



FORM:NMS/DBME/07

Date :/...../.....

CONDEMNATION CERTIFICATE

This is to certify that the following equipment at(name of the department/Unit/ward) of (*name of health centre*) is/are hereby condemned due to:

1. Obsolescence
2. Unsafe condition of equipment for patients/operator (*tick one*)
3. Generation of unreliable results.....
4. Uneconomical repair requirement
5. High frequency of repairs
6. Age (*too old*)
7. Irreparable physical condition because of major breakage and mishandling

EQUIPMENT DESCRIPTION

Sl. No.	Equipment Name	Equipment Asset ID	Model / Serial No.	Manufacturer	Installation Date	Qty

REMARKS (USER)

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REMARKS (DBME OFFICIAL)

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BMET/Engineer

Dept. In-Charge

Management (Health facility)