

**STATUS OF MEDICAL EQUIPMENTS**  
**(Costing above Rs. 1 Lakh)**

**Name of Department:**

1.	2.	3.
A.	Total number of Equipment	
B.	Total Number of Functional Equipment	
C.	Total Number of Non-functional Equipment	
D.	Total Number of Missing/ Stolen Equipment	

Signatures  
Heads Of Departments/Officer In Charge

Name of Contact Person \_\_\_\_\_  
Contact No (O) \_\_\_\_\_

**STATUS OF NON-FUNCTIONAL MEDICAL EQUIPMENTS**  
**(Costing above Rs. 1 Lakh)**

**Name of Department:**

1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
Sr. No.	Name of equipment department wise	Total no. of equipment & date of purchase of equipment	Date of installation of equipment	Cost of Equipment	Date from which equipment(s) is/ are non functional	Whether the equipment (s) is under AMC/ warranty of not reasons thereof	Reasons for non-functioning of equipment	Details of part required for repair along with estimate expenditure	Action taken to repair the equipment & approximate time by which equipment will become functional

Signatures  
Heads Of Departments/Officer In Charge

Name of Contact Person \_\_\_\_\_  
Contact No (O) \_\_\_\_\_

**STATUS OF NON-FUNCTIONAL MEDICAL EQUIPMENTS**  
**(Costing above Rs. 1 Lakh)**  
**(\*equipments, procured on or after 01<sup>st</sup> April 2007)**

**Name of Department:**

1.	2.	3.	4.	5.	6.	7.
Sr. No.	Equipments Name & Number of the same available in the deptt	Date of purchase & average/predicted life of the equipment as per the manufacturing company	Amount spent	Recommended frequency for maintenance (yearly, half yearly monthly, quarterly)	Date of first maintenance check, officer supervising	Status of equipment(good, functional, replaceable, should not be used)

Signatures  
Heads Of Departments/Officer In Charge

Name of Contact Person \_\_\_\_\_  
Contact No (O) \_\_\_\_\_