

## Medical Equipment Failure Reporting Form

**Date:**

Name of Health Centre			
Equipment Name		Asset ID	
Model		Make/Brand/ Manufacturer	
Date and time of breakdown			
Service History ( <i>Past history if any repair was done</i> )			
Error Message/code (if applicable)			
Description of equipment breakdown (Description of all conditions prior to failure and how the operator thinks it failed)			
Repair/Action taken (Description of any attempt made by engineers/BMETs for repair)			

I, the undersigned do hereby declare that the information provided in this form are true and based on available evidence.

User's Name & Designation:  
(*Person reporting the breakdown*)

Countersigned by:  
(*MS/CMO/ADM*)

**Note:** This form must be completed and submitted to the Bio-Medical Engineering Division/BES/BMET when requesting for repair of any medical equipment.