

# AOV INTERNATIONAL LLP

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



**38415**

HOSPITAL NAME	CHC MORINDA	COMPLAINT NUMBER	PB Service Call
HOSPITAL TYPE	CHC	COMPLAINT RECEIVED DATE/ TIME	
DISTRICT	ROPAR	COMPLAINT ATTENDED DATE/ TIME	12/12/23
USER CONTACT DETAILS		COMPLAINT RECTIFIED DATE/ TIME	12/12/23
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: 4200030036	MANUFACTURER: KONSUNG BIOMEDICAL
	EQUIPMENT NAME: OXYGEN CONCENTRATOR	MODEL NO: A-KSOC-10
	DEPARTMENT: EMERGENCY	SERIAL NUMBER: MA21050581160

**PROBLEM IDENTIFIED:** Machine is Not Working. (Due to flood & Rain water submerged)

**ACTION TAKEN:** Checked and found the MIC is Not getting on. In that MIC the Main card are busted. and supply card also Not Working. and Not repairable. and Valve is Also busted. and Compressor didn't work. so MIC is Not repairable.

PHASE - NEUTRAL (VOLT): 237     
  PHASE - EARTH (VOLT): 235     
  NEUTRAL - EARTH (VOLT): 02

**ENGINEER'S REMARKS:** This MIC is recommended for Condemnation.

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

**PATIENT MARKS ANY:**

COMPLETED SATISFACTORY: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	FOR AOV INTERNATIONAL LLP Ranbir Singh Ravi Bhardwaj ENGINEER NAME & SIGNATURE
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PATIENT SIGNATURE: *[Signature]*  
 ਸਿਨੀਅਰ ਮੈਡੀਕਲ ਅਫਸਰ ਏ:,  
 ਜੀ.ਐਚ.ਸੀ. ਮੋਰਿੰਦਾ, ਰੂਪਨਗਰ







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109

INCIDENT REPORT

I. R. No. \_\_\_\_\_  
Date 12/12/23  
Region \_\_\_\_\_

1 Device Identification	
a. Asset No.	42000 30036
b. Asset description	Oxygen Concentrator
c. Manufacturer Name	KONSUNG
d. Model	KSOC-10
e. Serial No.	MA 21050 581160
f. Any other Details	

2 Date & Location	
a. Hospital Name	CHC MORINDA
b. Department Name	Emergency
c. Date of Occurrence	12/12/23
d. Time of Occurrence	
e. Date of Reported	12/12/23
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 is submerged in Rain water & flood. Rusted badly & jammed. Not Repairable.

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 checked="" 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)

Engineer Name	Ranbir Singh	NODAL OFFICER	ਸਾਹਿਬ ਸਿੰਘ ਮੈਡੀਕਲ ਅਫਸਰ ਡਿ: ਸੀ. ਐਚ. ਸੀ. ਮੋਰਿੰਡਾ, ਰੂਪਨਗਰ
Date		Date	

