



FORM:NMS/DBME/01

Quality Inspection for Equipment

1.Name of the health facility:..... Name of Equipment:.....
 2.Manufacturer/Model:..... 3. Serial no:.....
 4.Cost:.....5.Supplier:.....
 6. Purchase & invoice order no:.....7.Quantity Ordered:.....
 8. QI conducted with reference to: catalogue/sample/purchase order/invoice/Generic specification
 9. Packaging : Satisfactory/unsatisfactory (tick one)
 If unsatisfactory, state observation

 10. Labelling: Satisfactory/unsatisfactory (tick one)
 If unsatisfactory, state observation

 11. Physical condition of the Equipment: Damaged/ Not damaged (tick one)
 If damaged, describe the nature of the damage and reject the supply

 12. Operational Manual Yes/No/NR (Tick one)
 13. User Manual Yes/No/NR (Tick one)
 14. Service manual Yes/No/NR (Tick one)
 15. Electrical Voltage And Surge Power (KVA/KW) Acceptable/Not acceptable/NA (Tick one)
 16. Electrical Frequency Acceptable/Not acceptable/NA (Tick one)
 17. Operational environmental condition Acceptable/Not acceptable/NA (Tick one)
 18. Accessories/consumables Complete/incomplete/NA (Tick one)
 19. Efficiency wherever indicated Acceptable/Not Acceptable (Tick one)
 20. Functional Test run conducted Yes/No (Tick One)
 21. After-sales Service Provided/Not provided (Tick One)
 22. Conformity to technical specification Yes/No (Tick one)
 23. Safety of the equipment Acceptable/Not acceptable/NA (Tick one)
 24. Warranty (No.of years) 25. Date and place of installation:.....
 26. Quantity Received:.....27.Quantity Rejected:.....28. Quantity Accepted:.....
 If rejected, reasons for rejection:

Name and Signature of the inspectors:

1. 2. 3.

Note: Not applicable (NA), not required (NR)