



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



**SERVICE REPORT**

44275

HOSPITAL NAME	DH Anand	COMPLAINT NUMBER	PB 26867
HOSPITAL TYPE	DH	COMPLAINT RECEIVED DATE/TIME	25/11/24
DISTRICT	Anand	COMPLAINT ATTENDED DATE/TIME	25/11/24
USER CONTACT DETAILS	9815614147	COMPLAINT RECTIFIED DATE/TIME	
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:	2010080084	MANUFACTURER:	Crydent
	EQUIPMENT NAME:	Dental chair	MODEL NO:	NP
	DEPARTMENT:	Dental	SERIAL NUMBER:	NO

PROBLEM IDENTIFIED: machine not working

ACTION TAKEN: Attend the call found that up down Ped cars and scalar cars display card missing here piece panel breaks back side chair also

PHASE - NEUTRAL (VOLT): 230v  
  PHASE - EARTH (VOLT): 228v  
  NEUTRAL - EARTH (VOLT): 2v

ENGINEER'S REMARKS: breaks rusted body not be repairable  
 This machine recommended to condemnation

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

CUSTOMER REMARKS IF ANY:

JOB COMPLETED SATISFACTORY  YES  NO

CUSTOMER SIGNATURE WITH SEAL: *Dr. Sangita Aggarwal*  
 M.D.S. (Dental) (Dental) (Dental)

FOR AOV INTERNATIONAL LLP  
 Engineer Name & Signature: *Naveen*  
 9289690100





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INCIDENT REPORT

I.R. No. **818**  
Date **25/11/24**  
Region **Amritsar**

1 Device Identification	
a. Asset No.	2010080024
b. Asset description	
c. Manufacturer Name	Cogitex
d. Model	Mk02000000
e. Serial No.	NA
f. Any other Details	

2 Date & Location	
a. Hospital Name	Dr Amritsar
b. Department Name	Dental
c. Date of Occurrence	25/11/24
d. Time of Occurrence	25/11/24
e. Date of Reported	25/11/24
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.)  
 Attend the call found that upstream case display case, hand piece, panel breaks back seat break chair condition is rusted not be repairable recommended to condemnation

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 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 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"/>

8 Replacement required parts details		Part Nos	Qty	Approx. Cost
a)				
b)				
c)				
d)				
e)				
Total approx. estimate cost of Repair				

Remarks (if any)  
 Dental Chair Seat and back Seat is also rusted and rusted not be repairable.

Engineer Name **Narain** Date **25/11/24**  
 NODAL OFFICER **Dr. Sangeeta Aggarwal** Date **25/11/24**  
 J.B.M.M. Civil Hospital, Amritsar







