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USE	OF EQUIPMENT REGISTER, REPAIR PROCESS AND FOLLOW UP See HTS SO	P on the Intranet-Index-Components- Infrastructure Development
Use o	f Register:	
1	This register replaces the equipment assets register/stock book	Repair/Servicing of equipment:
2	Each type of equipment should be entered on a separate page. There are 4 pages (A-D)	1 Complete Repair (green form) book with detailed description of problem experienced or
	for each type of equipment	repair/ service required. Include the serial number
3	At any time it should be possible to report exactly how much equipment is required, how	2 Record Green form no. on Page B of relevant equipment in Equipment register
	much is available and whether each piece of equipment is functional and in the unit.	3 Send form and equipment to stores/ HTS if present in your hospital OR
4	Non - neonatal specific furniture items can be added to the register after the neonatal	4 Send PH repair request form and equipment to Local HTS Center
	equipment pages	NB If the item is functional and just requires servicing- do not send the equipment.
Pag	e A	Continue using equipment. Request HTS workshop to arrange for the servicing of
5	This records the life history of the equipment - when it was bought and when it was	equipment to be performed on site (only life support equipment.) or for a loan unit to
	condemned and all the identifying numbers associated with the equipment	be provided by the company once approval for servicing has been obtained
6	Record the required number of each type of equipment as calculated on KZN Equipment	5 If spares are available - item is repaired at local Center
	requirements table	6 If item cannot be repaired locally or needs servicing - a request is sent to the relevant
7	If there are different makes of a specific type of equipment e.g. Carefusion and IVAC	company to quote
	infusion pumps - Record the serial numbers of each piece of equipment under the	7 The quote and work request is sent to provincial HTS for a work number
	heading of what make of equipment it is	8 Provincial HTS completes a work request form and sends to Provincial SCM for an order
8	Allocate a number (first column) to each serial number and use a permanent marker to	number
	mark each piece of equipment with this same number. This number can now be used to	9 Provincial SCM approves the finances and issues an order number
	identify the equipment	10 Provincial HTS then procures the required parts or informs company to proceed with
9	Record all relevant information for each piece of equipment. Cost can only be recorded	service
	for newly purchased equipment	
10	A PH number is allocated by stores when new equipment is accepted into the hospital. It	This process should take no longer than 3 months.
	is engraved on each piece of equipment and reflects the year the equipment was	
	purchased eg 123/06	Follow up:
11	Record the condemning number for any piece of equipment that has been condemned.	If the equipment has not been returned within 3 months-follow up to ascertain where the
	Its number can then be allocated to the new replacement piece of equipment procured	process has stalled
Pag	e B (See Repair of Equipment below)	Contact:
12	Record any repair/servicing/borrowing of equipment on this page. Only enter when the	1 Local HTS - insert relevant name and email:
	equipment is removed from the unit	
13	Record allocated number (as per Page A) when entering a piece of equipment sent for	
	repair. It is not necessary	
14	No faulty/nonfunctional equipment should remain in the unit	2 Provincial HTS - Danny Singh <u>danny.singh@kznhealth.gov.za</u>
15	Record Green form number and date sent for repair and date when equipment is	
_	received back in unit following repair	3 Provincial SCM - Kevin Pillay <u>kevin.pillay2@kznhealth.gov.za</u>
Pag		
16	Use this page for monthly stock count	4 Provincial HTS Manager - Mr N Singh <u>nishan.singh@kznhealth.gov.za</u>
17	Record each allocated number in the first column and tick monthly if it is in the unit	
-	e D (See Follow up below)	
18	This is to record the follow up for any equipment sent for repair/service	

EQUIPMENT REGISTER IND	DEX				
1 Annual Equipment Re	equirements/ norm				Page 3 - 4
	unt				Page 5 on wards
Equipment Item	Page Number	Equipment Item	Page Number	Equipment Item	Page Number
Bed - Juvenile	12	Heater	9	Spotlight	7
Calculator	8	High flow humidified air	15	Stadiometer	6
Cardiac trolley	12	Infusion pump	14	Stethoscope	11
Chair - mother	11	Locker	12	Suction - portable	9
Cot - large	12	Monitor - Multiparameter	15	Suction unit - wall	14
Cradle	8	Oxygen blender	13	Syringe pump	14
Diagnostic set	5	Oxygen cylinder	9	Torch	7
Dinamap	15	Oxygen flow meter - double	13	Traction	8
Drip stand	11	Patella hammer	5	Vein viewer	7
Fan	9	Peak flow meter	5	X-Ray viewing box - long	7
Feeding pump	14	Pressure gauge - oxygen	9	X-Ray viewing box - short	7
Fridge - immunisation	10	Pulse oximeter	15		
Fridge - medication	10	Scale - Bathroom	6		
Fridge - milk	10	Scale - Electronic infant	6		
Glucometer	5	Scale - Sitting	6		
Haemoglobinometer	5	Screen	8		

<b>KZN EQUIPMENT</b>	FURNITURE/SE	RVICES REQUIRM	MENTS: To be com	pleted <b>annually</b> by	the <b>DCST team, OM</b> a	nd Assets manager i	n July/Aug/Sept .	Year:	
BED NUMBERS:	Cubicles:		GC Beds:		Specialised Beds:		HC Beds:		
Required Services (ICU bed requiremen Hospita	ts NA for District	General care Beds	Required No.	Specialised Beds	Required No.	HC & "Tiny Tots" Beds	Required N°	Total Required	Present & Functional
Electrical points		1/bed		2/bed		6/bed			
Medical air points						1/bed			
Oxygen points		1/2 beds		1/bed		1/bed			
Suction points		1/2 beds		1/bed		1/bed			

Requ	uired Equipment per Unit/Cubicle	Unit	Cubicles	Total Required	Present & Functional	Req	uired Equipment per Unit/Cubicle	Unit	Cubicles	Total Required	Present & Functional
1	Calculator	1				15	Pressure gauge - oxygen		1		
2	Cradle	2				16	Scale - Bathroom	1			
3	Diagnostic set	2				17	Scale - Electronic infant	1			
4	Fan		1			18	Scale - Sitting	1			
5	Fridge - immunisation	1				19	Screen		2		
6	Fridge - medication	1				20	Spotlight	2			
7	Fridge - milk	1				21	Stadiometer	1			
8	Glucometer	2				22	Suction - portable		1		
9	Heater		1			23	Torch	1			
10	Haemoglobinometer	1				24	Traction	2			
11	Monitor - Multiparameter		1			25	Vein viewer	1			
12	Oxygen cylinder		1			26	X-Ray viewing box - long	1			
13	Patella hammer	2				27	X-Ray viewing box - short		1		
14	Peak flow meter	1				28					

N°	Required Equipment per level of bed	Genera Be		-	alised eds	HC& "Ti Be	ny Tots" ds	Total Required	Present & Functional
		Norm/bed	Req	Norm/bed	Req	Norm/bed	Req.	Required	Functional
1	Bed - Juvenile	1/7 beds		1/4 beds		1/2 HC beds			
2	Cardiac trolley	1		1		1			
3	Chair - mother	1		1		1			
4	Cot - large	1		1		1			
5	Dinamap	1/7 beds		1/2 beds					
6	Drip stand	1/5 beds		1		2			
7	Feeding pump					1			
8	High flow humidified air					2			
9	Infusion pump	1/5 beds		1		2			
10	Locker	1		1		1			
11	Monitor - Multiparameter (Temp, Pulse, Resp, SPO₂, NIBP)					1			
12	Oxygen blender					1			
13	Oxygen flow meter - double	1/2 beds		1		1/2 beds			
14	Pulse oximeter	1/7 beds		1/2 beds					
15	Stethoscope	1/3 beds		1		1			
16	Suction unit	1/2 beds		1/2 beds		1			
17	Syringe pump					2			

Assessed by:	Print:	Sign:	Desig:	Practice No.	Date:
<b>Operational Manager</b>					
Assets Manager					
DCST					

KZN EQUIPMENT/	FURNITURE/SEI	RVICES REQUIRN	<b>/IENTS:</b> To be com	pleted <b>annually</b> by	the <b>DCST team, OM</b> a	nd Assets manager ir	n August.		Year:	
BED NUMBERS:	Cubicles:		GC Beds:		Specialised Beds:		HC	Beds:		
<b>Required Services</b> (ICU bed requiremen Hospita	ts NA for District	General care Beds	Required No.	Specilaised Beds	Required No.	HC & "Tiny Tots" Beds	Required	N°	Total Required	Present & Functional
Electrical points		1/bed		2/bed		6/bed				
Medical air points						1/bed				
Oxygen points		1/2 beds		1/bed		1/bed				
Suction points		1/2 beds		1/bed		1/bed				

Requ	uired Equipment per Unit/Cubicle	Unit	Cubicles	Total Required	Present & Functional	Req	uired Equipment per Unit/Cubicle	Unit	Cubicles	Total Required	Present & Functional
15	Calculator	1				15	Pressure gauge - oxygen		1		
16	Cradle	2				16	Scale - Bathroom	1			
17	Diagnostic set	2				17	Scale - Electronic infant	1			
18	Fan		1			18	Scale - Sitting	1			
19	Fridge - immunisation	1				19	Screen		2		
20	Fridge - medication	1				20	Spotlight	2			
21	Fridge - milk	1				21	Stadiometer	1			
22	Glucometer	2				22	Suction - portable		1		
23	Heater		1			23	Torch	1			
24	Haemoglobinometer	1				24	Traction	2			
25	Monitor - Multiparameter		1			25	Vein viewer	1			
26	Oxygen cylinder		1			26	X-Ray viewing box - long	1			
27	Patella hammer	2				27	X-Ray viewing box - short		1		
28	Peak flow meter	1				28					

N°	Required Equipment per level of bed	Genera Be		-	alised ds	HC& "Ti Be	ny Tots" ds	Total Required	Present & Functional
		Norm/bed	Req	Norm/bed	Req	Norm/bed	Req.	Required	Functional
18	Bed - Juvenile	1/7 beds		1/4 beds		1/2 HC beds			
19	Cardiac trolley	1		1		1			
20	Chair - mother	1		1		1			
21	Cot - large	1		1		1			
22	Dinamap	1/7 beds		1/2 beds					
23	Drip stand	1/5 beds		1		2			
24	Feeding pump					1			
25	High flow humidified air					2			
26	Infusion pump	1/5 beds		1		2			
27	Locker	1		1		1			
28	Monitor - Multiparameter (Temp, Pulse, Resp, S⊧O₂, NIBP)					1			
29	Oxygen blender					1			
30	Oxygen flow meter - double	1/2 beds		1		1/2 beds			
31	Pulse oximeter	1/7 beds		1/2 beds					
32	Stethoscope	1/3 beds		1		1			
33	Suction unit	1/2 beds		1/2 beds		1			
34	Syringe pump					2			

Assessed by:	Print:	Sign:	Desig:	Practice No.	Date:
<b>Operational Manager</b>					
Assets Manager					
DCST					

PURC	CHASE/CONDEMNING DETA	AILS								PG N <sup>o</sup> : 5
Asset	Description:	Glucometer	Haemoglobinor	neter Diagnostic se	et Peak flo	ow meter	Pate	ella Hammer		
Requi	red Number:								_	
N٥	Make /Model AND Serial numbers	Stock (	PH) N° Bar co	de Purchase date	Cost		acement late	Service Contract Y/N	Condemned Date	Condemning N°
	Glucometer									
	Make:									
	SN:									
	SN:									
	SN:									
	Haemoglobinometer									
	Make:									
	SN:									
	SN:									
	Diagnostic set Make:			NA	NA		NA	NA		
	SN:									
	SN:									
	Peak flow meter	N	A NA	NA	NA		NA	NA		
	Patella hammer	N	A NA	NA	NA		NA	NA		

REPA	IR/SERVICIN	IG/ BORROWIN	<b>G</b> DETAILS									PG N <sup>o</sup> : 5
			REPAIR					SERVICING			BORROWING	3
N٥	Date sent	Repair book N° (green form)	Date returned	Date sent	Repair book N° (green form)	Date returned	Date Requested	Repair book N° (green form)	Service completed	Borrowed date	Borrowed by	Returned date

MON	THLY STOCK	COUNT										PG N <sup>o</sup> : 5 <b>C</b>
N°	January	February	March	April	May	June	July	August	September	October	November	December
Glucor	meters				1	1	-					
Haemo	oglobinimeters											L
		1										
												l
Diagn	ostic sets											
												l
Patel	la hammers			1				1			ı	
												I

MON	THLY STOCK	COUNT										PG N <sup>o</sup> : 5 <b>C</b>
N°	January	February	March	April	May	June	July	August	September	October	November	December
Glucor	meters				1	1	-					
Haemo	oglobinimeters											L
		1										
												l
Diagn	ostic sets											
												l
Patel	la hammers			1				1			ı	
												I

MONTHLY FOLLOW UP	(To be con	npleted monthly by Operation	onal Manager in liaison with ANM and HOD/Medical Manager)	PG N <sup>o</sup> : 5 <b>D</b>
Date Sent for repair/ Servicing:		Green form Number/s:		
Equipment serial N <sup>os</sup>				
Follow up	Date:	Person Contacted:	Feedback:	
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Provincial Manager (after 3 months)				
Date Sent for repair/ Servicing:		Green form Number/s:		
Equipment serial N <sup>os</sup>				
Follow up	Date:	Person Contacted:	Feedback:	
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Provincial Manager (after 3 months)				
Date Sent for repair/ Servicing:		Green form Number/s:		
Equipment serial N <sup>os</sup>				
Follow up	Date:	Person Contacted:	Feedback:	
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Provincial Manager (after 3 months)				

MONTHLY FOLLOW UP	(To be cor	npleted monthly by Operation	onal Manager in liaison with ANM and HOD/Medical Manager)	PG N <sup>0</sup> : 5 <b>D</b>
Date Sent for repair/ Servicing:	•	Green form Number/s:		
Equipment serial Nos				
Follow up	Date:	Person Contacted:	Feedback:	
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Provincial Manager (after 3 months)				
Date Sent for repair/ Servicing:		Green form Number/s:		
Equipment serial N <sup>os</sup>				
Follow up	Date:	Person Contacted:	Feedback:	
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Provincial Manager (after 3 months)				
Date Sent for repair/ Servicing:		Green form Number/s:		
Equipment serial N <sup>os</sup>				
Follow up	Date:	Person Contacted:	Feedback:	
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Provincial Manager (after 3 months)				

PUR	CHASE/CONDEMNING DETA	ILS							PG N <sup>o</sup> : 6
Asset	Description:	Scale - Bathroom	Scale - In	nfant	Scale - sitting	Sta	diometer		
Requi	red Number:								
N٥	Make /Model AND Serial numbers	Stock (PH) N°	Bar code	Purchase date	Cost	Replacement date	Service Contract Y/N	Condemned Date	Condemning N°
	Scale - Bathroom								
	Make:								
	SN:								
	SN:								
	Scale - Infant								
	Make:								
	SN:								
	SN:								
	Scale - sitting								
	Make:								
	SN:								
	SN:								
	Stadiometer								
	Make:								
	SN:								
	SN:								

## **REPAIR/SERVICING/ BORROWING DETAILS** PG N<sup>O</sup>: 6 **B** SERVICING BORROWING REPAIR Repair book N° Date Date Repair book N° Date Date Repair book N° Service Borrowed Borrowed Returned N٥ Date sent (green form) (green form) Requested (green form) completed by date returned sent returned date

MON	THLY STOCK	COUNT									F	PG N <sup>o</sup> : 6 <b>C</b>
N°	January	February	March	April	May	June	July	August	September	October	November	December
Scale	- Bathroom						L					
Scale	- Infant								I		I	
Scale	- sitting											L
Stale												
	I											L
Stadio	meter	1 1						T	1			
												1

MON	THLY STOCK	COUNT									F	PG N <sup>o</sup> : 6 <b>C</b>
N°	January	February	March	April	May	June	July	August	September	October	November	December
Scale	- Bathroom						L					
Scale	- Infant								I		I	
Scale	- sitting											L
Stale												
	I											L
Stadio	meter	1 1						T	1			
												1

MONTHLY FOLLOW UP	(To be con	npleted monthly by Operation	onal Manager in liaison with ANM and HOD/Medical Manager)	PG N <sup>o</sup> : 6 <b>D</b>
Date Sent for repair/ Servicing		Green form Number/s:		
Equipment serial N <sup>os</sup>				
Follow up	Date:	Person Contacted:	Feedback:	
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Provincial Manager (after 3 months)				
Date Sent for repair/ Servicing:		Green form Number/s:		
Equipment serial N <sup>os</sup>				
Follow up	Date:	Person Contacted:	Feedback:	
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Provincial Manager (after 3 months)				
Date Sent for repair/ Servicing:		Green form Number/s:		
Equipment serial N <sup>os</sup>				
Follow up	Date:	Person Contacted:	Feedback:	
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Provincial Manager (after 3 months)				

MONTHLY FOLLOW UP	(To be cor		onal Manager in liaison with ANM and HOD/Medical Manager)	PG N <sup>o</sup> : 6
Date Sent for repair/ Servicing		Green form Number/s:		
Equipment serial N <sup>os</sup>				
Follow up	Date:	Person Contacted:	Feedback:	
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Provincial Manager (after 3 months)				
Date Sent for repair/ Servicing:		Green form Number/s:		
Equipment serial N <sup>os</sup>		· · ·		
Follow up	Date:	Person Contacted:	Feedback:	
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Provincial Manager (after 3 months)				
Date Sent for repair/ Servicing:		Green form Number/s:		
Equipment serial N <sup>os</sup>				
Follow up	Date:	Person Contacted:	Feedback:	
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Provincial Manager (after 3 months)				

	CHASE/CONDEMNING DET/								PG N <sup>o</sup> : 7
	Description:	X-Ray box-Long	X-Ray box-short	Veinviewer	Sp	ot light	Torch	-	
	red Number:								
N٥	Make /Model AND Serial numbers	Stock (PH	l) N° Bar code	Purchase date	Cost	Replacement date	Service Contract Y/N	Condemned Date	Condemning No
	X-Ray box-Long								NA
	SN:								
	X-Ray box-Short								
	SN:								
	SN:								
	SN:								
	Veinviewer								
	Make:								
	SN:								
	Spot light								
	Make:								
	SN:								
	SN:								
	Torch								
	Make:	NA	NA	NA	NA	NA	NA		

REPA	IR/SERVICIN	IG/ BORROWIN	G DETAILS								Р	'g n <sup>o</sup> : 7 <b>b</b>
			REPAIR					SERVICING			BORROWING	3
N٥	Date sent	Repair book N° (green form)	Date returned	Date sent	Repair book N° (green form)	Date returned	Date Requested	Repair book N° (green form)	Service completed	Borrowed date	Borrowed by	Returned date

N°	January	February	March	April	May	June	July	August	September	October	November	December
X-Ray -	Long											
X-Ray - S	Short			[					[			l
	511011											
Veinvie	wer			r				1	Γ		T	
Spotligh	nt											
ShoriiBi				[								
Torch				F				1	Γ			1

N°	January	February	March	April	May	June	July	August	September	October	November	December
X-Ray -	Long											
X-Ray - S	Short			[					[			l
	511011											
Veinvie	wer			r				1	Γ		T	
Spotligh	nt											
ShoriiBi				[								
Torch				F				1	Γ			1

MONTHLY FOLLOW UP	(To be con	npleted monthly by Operation	onal Manager in liaison with ANM and HOD/Medical Manager)	PG N <sup>o</sup> : 7 <b>D</b>
Date Sent for repair/ Servicing:		Green form Number/s:		
Equipment serial N <sup>os</sup>				
Follow up	Date:	Person Contacted:	Feedback:	
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Provincial Manager (after 3 months)				
Date Sent for repair/ Servicing:		Green form Number/s:		
Equipment serial N <sup>os</sup>				
Follow up	Date:	Person Contacted:	Feedback:	
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Provincial Manager (after 3 months)				
Date Sent for repair/ Servicing:		Green form Number/s:		
Equipment serial N <sup>os</sup>				
Follow up	Date:	Person Contacted:	Feedback:	
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Provincial Manager (after 3 months)				

MONTHLY FOLLOW UP	(To be con	npleted monthly by Operation	onal Manager in liaison with ANM and HOD/Medical Manager)	PG N <sup>o</sup> : 7 <b>D</b>
Date Sent for repair/ Servicing:		Green form Number/s:		
Equipment serial N <sup>os</sup>				
Follow up	Date:	Person Contacted:	Feedback:	
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Provincial Manager (after 3 months)				
Date Sent for repair/ Servicing:		Green form Number/s:		
Equipment serial N <sup>os</sup>		-		
Follow up	Date:	Person Contacted:	Feedback:	
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Provincial Manager (after 3 months)				
Date Sent for repair/ Servicing:		Green form Number/s:		
Equipment serial N <sup>os</sup>				
Follow up	Date:	Person Contacted:	Feedback:	
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Provincial Manager (after 3 months)				

				PG N <sup>o</sup> : 8 A
lator C	adle Traction	Screen		
itock (PH) N° Bar code	Purchase Cost	Replacement Service date Contract Y/N	Condemned Date	Condemning N°
	NA	NA NA		
	NA	NA NA		
NA	NA	NA NA		
NA	NA	NA NA		
		Image: select	Image: series of the	Image: state of the state of

REPA	IR/SERVICIN	NG/ BORROWIN	G DETAILS									PG N <sup>o</sup> : 8 <b>B</b>
			REPAIR	1				SERVICING		BORROWING		
N٥	Date sent	Repair book N° (green form)	Date returned	Date sent	Repair book N° (green form)	Date returned	Date Requested	Repair book N° (green form)	Service completed	Borrowed date	Borrowed by	Returned date

MON	ТНЦҮ STOCK	COUNT									PG N <sup>o</sup> : 8 <b>C</b>	
N°	January	February	March	April	May	June	July	August	September	October	November	December
Calcul	ator					1						
												-
Cradle	2											
												-
Tracti	on											
												-
Scree	n	1		T	I	[	F	1	[		1	1
				L		l		L			1	L

MON	ТНЦҮ STOCK	COUNT									PG N <sup>o</sup> : 8 <b>C</b>	
N°	January	February	March	April	May	June	July	August	September	October	November	December
Calcul	ator					1						
												-
Cradle	2											
												-
Tracti	on											
												-
Scree	n	1		T	I	[	F	1	[		1	1
				L		l		L			1	L

MONTHLY FOLLOW UP	(To be con	npleted monthly by Operation	onal Manager in liaison with ANM and HOD/Medical Manager)	PG N <sup>o</sup> : 9 <b>D</b>
Date Sent for repair/ Servicing:		Green form Number/s:		
Equipment serial N <sup>os</sup>				
Follow up	Date:	Person Contacted:	Feedback:	
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Provincial Manager (after 3 months)				
Date Sent for repair/ Servicing:		Green form Number/s:		
Equipment serial N <sup>os</sup>				
Follow up	Date:	Person Contacted:	Feedback:	
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Provincial Manager (after 3 months)				
Date Sent for repair/ Servicing:		Green form Number/s:		
Equipment serial N <sup>os</sup>				
Follow up	Date:	Person Contacted:	Feedback:	
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Provincial Manager (after 3 months)				

MONTHLY FOLLOW UP			onal Manager in liaison with ANM and HOD/Medical Manager) PG N <sup>o</sup> :	9 <b>I</b>
Date Sent for repair/ Servicing:		Green form Number/s:		
Equipment serial Nos				
Follow up	Date:	Person Contacted:	Feedback:	
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Provincial Manager (after 3 months)				
Date Sent for repair/ Servicing:		Green form Number/s:		
Equipment serial N <sup>os</sup>				
Follow up	Date:	Person Contacted:	Feedback:	
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Provincial Manager (after 3 months)				
Date Sent for repair/ Servicing:		Green form Number/s:		
Equipment serial N <sup>os</sup>				
Follow up	Date:	Person Contacted:	Feedback:	
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Provincial Manager (after 3 months)				

PURC	CHASE/CONDEMNING DETAIL	_S							PG N <sup>0</sup> : 9
Asset	Description:	Heater	Fan	Portable	suction	Oxygen cylinder	Pressure ga	uge	
Requi	red Number:								
N٥	Make /Model AND Serial numbers	Stock (PH) N°	Bar code	Purchase date	Cost	Replacement date	Service Contract Y/N	Condemned Date	Condemning N°
	Heater								
	Make:								
	SN:								
					+				
	Fan								
	Make:								
	SN:								
	Portable Suction								
	Make:								
	SN:								
	Oxygen cylinder								
	Pressure gauge								
					+				

REPA	IR/SERVICIN	NG/ BORROWIN	<b>G DETAILS</b>								PC	G N <sup>o</sup> : 9 I	
			REPAIR					SERVICING			BORROWING		
N٥	Date sent	Repair book no. (green form)	Date returned	Date sent	Repair book N° (green form)	Date returned	Date Requested	Repair book N° (green form)	Service completed	Borrowed date	Borrowed by	Returned date	

N°JanuaryFebruaryMarchAprilMayJuneJulyAugustSeptemberOctoberNovemberDeceHeaterII<	MONTHLY STOCKCOUNT										PG N <sup>o</sup> : 9 <b>C</b>		
Image: state in the state in	N°	January	February	March	April	May	June	July	August	September	October	November	December
Image: state s	Heate	Heater											
Image: state s													
Image: state s													
Image: state s													
Image: section of the sectionImage: section of the secti													
Image: section of the sectionImage: section of the secti	_										[		[
Image: state in the state	Fan										I		I
Image: state in the state													
Image: state in the state													
Image: state in the state													
Image: state in the state													
Image: state in the state	Portab	le suction						<u> </u>		<u> </u>	L		
Image: series of the series													
Image: series of the series													
Image: series of the series													
Image: series of the series													
Image: series of the series													
Image: series of the series													
Image: series of the series													
Image: series of the series													
Image: state in the state in	Oxyge	n cylinder			I	I	I	1		1		1	
Image: state in the state in													
Image: borner													
Image: Note of the second s													
Interstate gauge Interstate gauge   Image: State	Droccu	re gauge											
Image: Note of the section of the s	riessu	re gauge			1				T		[	1	
Image: state of the state													

N°JanuaryFebruaryMarchAprilMayJuneJulyAugustSeptemberOctoberNovemberDeceHeaterII<	MONTHLY STOCKCOUNT										PG N <sup>o</sup> : 9 <b>C</b>		
Image: state in the state in	N°	January	February	March	April	May	June	July	August	September	October	November	December
Image: state s	Heate	Heater											
Image: state s													
Image: state s													
Image: state s													
Image: section of the sectionImage: section of the secti													
Image: section of the sectionImage: section of the secti	_										[		[
Image: state in the state	Fan										I		I
Image: state in the state													
Image: state in the state													
Image: state in the state													
Image: state in the state													
Image: state in the state	Portab	le suction						<u> </u>		<u> </u>	L		
Image: series of the series													
Image: series of the series													
Image: series of the series													
Image: series of the series													
Image: series of the series													
Image: series of the series													
Image: series of the series													
Image: series of the series													
Image: state in the state in	Oxyge	n cylinder			I	I	I	1		1		1	
Image: state in the state in													
Image: borner													
Image: Note of the second s													
Interstate gauge Interstate gauge   Image: State	Droccu	re gauge											
Image: Note of the section of the s	riessu	re gauge			1				T		[	1	
Image: state of the state													

MONTHLY FOLLOW UP	(To be con	npleted monthly by Operation	onal Manager in liaison with ANM and HOD/Medical Manager)	PG N <sup>o</sup> : 9 <b>D</b>
Date Sent for repair/ Servicing:		Green form Number/s:		
Equipment serial N <sup>os</sup>				
Follow up	Date:	Person Contacted:	Feedback:	
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Provincial Manager (after 3 months)				
Date Sent for repair/ Servicing:		Green form Number/s:		
Equipment serial N <sup>os</sup>				
Follow up	Date:	Person Contacted:	Feedback:	
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Provincial Manager (after 3 months)				
Date Sent for repair/ Servicing:		Green form Number/s:		
Equipment serial N <sup>os</sup>				
Follow up	Date:	Person Contacted:	Feedback:	
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Provincial Manager (after 3 months)				

MONTHLY FOLLOW UP	(To be con	npleted monthly by Operation	onal Manager in liaison with ANM and HOD/Medical Manager)	PG N <sup>o</sup> : 9 <b>D</b>
Date Sent for repair/ Servicing:		Green form Number/s:		
Equipment serial N <sup>os</sup>				
Follow up	Date:	Person Contacted:	Feedback:	
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Provincial Manager (after 3 months)				
Date Sent for repair/ Servicing:		Green form Number/s:		
Equipment serial N <sup>os</sup>				
Follow up	Date:	Person Contacted:	Feedback:	
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Provincial Manager (after 3 months)				
Date Sent for repair/ Servicing:		Green form Number/s:		
Equipment serial N <sup>os</sup>				
Follow up	Date:	Person Contacted:	Feedback:	
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Provincial Manager (after 3 months)				

PURC	CHASE/CONDEMNING DETAIL	.S							PG N <sup>o</sup> : 10 <b>A</b>
Asset	Description:	Fridge-Immunisation	Fridge-M	edication	Frie	dge-Milk			
Requi	red Number:								
N°	Make /Model AND Serial numbers	Stock (PH) N°	Bar code	Purchase date	Cost	Replacement date	Service Contract Y/N	Condemned Date	Condemning N°
	Fridge - Immunisation								
	Make:								
	SN:								
									ļ
									ļ
	Fridge - Medication								
	Make:								
	SN:								
	Fridge - Milk								
	Make:								
	SN:								
				1					
				1					
				1					
				1					

REPA	IR/SERVICIN	IG/ BORROWIN	G DETAILS								PG	N <sup>o</sup> : 10 B
			REPAIR					SERVICING			BORROWIN	G
N٥	Date sent	Repair bookN° (green form)	Date returned	Date sent	Repair book N° (green form)	Date returned	Date Requested	Repair book N° (green form)	Service completed	Borrowed date	Borrowed by	Returned date
												l

MONTHLY STOCKCOUNT											PG N <sup>o</sup> : 10	
N°	January	February	March	April	May	June	July	August	September	October	November	December
Fridge	- Immunisatio	n		l								
Fridge	- Medication	T	1	Γ	Γ	Γ	T	Γ			T	
Fridge	- Milk											

MONTHLY STOCKCOUNT											PG N <sup>o</sup> : 10	
N°	January	February	March	April	May	June	July	August	September	October	November	December
Fridge	- Immunisatio	n		l								
Fridge	- Medication	T	1	Γ	Γ	Γ	T	Γ			T	
Fridge	- Milk											

MONTHLY FOLLOW UP	(To be con	npleted monthly by Operation	onal Manager in liaison with ANM and HOD/Medical Manager)	PG N <sup>o</sup> : 10 <b>D</b>
Date Sent for repair/ Servicing:		Green form Number/s:		
Equipment serial N <sup>os</sup>				
Follow up	Date:	Person Contacted:	Feedback:	
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Provincial Manager (after 3 months)				
Date Sent for repair/ Servicing:		Green form Number/s:		
Equipment serial N <sup>os</sup>		-		
Follow up	Date:	Person Contacted:	Feedback:	
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Provincial Manager (after 3 months)				
Date Sent for repair/ Servicing:		Green form Number/s:		
Equipment serial N <sup>os</sup>				
Follow up	Date:	Person Contacted:	Feedback:	
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Provincial Manager (after 3 months)				

MONTHLY FOLLOW UP	(To be con	npleted monthly by Operation	onal Manager in liaison with ANM and HOD/Medical Manager)	PG N <sup>o</sup> : 10 <b>D</b>
Date Sent for repair/ Servicing:		Green form Number/s:		
Equipment serial N <sup>os</sup>				
Follow up	Date:	Person Contacted:	Feedback:	
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Provincial Manager (after 3 months)				
Date Sent for repair/ Servicing:		Green form Number/s:		
Equipment serial Nos				
Follow up	Date:	Person Contacted:	Feedback:	
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Provincial Manager (after 3 months)				
Date Sent for repair/ Servicing:		Green form Number/s:		
Equipment serial N <sup>os</sup>				
Follow up	Date:	Person Contacted:	Feedback:	
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Provincial Manager (after 3 months)				

PUR	CHASE/CO	NDEMNING	DETAILS									PG N <sup>o</sup> : 1				N <sup>o</sup> : 11 <b>A</b>
	t Description:		A	mbuba	g	Stethescop	e	С	hair	Drip sta	nd					
Requ	ired Number	:														
	A	Ambubag			:	Stethoscope			Cł	nair - mother				Dr	ip stand	
N٥	Barcode	Condemn. N°	Condemn. Date	N٥	Barcode	e Condemn. N°	Conder Date	N٥	Barcode	Condemn. N°	Condemn. Date	N°	Ва	rcode	Condemn. N°	Condemn. Date
-																
-																
-																
												_				
												-				
				I								1				

REPA	IR/SERVICI	NG/ BORROWIN	<b>G DETAILS</b>								PG	N <sup>o</sup> : 11 <b>e</b>	
			REPAIR					SERVICING			BORROWING		
No.	Date sent	Repair book no. (green form)	Date returned	Date sent	Repair book no. (green form)	Date returned	Date Requested	Repair book no. (green form)	Service completed	Borrowed date	Borrowed by	Returned date	
												[	

MONTHLY STOCKCOUNT											PG N <sup>o</sup> : 11 <b>C</b>	
N٥	January	February	March	April	May	June	July	August	September	October	November	December
Ambu	bag											
												ļ
Stetho	oscope				1		1	1	1		1	
Chair	- mother				1		1				T	
Drip st	and				<b>.</b>				<u> </u>			<u>.</u>
												1

MONTHLY STOCKCOUNT											PG N <sup>o</sup> : 11 <b>C</b>	
N٥	January	February	March	April	May	June	July	August	September	October	November	December
Ambu	bag											
												ļ
Stethe	oscope			1	1	1	1	1	1		1	
Chair	- mother											
Drip st	and				I	I	I				I	
												1

MONTHLY FOLLOW UP	(To be con	npleted monthly by Operation	onal Manager in liaison with ANM and HOD/Medical Manager)	PG N <sup>0</sup> : 11 <b>D</b>
Date Sent for repair/ Servicing:		Green form Number/s:		
Equipment serial N <sup>os</sup>				
Follow up	Date:	Person Contacted:	Feedback:	
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Provincial Manager (after 3 months)				
Date Sent for repair/ Servicing:		Green form Number/s:		
Equipment serial N <sup>os</sup>		-		
Follow up	Date:	Person Contacted:	Feedback:	
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Provincial Manager (after 3 months)				
Date Sent for repair/ Servicing:		Green form Number/s:		
Equipment serial N <sup>os</sup>				
Follow up	Date:	Person Contacted:	Feedback:	
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Provincial Manager (after 3 months)				

MONTHLY FOLLOW UP	(To be con	npleted monthly by Operation	onal Manager in liaison with ANM and HOD/Medical Manager)	PG N <sup>o</sup> : 11 <b>D</b>
Date Sent for repair/ Servicing:		Green form Number/s:		
Equipment serial N <sup>os</sup>				
Follow up	Date:	Person Contacted:	Feedback:	
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Provincial Manager (after 3 months)				
Date Sent for repair/ Servicing:		Green form Number/s:		
Equipment serial N <sup>os</sup>				
Follow up	Date:	Person Contacted:	Feedback:	
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Provincial Manager (after 3 months)				
Date Sent for repair/ Servicing:		Green form Number/s:		
Equipment serial N <sup>os</sup>				
Follow up	Date:	Person Contacted:	Feedback:	
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Provincial Manager (after 3 months)				

PUR	CHASE/CO	NDEMNING	DETAILS													PG I	N <sup>o</sup> : 12 <b>A</b>
Asse	t Description:		Bec	l - Juven	ile	Cot		Lo	ocker		Cardiac tr	olley					
Requ	ired Number												_				
	Be	d-Juvenile				Cot					Locker				Card	liac trolley	
N°	Barcode	Condemn. N°	Condemn. Date	N°	Barcoc	de Condemn. Nº	Conde		N٥	Barcode	Condemn. N°	Condemn. Date	N°	Bar	code	Condemn. N°	Condemn. Date
			Dute				Du					Date					Dute
													_				
-																	
-																	
														-			
													1				
													1				
													4				
							_						-				

REPA	IR/SERVICIN	IG/ BORROWIN	G DETAILS								PC	G N <sup>o</sup> : 12 I
			REPAIR					SERVICING			BORROWING	G
N٥	Date sent	Repair book N° (green form)	Date returned	Date sent	Repair book N° (green form)	Date returned	Date Requested	Repair book N° (green form)	Service completed	Borrowed date	Borrowed by	Returned date

MON	MONTHLY STOCKCOUNT   N° January February March April May June July August September October										PG	6 N <sup>o</sup> : 12 <b>C1</b>
N°	January	February	March	April	Мау	June	July	August	September	October	November	December
Bed-ju	venile	1							•	•		
Cot						•	•	•	·	·	•	

MON	THLY STOCK	COUNT									PG	N <sup>o</sup> : 12 <b>C2</b>
N°	January	February	March	April	Мау	June	July	August	September	October	November	December
Bed-jı	venile											
Cot												<u> </u>
												l
												l

MON	MONTHLY STOCKCOUNT										PG	N <sup>o</sup> : 12 <b>C3</b>
N٥	January	February	March	April	Мау	June	July	August	September	October	November	December
Locker	S		1	1						I		
Cardia	ac trolleys	T	I	I	1	r	r	I	r	ſ	r	

MON	MONTHLY STOCKCOUNT   N° January February March April May June July August September October										PG	6 N <sup>o</sup> : 12 <b>C1</b>
N°	January	February	March	April	Мау	June	July	August	September	October	November	December
Bed-ju	venile	1							•	•		
Cot						•	•	•	·	·		

MON	THLY STOCK	COUNT									PG	N <sup>o</sup> : 12 <b>C2</b>
N°	January	February	March	April	Мау	June	July	August	September	October	November	December
Bed-jı	venile											
Cot												<u> </u>
												l
												l

MON	MONTHLY STOCKCOUNT										PG	N <sup>o</sup> : 12 <b>C3</b>
N٥	January	February	March	April	Мау	June	July	August	September	October	November	December
Locker	S		1							I		
Cardia	ac trolleys	T	I	I	1	r	r	I	r	ſ	r	

MONTHLY FOLLOW UP	(To be con	npleted monthly by Operation	onal Manager in liaison with ANM and HOD/Medical Manager)	PG N <sup>o</sup> :	12 <b>D</b>
Date Sent for repair/ Servicing:		Green form Number/s:			
Equipment serial N <sup>os</sup>			·		
Follow up	Date:	Person Contacted:	Feedback:		
Local HTS					
Provincial HTS					
Provincial SCM					
Local HTS					
Provincial HTS					
Provincial SCM					
Local HTS					
Provincial HTS					
Provincial SCM					
Provincial Manager (after 3 months)					
Date Sent for repair/ Servicing:		Green form Number/s:			
Equipment serial N <sup>os</sup>					
Follow up	Date:	Person Contacted:	Feedback:		
Local HTS					
Provincial HTS					
Provincial SCM					
Local HTS					
Provincial HTS					
Provincial SCM					
Local HTS					
Provincial HTS					
Provincial SCM					
Provincial Manager (after 3 months)					
Date Sent for repair/ Servicing:		Green form Number/s:			
Equipment serial N <sup>os</sup>					
Follow up	Date:	Person Contacted:	Feedback:		
Local HTS					
Provincial HTS					
Provincial SCM					
Local HTS					
Provincial HTS					
Provincial SCM					
Local HTS					
Provincial HTS					
Provincial SCM					
Provincial Manager (after 3 months)					

MONTHLY FOLLOW UP	(To be con	npleted monthly by Operation	onal Manager in liaison with ANM and HOD/Medical Manager)	PG N <sup>o</sup> :	12 <b>D</b>
Date Sent for repair/ Servicing:		Green form Number/s:			
Equipment serial N <sup>os</sup>					
Follow up	Date:	Person Contacted:	Feedback:		
Local HTS					
Provincial HTS					
Provincial SCM					
Local HTS					
Provincial HTS					
Provincial SCM					
Local HTS					
Provincial HTS					
Provincial SCM					
Provincial Manager (after 3 months)					
Date Sent for repair/ Servicing:		Green form Number/s:			
Equipment serial N <sup>os</sup>					
Follow up	Date:	Person Contacted:	Feedback:		
Local HTS					
Provincial HTS					
Provincial SCM					
Local HTS					
Provincial HTS					
Provincial SCM					
Local HTS					
Provincial HTS					
Provincial SCM					
Provincial Manager (after 3 months)					
Date Sent for repair/ Servicing:		Green form Number/s:			
Equipment serial N <sup>os</sup>					
Follow up	Date:	Person Contacted:	Feedback:		
Local HTS					
Provincial HTS					
Provincial SCM					
Local HTS					
Provincial HTS					
Provincial SCM					
Local HTS					
Provincial HTS					
Provincial SCM					
Provincial Manager (after 3 months)					

PURC	CHASE/CONDEMNING DETAILS								PG N <sup>o</sup> : 13 <b>A</b>
Asset	Description:	Oxygen Blender		Flow meter - d	ouble	Suction	n unit - wall		
Requi	red Number:								
N°	Make /Model AND Serial numbers	Stock (PH) N°	Bar code	Purchase date	Cost	Replacement date	Service Contract Y/N	Condemned Date	Condemning N°
	Oxygen blender						-		
	Make:								
	SN:								
	SN:								
	Flow meter								
	Make:								
	SN:								
	SN:								
	SN:								
	SN:								
	Suction unit								
	Make:								
	SN:								
	SN:								
	SN:								
	SN:								
				+					

REPA	IR/SERVICIN	NG/ BORROWIN	<b>G DETAILS</b>								PC	G N <sup>o</sup> : 13 I
			REPAIR					SERVICING		BORROWING		
N٥	Date sent	Repair book no. (green form)	Date returned	Date sent	Repair book N° (green form)	Date returned	Date Requested	Repair book N° (green form)	Service completed	Borrowed date	Borrowed by	Returned date
												<u> </u>
												[
												ļ
												[

MON	THLY STOCK	COUNT									PG N <sup>0</sup> : 13 <b>C</b>	
N°	January	February	March	April	May	June	July	August	September	October	November	December
Oxyge	en blender											
Oxyge	en flow meter	<u> </u>										
Cuatia	on unit - wall											
Suctio	on unit - wali	1		[			1	1	[		1	
	T											

MON	THLY STOCK	COUNT									PG N <sup>0</sup> : 13 <b>C</b>	
N°	January	February	March	April	May	June	July	August	September	October	November	December
Oxyge	en blender											
Oxyge	en flow meter	<u> </u>										
Cuatia	on unit - wall											
Suctio	on unit - wali	1		[			1	[	[		1	
	T											

MONTHLY FOLLOW UP	(To be con	npleted monthly by Operation	onal Manager in liaison with ANM and HOD/Medical Manager)	PG N <sup>o</sup> : 13 <b>D</b>
Date Sent for repair/ Servicing:		Green form Number/s:		
Equipment serial N <sup>os</sup>				
Follow up	Date:	Person Contacted:	Feedback:	
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Provincial Manager (after 3 months)				
Date Sent for repair/ Servicing:		Green form Number/s:		
Equipment serial N <sup>os</sup>		-		
Follow up	Date:	Person Contacted:	Feedback:	
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Provincial Manager (after 3 months)				
Date Sent for repair/ Servicing:		Green form Number/s:		
Equipment serial N <sup>os</sup>				
Follow up	Date:	Person Contacted:	Feedback:	
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Provincial Manager (after 3 months)				

MONTHLY FOLLOW UP	(To be con	npleted monthly by Operation	onal Manager in liaison with ANM and HOD/Medical Manager)	PG N <sup>o</sup> : 13 <b>D</b>
Date Sent for repair/ Servicing:		Green form Number/s:		
Equipment serial N <sup>os</sup>				
Follow up	Date:	Person Contacted:	Feedback:	
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Provincial Manager (after 3 months)				
Date Sent for repair/ Servicing:		Green form Number/s:		
Equipment serial N <sup>os</sup>				
Follow up	Date:	Person Contacted:	Feedback:	
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Provincial Manager (after 3 months)				
Date Sent for repair/ Servicing:		Green form Number/s:		
Equipment serial N <sup>os</sup>				
Follow up	Date:	Person Contacted:	Feedback:	
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Provincial Manager (after 3 months)				

Accot	CHASE/CONDEMNING DETAILS		Suringe	Dump	Food	ing Dump		l	
	Description:	Infusion pump	Syringe	Pump	reeu	ing Pump	-		
N° N°	ired Number: Make /Model AND Serial numbers	Stock (PH) N°	Bar code	Purchase date	Cost	Replacement date	Service Contract Y/N	Condemned Date	Condemning N°
	Infusion pump								
	Make:								
	SN:								
	SN:								
	SN:								
	SN:								
	SN:								
	SN:								
									1
									1
									1
	Syringe Pump:								1
	Make:								1
	SN:								1
	SN:								
	SN:								1
	SN:								1
	SN:								
	SN:								
									1
									+
	Feeding Pump								+
	Make:								1
	SN:								+
	SN:								+
	SN:					1		<u> </u>	+
	SN:					1		<u> </u>	+
	SN:								+
	SN:								+
									+
									+
									+

## PG N<sup>0</sup>: 14 **B REPAIR/SERVICING/ BORROWING DETAILS** SERVICING BORROWING REPAIR Repair book N° Date Date Repair book N° Date Repair book N° Service Borrowed Borrowed Returned Date N٥ Date sent (green form) (green form) Requested (green form) completed by date returned sent returned date

MON	THLY STOCK	COUNT									P	G N <sup>o</sup> : 14 <b>C</b>
N°	January	February	March	April	May	June	July	August	September	October	November	December
Infusio	n Pump			•		•		•				
												<u> </u>
												[
												<u> </u>
Curring on	Deserve											
Syringe	e Pump											
Feedin	g Pump	1	1	T			I		1		1	
												ц

MON	THLY STOCK	COUNT									PG N <sup>o</sup> : 14 <b>C</b>		
N°	January	February	March	April	Мау	June	July	August	September	October	November	December	
Infusio	n Pump	1	•										
												<u> </u>	
												[	
												<u> </u>	
Curring on	Durran												
Syringe	e Pump		1										
							Ī						
Feedin	g Pump	I	T	1		I	T		1		1		
												ц	

MONTHLY FOLLOW UP	(To be con	npleted monthly by Operation	onal Manager in liaison with ANM and HOD/Medical Manager)	PG N <sup>o</sup> : 14 <b>D</b>
Date Sent for repair/ Servicing:	·	Green form Number/s:		
Equipment serial Nos		•		
Follow up	Date:	Person Contacted:	Feedback:	
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Provincial Manager (after 3 months)				
Date Sent for repair/ Servicing:		Green form Number/s:		
Equipment serial N <sup>os</sup>				
Follow up	Date:	Person Contacted:	Feedback:	
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Provincial Manager (after 3 months)				
Date Sent for repair/ Servicing:		Green form Number/s:		
Equipment serial N <sup>os</sup>				
Follow up	Date:	Person Contacted:	Feedback:	
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Provincial Manager (after 3 months)				

MONTHLY FOLLOW UP	(To be con	npleted monthly by Operation	onal Manager in liaison with ANM and HOD/Medical Manager)	PG N <sup>o</sup> : 14 <b>D</b>
Date Sent for repair/ Servicing:		Green form Number/s:		
Equipment serial N <sup>os</sup>				
Follow up	Date:	Person Contacted:	Feedback:	
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Provincial Manager (after 3 months)				
Date Sent for repair/ Servicing:		Green form Number/s:		
Equipment serial N <sup>os</sup>				
Follow up	Date:	Person Contacted:	Feedback:	
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Provincial Manager (after 3 months)				
Date Sent for repair/ Servicing:		Green form Number/s:		
Equipment serial N <sup>os</sup>				
Follow up	Date:	Person Contacted:	Feedback:	
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Provincial Manager (after 3 months)				

	CHASE/CONDEMNING DET			1						r	PG N <sup>o</sup> : 15 <b>A</b>
	Description:	Pulse oxin	neter	Multiparamete	r monitor	Dinamap	Dinamap High flo				
	red Number:										
N°	Make /Model ANI Serial numbers	D	Stock (PH) N°	Bar code	Purchase date	e Cost	Replac da	ement Ite	Service Contract Y/N	Condemned Date	Condemning N°
	Pulse oximeter										
	Make:										
	SN:										
	SN:										
	SN:										
	Multiparameter monitor										
	Make:			1							1
	SN:										
	SN:										
	SN:										
	Dinamap										
	Make:										
	SN:										
	High flow oxygen										
	Make:										
	SN:										

REPA	IR/SERVICIN	NG/ BORROWIN	G DETAILS								Р	g n <sup>o</sup> : 15 <b>e</b>
			REPAIR					SERVICING			BORROWING	3
N°	Date sent	Repair book N° (green form)	Date returned	Date sent	Repair book no. (green form)	Date returned	Date Requested	Repair book N° (green form)	Service completed	Borrowed date	Borrowed by	Returned date
												1

MONTHLY STOCKCOUNT										PG N <sup>o</sup> : 15 <b>C</b>		
N°	January	February	March	April	May	June	July	August	September	October	November	December
Pulse (	Dximeter											
Multip	arameter mon	itor										
Dinam	ар	1 1			1		1					
		-										
Hi Flov	v Oxygen			I		J	1	I				
					ľ						1	

MONTHLY STOCKCOUNT										PG N <sup>o</sup> : 15 <b>C</b>		
N°	January	February	March	April	May	June	July	August	September	October	November	December
Pulse (	Oximeter											
		•										
Multip	oarameter mon	litor										
Dinam	ар			<u> </u>	I		I	I	I			
	0											
HI FIOV	w Oxygen	1 1										
					I		I				I	

MONTHLY FOLLOW UP	(To be con	npleted monthly by Operation	onal Manager in liaison with ANM and HOD/Medical Manager)	PG N <sup>o</sup> :	15 <b>D</b>
Date Sent for repair/ Servicing:		Green form Number/s:			
Equipment serial N <sup>os</sup>					
Follow up	Date:	Person Contacted:	Feedback:		
Local HTS					
Provincial HTS					
Provincial SCM					
Local HTS					
Provincial HTS					
Provincial SCM					
Local HTS					
Provincial HTS					
Provincial SCM					
Provincial Manager (after 3 months)					
Date Sent for repair/ Servicing:		Green form Number/s:			
Equipment serial N <sup>os</sup>		-			
Follow up	Date:	Person Contacted:	Feedback:		
Local HTS					
Provincial HTS					
Provincial SCM					
Local HTS					
Provincial HTS					
Provincial SCM					
Local HTS					
Provincial HTS					
Provincial SCM					
Provincial Manager (after 3 months)					
Date Sent for repair/ Servicing:		Green form Number/s:			
Equipment serial N <sup>os</sup>					
Follow up	Date:	Person Contacted:	Feedback:		
Local HTS					-
Provincial HTS					
Provincial SCM					
Local HTS					
Provincial HTS					
Provincial SCM					
Local HTS					
Provincial HTS					
Provincial SCM					
Provincial Manager (after 3 months)					

MONTHLY FOLLOW UP	(To be con	npleted monthly by Operation	onal Manager in liaison with ANM and HOD/Medical Manager)	PG N <sup>o</sup> :	15 <b>D</b>
Date Sent for repair/ Servicing:		Green form Number/s:			
Equipment serial N <sup>os</sup>					
Follow up	Date:	Person Contacted:	Feedback:		
Local HTS					
Provincial HTS					
Provincial SCM					
Local HTS					
Provincial HTS					
Provincial SCM					
Local HTS					
Provincial HTS					
Provincial SCM					
Provincial Manager (after 3 months)					
Date Sent for repair/ Servicing:		Green form Number/s:			
Equipment serial N <sup>os</sup>		-			
Follow up	Date:	Person Contacted:	Feedback:		
Local HTS					
Provincial HTS					
Provincial SCM					
Local HTS					
Provincial HTS					
Provincial SCM					
Local HTS					
Provincial HTS					
Provincial SCM					
Provincial Manager (after 3 months)					
Date Sent for repair/ Servicing:		Green form Number/s:			
Equipment serial N <sup>os</sup>					
Follow up	Date:	Person Contacted:	Feedback:		
Local HTS					
Provincial HTS					
Provincial SCM					
Local HTS					
Provincial HTS					
Provincial SCM					
Local HTS					
Provincial HTS					
Provincial SCM					
Provincial Manager (after 3 months)					

PURC	HASE/CONDEMNING DET	AILS								PG N <sup>o</sup> : 16 <b>A</b>
Asset [	Description:									
	ed Number:									
N°	Make /Model AND Serial numbers	D Stock (PH) N°	Bar code	Purchase date	Cost	Replacen date	ment e	Service Contract Y/N	Condemned Date	Condemning N <sup>o</sup>

REPA	IR/SERVICIN	IG/ BORROWIN	G DETAILS								Р	G N <sup>o</sup> : 16 I
			REPAIR					SERVICING			BORROWING	3
N٥	Date sent	Repair book N° (green form)	Date returned	Date sent	Repair book N° (green form)	Date returned	Date Requested	Repair book N° (green form)	Service completed	Borrowed date	Borrowed by	Returned date
												<u> </u>
												[
												ļ
												[

MONTHLY STOCKCOUNT											PG N <sup>o</sup> : 16 <b>C</b>		
N°	January	February	March	April	Мау	June	July	August	September	October	November	December	

MONTHLY STOCKCOUNT											PG N <sup>o</sup> : 16 <b>C</b>		
N°	January	February	March	April	Мау	June	July	August	September	October	November	December	

MONTHLY FOLLOW UP	(To be con	npleted monthly by Operation	onal Manager in liaison with ANM and HOD/Medical Manager)	PG N <sup>o</sup> :	16 <b>D</b>
Date Sent for repair/ Servicing:		Green form Number/s:			
Equipment serial N <sup>os</sup>					
Follow up	Date:	Person Contacted:	Feedback:		
Local HTS					
Provincial HTS					
Provincial SCM					
Local HTS					
Provincial HTS					
Provincial SCM					
Local HTS					
Provincial HTS					
Provincial SCM					
Provincial Manager (after 3 months)					
Date Sent for repair/ Servicing:		Green form Number/s:			
Equipment serial N <sup>os</sup>					
Follow up	Date:	Person Contacted:	Feedback:		
Local HTS					
Provincial HTS					
Provincial SCM					
Local HTS					
Provincial HTS					
Provincial SCM					
Local HTS					
Provincial HTS					
Provincial SCM					
Provincial Manager (after 3 months)					
Date Sent for repair/ Servicing:		Green form Number/s:			
Equipment serial N <sup>os</sup>					
Follow up	Date:	Person Contacted:	Feedback:		
Local HTS					
Provincial HTS					
Provincial SCM					
Local HTS					
Provincial HTS					
Provincial SCM					
Local HTS					
Provincial HTS					
Provincial SCM					
Provincial Manager (after 3 months)					

MONTHLY FOLLOW UP	(To be cor		nal Manager in liaison with ANM and HOD/Medical Manager)	PG N <sup>0</sup> : 16
Date Sent for repair/ Servicing:		Green form Number/s:		
Equipment serial N <sup>os</sup>				
Follow up	Date:	Person Contacted:	Feedback:	
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Provincial Manager (after 3 months)				
Date Sent for repair/ Servicing:		Green form Number/s:		
Equipment serial N <sup>os</sup>				
Follow up	Date:	Person Contacted:	Feedback:	
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Provincial Manager (after 3 months)				
Date Sent for repair/ Servicing:		Green form Number/s:		
Equipment serial N <sup>os</sup>				
Follow up	Date:	Person Contacted:	Feedback:	
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Provincial Manager (after 3 months)				

PURC	HASE/CONDEMNING DETAILS	5				F	PG N <sup>0</sup> : 17 <b>A</b>		
Asset [	Description:								
	ed Number:								
N°	Make /Model AND Serial numbers	Stock (PH) N°	Bar code	Purchase date	Cost	Replacement date	Service Contract Y/N	Condemned Date	Condemning N°

REPA	PAIR/SERVICING/ BORROWING DETAILS											
			REPAIR					SERVICING			BORROWING	3
N٥	Date sent	Repair book no. (green form)	Date returned	Date sent	Repair book N° (green form)	Date returned	Date Requested	Repair book N° (green form)	Service completed	Borrowed date	Borrowed by	Returned date

MON	MONTHLY STOCKCOUNT											
N°	January	February	March	April	May	June	July	August	September	October	November	December

MON	MONTHLY STOCKCOUNT											
N°	January	February	March	April	May	June	July	August	September	October	November	December

MONTHLY FOLLOW UP	(To be con	npleted monthly by Operation	onal Manager in liaison with ANM and HOD/Medical Manager)	PG N <sup>o</sup> :	17 <b>D</b>
Date Sent for repair/ Servicing:		Green form Number/s:			
Equipment serial N <sup>os</sup>		÷			
Follow up	Date:	Person Contacted:	Feedback:		
Local HTS					
Provincial HTS					
Provincial SCM					
Local HTS					
Provincial HTS					
Provincial SCM					
Local HTS					
Provincial HTS					
Provincial SCM					
Provincial Manager (after 3 months)					
Date Sent for repair/ Servicing:		Green form Number/s:			
Equipment serial N <sup>os</sup>					
Follow up	Date:	Person Contacted:	Feedback:		
Local HTS					
Provincial HTS					
Provincial SCM					
Local HTS					
Provincial HTS					
Provincial SCM					
Local HTS					
Provincial HTS					
Provincial SCM					
Provincial Manager (after 3 months)					
Date Sent for repair/ Servicing:		Green form Number/s:			
Equipment serial N <sup>os</sup>					
Follow up	Date:	Person Contacted:	Feedback:		
Local HTS					
Provincial HTS					
Provincial SCM					
Local HTS					
Provincial HTS					
Provincial SCM					
Local HTS					
Provincial HTS					
Provincial SCM					
Provincial Manager (after 3 months)					

MONTHLY FOLLOW UP	(To be con	npleted monthly by Operation	onal Manager in liaison with ANM and HOD/Medical Manager)	PG N <sup>o</sup> :	17 <b>D</b>
Date Sent for repair/ Servicing:		Green form Number/s:			
Equipment serial N <sup>os</sup>					
Follow up	Date:	Person Contacted:	Feedback:		
Local HTS					
Provincial HTS					
Provincial SCM					
Local HTS					
Provincial HTS					
Provincial SCM					
Local HTS					
Provincial HTS					
Provincial SCM					
Provincial Manager (after 3 months)					
Date Sent for repair/ Servicing:		Green form Number/s:			
Equipment serial N <sup>os</sup>					
Follow up	Date:	Person Contacted:	Feedback:		
Local HTS					
Provincial HTS					
Provincial SCM					
Local HTS					
Provincial HTS					
Provincial SCM					
Local HTS					
Provincial HTS					
Provincial SCM					
Provincial Manager (after 3 months)					
Date Sent for repair/ Servicing:		Green form Number/s:			
Equipment serial N <sup>os</sup>					
Follow up	Date:	Person Contacted:	Feedback:		
Local HTS					
Provincial HTS					
Provincial SCM					
Local HTS					
Provincial HTS					
Provincial SCM					
Local HTS					
Provincial HTS					
Provincial SCM					
Provincial Manager (after 3 months)					

PUR	CHASE/CO	CONDEMNING DETAILS								PG N <sup>0</sup> : 18 <b>A</b>							
Asse	t Description:	}															
Requ	uired Number	:															
										·							
		Condemn.	Condemn.			Condemn.	Condem	ın.			Condemn.	Condemn.				Condemn.	Condemn.
N٥	Barcode	N°	Date	N°	Barcode	N°	Date		o	Barcode	N°	Date	N°	Ва	rcode	N°	Date
									$\neg \uparrow$				1				
									$\rightarrow$								
									-+				-				
<u> </u>																	
													-				
									$\rightarrow$				+				
													1				+
				1									1				
													1				

REPA	IR/SERVICIN	IG/ BORROWIN	G DETAILS								PG	6 N <sup>o</sup> : 18 <b>B</b>
			REPAIR	1				SERVICING			BORROWING	3
N°	Date sent	Repair N° (green form)	Date returned	Date sent	Repair book N° (green form)	Date returned	Date Requested	Repair book N° (green form)	Service completed	Borrowed date	Borrowed by	Returned date

MON	MONTHLY STOCKCOUNT											
N°	January	February	March	April	Мау	June	July	August	September	October	November	December

MON												PG N <sup>0</sup> : 18 <b>C</b>		
N°	January	February	March	April	Мау	June	July	August	September	October	November	December		

MONTHLY FOLLOW UP	(To be con	npleted monthly by Operation	onal Manager in liaison with ANM and HOD/Medical Manager)	PG N <sup>o</sup> : 18 <b>D</b>
Date Sent for repair/ Servicing:	· · ·	Green form Number/s:		
Equipment serial N <sup>os</sup>		•		
Follow up	Date:	Person Contacted:	Feedback:	
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Provincial Manager (after 3 months)				
Date Sent for repair/ Servicing:		Green form Number/s:		
Equipment serial N <sup>os</sup>				
Follow up	Date:	Person Contacted:	Feedback:	
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Provincial Manager (after 3 months)				
Date Sent for repair/ Servicing:		Green form Number/s:		
Equipment serial N <sup>os</sup>				
Follow up	Date:	Person Contacted:	Feedback:	
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Provincial Manager (after 3 months)				

MONTHLY FOLLOW UP	(To be con	pleted monthly by Operation	onal Manager in liaison with ANM and HOD/Medical Manager)	PG N <sup>o</sup> : 18 <b>D</b>
Date Sent for repair/ Servicing:	· · ·	Green form Number/s:		
Equipment serial N <sup>os</sup>		•		
Follow up	Date:	Person Contacted:	Feedback:	
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Provincial Manager (after 3 months)				
Date Sent for repair/ Servicing:		Green form Number/s:		
Equipment serial N <sup>os</sup>		-		
Follow up	Date:	Person Contacted:	Feedback:	
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Provincial Manager (after 3 months)				
Date Sent for repair/ Servicing:		Green form Number/s:		
Equipment serial N <sup>os</sup>				
Follow up	Date:	Person Contacted:	Feedback:	
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Local HTS				
Provincial HTS				
Provincial SCM				
Provincial Manager (after 3 months)				