

Form No-I
KERALA STATE HEALTH SERVICES
KERALA STATE HOSPITAL PERFORMANCE MONITORING CELL
DETAILS OF EQUIPMENT

1. Sl .Number & Date of inspection :
2. Name of institution with address & Pin code :

3. Name of equipment :
4. Make :
5. Model :
6. Capacity :
7. Manufacturers SI No. :
8. Manufacturer :
9. Accessories/compressor SI No :
10. Date of purchase :
11. Date of installation :
12. Cost :
13. Source and details of receipt :
14. Working status :
15. Date from which not working :
16. Whether repairable or not :
17. Date of repair :
18. Remarks :

Refrigeration Mechanic
Hospital Equipment Repair Unit

Superintendent
GH/DH/W&C/THQH/CHC/PHC

(This report to reach the State Cold Chain Officer, Director of Health Services, Trivandrum before 4th of every month)