 2v

ENGINEER'S REMARKS: This machine recommend to condemnation


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

CUSTOMER REMARKS IF ANY

JOB COMPLETED SATISFACTORY  YES  NO

CUSTOMER SIGNATURE WITH SEAL: *Breets*

FOR AOV INTERNATIONAL LLP  
ENGINEER NAME & SIGNATURE: *Naveen 928964456*





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INCIDENT REPORT

I. R. No. **820**  
Date **21/11/24**  
Region **Amritsar**

1 Device Identification	
a. Asset No.	
b. Asset description	<b>Suction machine</b>
c. Manufacturer Name	<b>max life</b>
d. Model	<b>NA</b>
e. Serial No.	<b>NA</b>
f. Any other Details	

2 Date & Location	
a. Hospital Name	<b>Dh Amritsar</b>
b. Department Name	<b>LABOUR OT</b>
c. Date of Occurrence	<b>19/11/24</b>
d. Time of Occurrence	
e. Date of Reported	<b>21/11/24</b>
f. Time Reported	

3 Follow Up Action	
A. BM Work Order No.:	

3 Damage to Equipment	
A. Major <input 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)

**Attend the call found that Suction motor burn and pump Jam Suction machine body rusted and damage**

6 Cause of Incident			
a. Physical Damage	<input checked="" 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 checked="" 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 Personal Attire	<input type="checkbox"/>
g. Working on Moving or Dangerous Equipment	<input checked="" 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 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)  
**This machine recommended to Condemnatory**

Signatures	Engineer Name	<b>Nallen</b>	NODAL OFFICER	<b>George</b>
	Date	<b>21/11/24</b>	Date	





