



FORM:NMS/DBME/04

MAINTENANCE SHEET

NOTE: To be filled by the Unit/Department/Incharges

Date.....

Health Facility:.....

Department/Ward/Unit:.....

Requested by.....

Name of the Equipment.....

Asset ID.....

Mention the breakdown details.....

.....

Head of department/in-charge

(Name & Signature)

NOTE: To be filled by Biomedical Engineering staff

Action Taken:

.....

Spare Part Replaced (YES/NO) If YES, mention spare parts detail.

Sl.no	Details of spare parts	Quantity



Additional Spare Parts Required:

Sl.No	Details of spare parts /Accessories	Quantity

Remarks.....

Date of Completion:.....**Attended by (Name of BME staff):**.....

BME/BMET
(Signature)

Head of the Department/Incharge
(Name and Signature)

MS/CMO/ADM
(Sign and Seal)

