

**FWD OF SOP ON REPAIR AND MAINTENANCE OF MEDICAL
EQUIPMENT HELD AT ECHS POLYCLINIC**

1. SOP on repair and maint of medical eqpt held at ECHS polyclinic is fwd herewith for your further necessary action.
2. You are requested to disseminate the same to all concerned under your jurisdiction.

Jt Dir (Med)
for MD

Authority- B/49761/AG/ECHS dated 11 Mar 2008

**STANDARD OPERATING PROCEDURE
REPAIR AND MAINTENANCE OF MEDICAL EQUIPMENT HELD AT
ECHS POLYCLINIC**

1. References:-
 - (a) Govt of India, Min of Def letter No. 3505/4/DGAFMS/DG-2D/2861/99/D(Med) dt 23 Sep 99.
 - (b) Part VI of Govt of India, Min of Def letter No. 24 (3) /03/US (WE)/ D(Res) (ii) dated 09 Sep 2003.
 - (c) AO 5/99 & 12/2004
 - (d) Various instructions on equipment repair and maintenance from this HQ fwd from time to time.

(e) Recent ECHS Regional Directors Conference 07

2. This SOP lays down the repair, maintenance and servicing of all medical equipment held at ECHS Polyclinics.

General Categorisation and responsibility of repair and maintenance

3. All equipment used in the ECHS Polyclinics has been divided into three categories (Appx ‘A’- ‘C’) and category wise repair/ maintenance responsibilities in Mil and Non Mil Stations are given as under :

Ser No.	Category of equipments	Responsibility of repair/ maintenance		Remarks
		Mil Station	Non-Mil Stations	
(a)	Non-electro medical equipment	Local EME workshop / command repair cell under 363/01 except for minor urgent petty repair	Local EME workshop / comm	Minor urgent /petty repair in Non Mil Stn may be carried out from local civil firm and paid from Non Mil Polyclinic LP fund under code Head under code Head 363/01 duly vetted by SEMO
(b)	Electro medical equipment	Nodal EME workshop (Appx ‘D’) / Command Repair call (CRC) / civil firm under financial power of SEMO/AFMSD/ DGAFMS under code Head 363/01.	Same as for Mil Stations	
(c)	Sophisticated electro medical equipment	Original equipment manufacturer (OEM)/ civil firm under financial power of SEMO /AFMSD/ DGFMS under code Head 363/01.	Same for Mil Station	

REPAIR AND MAINTENANCE FROM CIVIL SOURCES.

4. Conventional system of echelon of repair shall of not be applicable in case of medical and dental equipment as their repair and maintenance will be carried out by concerned repair agencies through Local purchase (LP) of spares, Local Repair Contract (LRC) or directly by the Original Equipment Manufacturer (OEMs) or the civil firm . No Non availability certificate (NAC) should be required by the workshop / Polyclinics for under taken LP of spares for medical and dental equipment . Repair and servicing of medical /Dental equipment from civil sources will be carried out under the circumstance and upto the prescribed financial limit of concerned CFAs as laid down in Govt of India letter quoted above (Para 1a).
- 5 .The repair and servicing / maintenance facilities civil sources have been instiuted with the aim to keep the medical equipment held by ECHS Polyclinic in a function state at all time in Mil and Non Mil Station , if local EME workshop repair facilities are inadequate and also to reduce avoidable back loading of equipment under BLR/ BER certificate , normal procedure will be adopted while processing the case for repair / servicing / maintenances of medical /dental equipment through civil firms.
6. When cost of repair and servicing / maintenance exceeds the financial powers of SEMO and SITU civil repairs and servicing / maintenance is considered essential , quotation from the firm alongwith statement of case with full justification duly recommended by Jt Dir Med , Regional Centre ECHS will be forwarded to dependent SEMO/ Store holding installation alongwith relevant information as per Para 7 below for their necessary action . Under no circumstance, repairs and servicing / maintenance form civil sources will be undertaken without prior sanction / approval of the concerted CFA. However, in exceptional cases telephone approval be obtained from the concerned CFA and EX-post facto sanction be obtained within one month form the date of repair of the Equipment.
7. While submitting the cases to SEMO / AFMSDs/ Stores holding installation for their sanction or to DGAFMS / DG-2D through dependent SEMO / Depots / , the information asked vide Appx 'E' to this SOP will invariably be furnished.
8. Once repair and servicing / maintenance sanction of the CFA is accorded, it is the responsibility of concerned SEMO/ Depot / Polyclinic to progress the case and ensure that equipment is repaired / maintained on priority and payment is made to the firm through concerned SEMO / AFMSDs /Stores holding installation . In case of delay or difficulties encountered , the same will be intimated to concerned Regional centre ,SEMO / Depot or DGAFMS / DG-2D for information and action .
9. Necessary guarantee / warranty certificate will be obtained by concerned Polyclinic form the civil firm that equipment repaired / serviced by them , will render trouble free service for a period of at least 6 month or as agreed by the concerned Polyclinic or SEMO/ depot and in the event of breakdown within the guarantee period , the same will be repaired free of cost.
10. It may however, be ensured that while exercising the powers , now vested with the various authorities , total cost of repair should include cost of spares also, though individual cost will be shown separately . Generally accost of repair including spares is 10% of the actual cost of the equipment and in exceptional cases same should be allowed maximum upto 25 %.
11. It may also be noted that while procuring sophisticated Electro Medical equipment be DGAFMS offices a clause for entering into service / maintenance contract after expiry of the guarantee /warranty period is

incorporated. Consignee ECHS Clinic of such equipments should ensure that action is intimated as per Para 6 and 7 above to enter into initial service contract immediately on expiry of guarantee / warranty period and subsequent timely renewal of such contracts at the sanctioned rate in AT/ SO (Acceptance of Tender / Supply order).

12. Repair of Gift items/Items on loan

All gifted equipments will be taken on ledger charge that will form part of authorized load. Necessary maintenance support including annual maintenance contract will be catered for such equipments. The ECHS Polyclinic using some equipments that are taken on loan will be responsible to maintain these too. A separate record of all items on loan will be prepared. Projection for maintenance support will be made to the dependent Workshop after taking approval of Stn Cdr. Further in addition to the above policy / procedure, the ECHS Polyclinic must follow the following guidelines while negotiating the terms and conditions pertaining to annual service/ maintenance contract in respect of sophisticated equipment held by them with the supplier / authorized Indian agents :-

- (a) The supplier / Indian agents should have the expertise technical know how, test tools, equipment and should be able to provide imported spares and accessories in Indian rupees at the shortest possible time.
- (b) To provide schedule preventive maintenance (including cleaning , lubrication, adjustment, calibration and testing) at least 3-4 times during contract period and attend breakdown calls as on required basis mutually agreed on the request of users for the smooth and un-interrupted functioning of the equipment.
- (c) The date of entering into service contract will commence from the date of signing the service contract by both parties on court paper at firm's expense but subsequent to the date of issue of sanction letter.
- (d) The annual service contract charges should invariably not exceed 5% and 2.5% of the total cost of equipment for comprehensive and comprehensive contract respectively. In case of repair only max cost permissible is 25% of the cost of equipment (including cost of spares). OIC Polyclinic will personally ensure that the charges paid are reasonable.
- (e) The inflation cost limited to maximum 10% of the previous service contract charges can be added for each subsequent years during renewal of the contract if this clause will also be applicable to the contracts earlier sanctioned.
- (f) 50% payment of service contract charges can be made in advance if insisted upon or otherwise on half yearly basis. The final payment will, however, be made after successful completion of the contractual period as per the terms and conditions of the contract. Where 50% advance payment is made, necessary undertaking to provide satisfactory and timely service should be obtained.
- (g) The costly and imported spares if required will be on chargeable basis. However, low cost indigenously available electronic components will be replaced free of cost, to a maximum value of Rs. 1000/- by the firm. The costly parts if required to be replaced by the firm will be authenticated by users

specialist or Assistant Technical Evaluating Officer (ATEO) for proper accounting subsequently. The Performa invoice for imported and costly parts quoted in Indian Rupees will be obtained from the firm in triplicate by the users for procurement of the same through office of the DGAFMS / DG-2C.

(h) All parts / items utilized during maintenance repair will be reflected in service reports which will be countersigned by the users specialists / Medical officers.

(j) The repairs and servicing will be carried out 'in-situ' by the firm. However, in exceptional cases when repairs on the part assembly / Part Circuit Board (PCB) of the equipment are considered to be attempted at factory premises, the temporary replacement shall be the firm.

(k) In case of breakdown of the equipment, the same will be attended by the firm's engineer within 24 hours, if it located in the same station and in case of out station, firm will ensure to complete repairs of the defective equipment on top priority.

(l) The service / repair and replacement of parts / spares details will be recorded by the firm engineer and user specialist in the History Sheet and Log book maintained for each equipment by the users. The History Sheet and Log book shall be prepared locally as per Appx 'F'.

(m) Clauses pertaining to 100% advance payment, separate expenses, transportations charges, daily allowance, over time allowance, if reflected in the terms and conditions are to be deleted in to.

(n) The annual service contract is required to be signed only after expiry of Guarantee/Warranty period and duly sanctioned by the CFAs. But procedure for AMC to be initiated three months prior to expiry of Warranty / guarantee period.

13. After finalization of the terms and conditions (given below) with the firms, the consignee Polyclinic will forward the proposal for entering into annual maintenance contract of sophisticated equipment to dependent SEMO / AFMSDs as per provisions laid down in succeeding paras:-

(a) Particulars of the equipment as per Para 7 of above quoted letter.

(b) Statement of Case duly recommended by the OIC ECHS Polyclinic, Jt Dir (Med) and will be approved by SEMO / Comdt AFMSD/CFA.

(c) Original quotation of the firm with terms and conditions as negotiated with the supplies / authorized agents on the lines as per Para 3 above alongwith two Photostat copies of the same.

(d) OIC Polyclinic, Jt Dir (Med) and stores holding installations will ensure that the service rates in respect of equipment which have been standardized with the firm and come under their financial power will remain enforced and will not be revised upwards except as Para (e) below.

(e) In case of renewal of maintenance contract, the rates of previous contract will be completed before according sanction by the CFAs at every level. The inflation cost limited to maximum 10% of the previous service contract charges can be added for each subsequent year.

(f) Where the clause of AMC has been accepted by TPC in A/T and Supply Orders, the rates approved there in only be acceptable. No alternation will be allowed on any terms without the prior approval of O/o DGAFMS.

14. On receipt of proposal beyond CFA limit, dependent SEMO / AFMSDs will forward the same to the office of the DGAFMS /DG-2D duly vetted technically for obtaining necessary CFA sanction as shown in Govt of India, Ministry of Defence letter No. 3505/4/DGAFMS/DG-2D and 23 Sep 99.

15. The contract will be signed by users with the firm only after receipt of CFA sanction and the Photostat copy of the contract will be forwarded by the units to the office of DGAFMS / DG-2D and dependent SEMO / AFMSDs for reference and records.

16. The consignee OIC ECHS Polyclinic will forward the bill duly received to the concerned SEMO/ AFMSD for payment to the firm as per the terms and conditions agreed upon.

17. It will be ensured by all Regional Centers that all sophisticated medical equipments which require 'Annual Maintenance' should be covered under AMC. The same will be reflected in quarterly return being forwarded to this office. The copy of Army Order No. 05/99 &12/2004 on the subject will be made available to all ECHS Polyclinics.

18. In case of difficulties with vendors / firm regarding compliance to AMC / Repairs Polyclinics should be proactive and forward advance intimation to civil firm for planned preventive maintenance laid down in AMC. In case of breakdown / Urgent repair Polyclinics should contact the firm through telephone / Telegram/ letter with copy to this HQ and O/o DGAFMS. In case the civil firm is not attending the calls even after two reminders, Polyclinic to approach Regional Centre / SEMO. Simultaneously Regional Centre will also approach O/o DGAFMS for similar action. However telephonic / personal contacts with firm to be made for early action. Finally if a particular firm is repeatedly failing to respond on time, a case may be taken up for appropriate actions against that firm through Regional Centre.

Allotment of funds:

19. DGAFMS will allot adequate funds from ECHS allotment under Code Head 363/01 every year to EME for undertaking repair of the equipment through LP of spares/LRC. Annual requirement of funds is to be projected by EME (Fin) to O/o DGAFMS every year. Demand for Annual Maintenance Contract, repair and spres by SEMOs / AFMSD, will be made from DGLP (ECHS). Annual requirement will be projected along with the projection of DGLP.

Reports and Returns

20. In addition to existing Medical Equipment return policy ECHS Polyclinic will submit addl annual return to followings through SEMO:

(a) Non Electro Medical Equipment : To dependent workshop

(b) Electro Medical Equipment: To dependent Nodal Workshop & CRC

(C) Sophisticated Medical equipment under AMC: To O/o DGAFMS (DG-2D)

Sentencing of ECHS Medical Equipment

21. Since no procurement of spares on any equipment is contemplated and repairs and maintenance are to be carried out through LP of spares or by civil firms under local repair contract / AMC, the equipment will not be sentenced Eqpt of Action (EOA). However these may be sentenced BLR/BER/UNSV as given below (Appx 'G').

(a) **Non Electro medical Equipment:** These equipments will not be sentenced BLR and all efforts will be made by the dependent workshop to repair and maintain these through LP of spares / LRC till they become BER.certificate. Retrieval of serviceable components / accessories may be done at Wksp level to repair other eqpt. Such spares will however be properly accounted. Units will dispose off these equipment to local salvage depot under intimation to dependent / SEMO / Regional Centre / AFMSD for provisioning action.

(b) **Electro medical Equipment:** These equipment will be sentenced 'BER' by dependent Nodal workshop / CRC and a certificate issued to the ECHS Polyclinic, sentencing of equipment as BER may be done by BOO as per advise of workshop/ CRCs based on it's life &usage vide Appx 'B' &'G'.

(c) **Sophisticated Equipment under AMC:** These equipment will be sentenced BER only. ECHS Polyclinic will initiate action for sentencing the eqpt as BER by convening a board of officers consisting of specialists concerned and Assistant Technical Evaluating Officer (ATEO) as members. The service engineer of the firm if available is to be associated to give his opinion on the equipment. The board proceedings in triplicate, duly approved by SEMO will be forwarded to Central Organisation for issue of disposal instruction and subsequent initiation of procurement action. Feasibility of retrieval of components / assemblies will be ascertained in consultation with ATEO, at Command Repair Cell (CRC), so that they can be utilized for repair of similar equipment. Retrieval of components will be properly accounted for by CRC.

22. Policy and procedure for procurement, and installation of Medical Equipment for ECHS Polyclinic has already been dealt in various Govt letters and fwd by this HQ, hence same is not included in this SOP.

Dy MD
For MD

Appendix ' A '

EQPT UNDER ANNUAL MAINT CONTRACT

SOPHISTICATED EQUIPMENT

Ser No	Equipment	Probable life
1.	Fibre optic Gastrology / Colonoscopic Equipment	06 Yrs
2.	Bronchoscopic / Laproscopic Equipment	06 Yrs

3.	Volume Controlled Respirators (Computerised)	07 Yrs
4.	Whole Body CT Scanner	10 Yrs
5.	Cobalt Therapy Units	10 Yrs
6.	Image Intensifier (Surgical & Medical)	10 Yrs
7.	Cardiac Cath Lab Equipment	10 Yrs
8.	Heart Lung Machine	08 Yrs
9.	Haemo Dialysis machine	08 Yrs
10.	Gamma Camera	10 Yrs
11.	Diagnostic Instruments (Nuclear Medicine)	10 Yrs
12.	Ultrasound Imaging & Colour Doppler	08 Yrs
13.	Trade mill Computerised with monitoring system	08 Yrs
14.	Dental X-Ray Units (imported)	10 Yrs
15.	Spectrophotometers Computerised	08 Yrs
16.	Central Monitoring Station	08 Yrs
17.	Evoked Potential cum EMG machine	08 Yrs
18.	Pulmonary test system computerized	08 Yrs
19.	Fast Medical Scanners	08 Yrs
20.	M R I	10 Yrs
21.	Mamography Unit	10 Yrs
22.	Laser Therapy / Surgical Eqpt	08 Yrs
23.	Ventillator (imported)	10 Yrs
24.	Elisa Readers	10 Yrs
25.	Microscope (Electronic)	10 Yrs
26.	Anesthetic Appratus (Microprocessor Based)	10 Yrs
27.	Fibre scope (ENT) Set	10 Yrs
28.	Dental Chair Unit (Microprocessor Based)	15 Yrs
29.	Anaesthesia System with Ventilator and Multi parameter	08 Yrs
30.	App. X-Ray Radiographic/Fluoroscopic 500 Ma & above (imported)	08 Yrs
31.	Ultrasound Aspirator	06 Yrs
32.	Ultrasound Scanner	10 Yrs
33.	Ultrasound portable	08 Yrs
34.	Camera and illumination system	08 Yrs
35.	Uretro Renoscope	10 Yrs
36.	Semi Auto Analyser	06 Yrs
37.	Digital ECG Machine	07 Yrs
38.	Fibre Optic Bronchoscope	08 Yrs
39.	Platelet Agitator	06 Yrs
40.	Cardiotocograph	08 Yrs
41.	App. Anaesthetic (Boyle) MK IV with vaporizer field	08 Yrs
42.	Electronic Weighing Machine	06 Yrs
43.	Automatic Film Processor	10 Yrs

Note : Various other models of above equipment and any other equipment which is considered to be maintained through trade will also be deemed to be covered under this list.

Appendix ' B'

EQPT UNDER REPAIR RESPONSIBILITY OF EME / CRCs
ELECTROMEDICAL EQUIPMENT

Ser No	Equipment	Probable life
1.	X-Ray Portable / Mobile & Dental below 100 ma	10 Yrs / 1Lac exposures
2.	X-Ray Eqpt Static 100 Ma/200 Ma	09 Yrs / 1Lac exposures
3.	X-Ray Eqpt Static 100 mA & above (indigenous)	08 Yrs / 30,000 readings
4.	DC Defibriliators (all types)	07 Yrs / 6,000 shots
5.	Bed Side Monitors	07 Yrs / 30,000 hours

6.	Micro Wave Diathermy Units	10 Yrs / 10,000 exposures
7.	Surgical Diathermy Units (All types)	10 Yrs / 15,000 exposures
8.	ECT (Electro Convulsion Treatment) machine	07 Yrs
9.	Stimulator and vibrators	07 Yrs
10.	Selective Treatment Unit (GSF)	10 Yrs / 8,000 hours
11.	ECG machine single channel	10 Yrs / 1 Lac readings
12.	Infra Red Lamps	10 Yrs / 15,000 cases
13.	Ultrasonic Therapy Units	06 Yrs / 8,000 exposures
14.	Flame Photometers	10 Yrs / 9,000 hours
15.	Photo Electric Colorimeters	10 Yrs / 9,000 hours
16.	Ph Meters	06 Yrs
17.	Electrophoresis Power Supply Units	08 Yrs
18.	Photo Therapy Units	06 Yrs / 30,000 hours
19.	Baby Incubator Microprocessor based (Indigenous)	07 Yrs / 50,000 hours
20.	Ventilator & Respirators (Indigenous)	08 Yrs / 2 Lac hours
21.	Audiometers	10 Yrs
22.	Shadowless OT Lamps	10 Yrs
23.	Therapeutic Short Wave Diathemy	10 Yrs / 9,000 exposures
24.	Oxygen Concentrator	07 Yrs
25.	Aspiration Unit (Indigenous)	06 Yrs
26.	Nebuliser	06 Yrs
27.	Glucometers	07 Yrs
28.	Computerised ECG machine	10 Yrs
29.	Foetal Heart Rate Monitor (Doppler)	07 Yrs
30.	Auto NIBP Monitor	07 Yrs
31.	Portable Cardiac Monitor	08 Yrs
32.	Infusion Pump (All Types)	07 Yrs
33.	Pulse Oxymeter	07 Yrs
34.	Lamp Electric Field	08 Yrs

Note : Various other models of above equipment will also be deemed to be covered under this list.

Appendix ' C'

EQPT UNDER REPAIR RESPONSIBILITY OF EME
ELECTROMEDICAL EQUIPMENT

Ser No	Equipment	Probable life
1.	Anaesthetic Apparatus (Indigenous)	08 Yrs
2.	Suction Appratus	08 Yrs
3.	Steriliser all types	10 Yrs
4.	Autoclaves	06 Yrs
5.	OT Lamps (Wall Mounted)	10 Yrs

6.	Operation Tables	10 Yrs
7.	Air circulation equipment	10 Yrs
8.	Sphygmomanometers	08 Yrs
9.	Laryngoscopes	05 Yrs
10.	Ophthalmoscopes	06 Yrs
11.	Still Automatic	06 Yrs
12.	Comprators	06 Yrs
13.	Microscope (Optical types)	10 Yrs
14.	Ovens	06 Yrs
15.	Centrifuges	06 Yrs
16.	Wheel Chairs	06 Yrs
17.	Dental Chair (Indigenous)	15 Yrs
18.	Micrometers	08 Yrs
19.	Portable Electric Generators	08 Yrs
20.	Blood Storage Cabinate / Refrigerators	10 Yrs
21.	Incubator Electric	06 Yrs
22.	Bull Nose complete	06 Yrs
23.	Examination Table	10 Yrs
24.	Recovery Trolley	06 Yrs
25.	Spot light for examination	10 Yrs
26.	Weighing machine	06 Yrs
27.	Han and wrist exerciser	08 Yrs
28.	Portable Resuscitator	08 Yrs
29.	Exam spot light (Cold)	10 Yrs
30.	Strecher Trolleys folding type	06 Yrs
31.	Fluid warmer	08 Yrs
32.	Vet endoscope	06 Yrs

Note : Various other models of above equipment will also be deemed to be covered under this list.

Appendix' C'

**NOMINATED NODAL EME WORKSHOPS FOR REPAIR
OF ELECTROMEDICAL EQUIPMENT**

Ser No	Name of Nodal Workshop	CRC
Southern Command		
1.	Station Workshop, Mumbai	CRC, C/o CH (AF) Bangalore
2.	Station Workshop, Secunderabad	
3.	Station Workshop, Chennai	

4. 12 Corps Zone Workshop CRC and AFMSD Wksp, Pune
5. Station Workshop, Pune
6. Station Workshop, Bambolim
7. Station Workshop, Baroda

Eastern Command

1. 862 Fd Wksp Coy CRC, C/O CH(EC) Kolkata
2. 3 Corps Zonal Wksp
3. 4 Corps Zonal Wksp
4. 33 Corps Zonal Wksp
5. Station Workshop, Kolkata
6. 306 Station Workshop, EME
7. 307 Station Workshop, EME
8. 311 Station Workshop, EME

Western Command

1. Station Workshop, Jabalpur CRC, C/o AFMSD Lucknow
2. Station Workshop, Chandimandir
3. 11 Corps Zone Workshop
4. 7002 EME Bn
5. AHQ Static Workshop, Delhi Cantt
6. 7010 EME Bn

Central Command

1. Station Workshop, Jabalpur CRC, C/o AFMSD Lucknow
2. Station Workshop, Lucknow
3. 7001 EME Bn
4. Station Workshop Dehradun
5. Station Workshop Allahabad
6. Station Workshop Bareilly
7. Station Workshop Roorkee
8. Station Workshop Kanpur
9. 196 (I) Fd Wksp Coy

Northern Command

1. 193 Fd Workshop (14 EME Bn) CRC, C/o CH (NC) Udhampur
2. 7015 EME Bn
3. 14 Corps Zonal Workshop
4. 626 EME Bn
5. 304 Station Workshop

Note :AFMSD Workshop Pune is responsible for major repair of electro medical eqpt.

Appendix 'E'

CHECKLIST

- (a) PVMS / NIV No.
- (b) Full Nomenclature
- (c) A/U
- (d) Quantity
- (e) Source of receipt indicating A/T
Supply Order No. Depot IV No. & dated.

- (f) Quantity held with their condition i.e. Ser / Rep / Unsv.
- (g) Quantity required to be repaired.
- (h) Nature of repair including -----, if any, required.
- (j) Cost of equipment
- (k) Comparative statement of quotations received for repairs and basis of selection / recommendation of particular quotation.
- (l) Reasons for recommending civil repairs and Servicing/ maintenance, whether local station workshop/ Command Repair Cell expressed their inability to repair and servicing / maintenance of the equipment.
- (m) BLR/BER certificate from dependent EME Workshop / Command Repair Cell where Applicable.
- (n) Breakdown of repair charges indicating service charges, cost of components and other misc charges.
- (o) Reasonableness of cost repair and servicing/maintenance considering cost of original equipment.
- (p) Number of times equipment went out of order and repaired through civil firm/CRC/EME sources.
- (q) Cost of repair and servicing/maintenance each time.
- (r) Cost of repair / AMC entered last time.

Appendix 'F'

Maintenance of History sheet and Equipment Log Book. For maintaining a chronological, equence of incidents occurring during the life cycle of an equipment, it has become imperative to maintain Equipment History sheet and Logbook for all sophisticated and expensive equipments. The suggested contents of both the docus are as follows:-

- (a) **Equipment History Sheet**
 - (i) Name of equipment
 - (ii) Date of purchase

- (iii) Cost of Equipment
 - (iv) Name & Address of Supplier
 - (v) Date of Manufacture
 - (vi) Date of Intallation
 - (vii) Environmental requirements in terms of temperature, Lighting, ventilation and electrical load
 - (viii) Spare parts Inventory
 - (ix) Technical Manual & Circuit Diagrams
 - (x) Guarantee/warranty period
 - (xi) Use co-efficient
 - (xii) Life of the equipment
 - (xiii) Down-time/up-time
 - (xiv) Any other Remarks.
- (b) **Equipment Logbook** (for all equipment costing more than Rs. 10,000)
Auth: DGAFMS Memorandum No-159

- (i) Nomenclature and source
- (ii) PVMS No/NIV No
- (iii) Cost of the equipment
- (iv) Date of acquisition
- (v) AMC with validity
- (vi) Name of Manufacture & Supplier
- (vii) Date of defect/cession of function
- (viii) Nature of Defect
- (ix) Date of call for Repair

- (x) Date of completion of Repair
- (xi) Signature of NCO/C ward/Dept

Appendix 'G'

Sentence of Equipment

(a) Non – electro medical equipment :

(Appx 'C')

ECHS Polyclinics → Dependent local EME workshop



BER



(ECHS Polyclinic) (Deposit in salvage as per direction of BOO)

(b) Electro medical equipment :

(Appx 'B')

ECHS Polyclinic → Nodal EME workshop / CRC



BER



(ECHS Polyclinic) Local board of officer with ATEP as member)



Disposal as per BOO

(c) Sophisticated electrometrical equipment :

(Appx 'A')

ECHS Polyclinic → Local Board of officer with ATEO as a member)



BER



Disposal as per BOO