



EQUIPMENT REGISTER: NEONATAL



Hospital:

Building:

Section:

Maternity

Unit:

Room Barcode:

Operational Manager:

Persal Number:

Use of Register:

1. This register replaces the equipment assets register/stock book.
2. Each type of equipment should be entered on a separate page. There are 4 pages (A-D) for each type of equipment.
3. At any time it should be possible to report exactly how much equipment is required, how much is available and whether each piece of equipment is functional and in the unit.
4. Non neonatal specific furniture items can be added to the register after the neonatal equipment pages

Page A

5. This records the life history of the equipment-when it was bought and when it was condemned and all the identifying numbers associated with the equipment.
6. Record the required number of each type of equipment as calculated on KZN Equipment requirements table.
7. If there are different makes of a specific type of equipment e.g. Carefusion and IVAC infusion pumps-Record the serial numbers of each piece of equipment under the heading of what make of equipment it is
8. Allocate a number (first column) to each serial number and use a permanent marker to mark each piece of equipment with this same number. This number can now be used to identify the equipment.
9. Record all relevant information for each piece of equipment. Cost can only be recorded for newly purchased equipment
10. A PH number is allocated by stores when new equipment is accepted into the hospital. It is engraved on each piece of equipment and reflects the year the equipment was purchased eg 123/06
11. Record the condemning number for any piece of equipment that has been condemned. Its number can then be allocated to the new replacement piece of equipment procured.

Page B (See Repair of Equipment below)

12. Record any repair /servicing/borrowing of equipment on this page. Only enter when the 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.
15. Record Green form number and date sent for repair and date when equipment is received back in unit following repair.

Page C

16. Use this page for monthly stock count.
17. Record each allocated number in the first column and tick monthly if it is in the unit.

Page D (See Follow up below)

18. This is to record the follow up for any equipment sent for repair/service

Repair/Servicing of equipment:

1. Complete Repair (green form) book with detailed description of problem experienced or repair/ service required. Include the serial number.
2. Record Green form no. on Page B of relevant equipment in Equipment register
3. Send form and equipment to stores/ HTS if present in your hospital OR
4. Send PH repair request form and equipment to Local HTS Center

NB If the item is functional and just requires servicing- do not send the equipment.

Continue using equipment. Request HTS workshop to arrange for the servicing of equipment to be performed on site (only life support equipment.) or for a loan unit to be provided by the company once approval for servicing has been obtained.

5. If spares are available - item is repaired at local Center
6. If item cannot be repaired locally or needs servicing - a request is sent to the relevant company to quote
7. The quote and work request is sent to provincial HTS for a work number
8. Provincial HTS completes a work request form and sends to Provincial SCM for an order number
9. Provincial SCM approves the finances and issues an order number
10. Provincial HTS then procures the required parts or informs company to proceed with service

This process should take no longer than 3 months.

Follow up:

If the equipment has not been returned within 3 months-follow up to ascertain where the process has stalled

Contact:

1. Local HTS - insert relevant name and email:

-
2. Provincial HTS - Danny Singh- danny.singh@kznhealth.gov.za
- Sean Knock- sean.knock@kznhealth.gov.za
 3. Provincial SCM- Kevin Pillay- kevin.pillay2@kznhealth.gov.za
 4. Provincial HTS Manager-Mr N Singh- nishan.singh@kznhealth.gov.za

EQUIPMENT REGISTER INDEX					
1. Equipment Requirements/ norms					Page 3-4
2. Equipment items					Page 5 onwards
NB. For each Piece of Equipment there are 4 pages:					
A. Identifying numbers and purchase and condemning information					
B. Record of repair/service/borrowing					
C. Monthly stock count					
D. Monthly Follow up					
Equipment Item	Page Number	Equipment Item	Page Number	Equipment Item	Page Number
aEEG monitor	24	Humidifier	16	Suction unit (wall mounted)	13
Ambubag/ neopuff	8	Incubator-ICU Crib	17	T-Piece resuscitator (Neo-puff)	22
Basinet	11	Incubator -Transport	17	Torch	8
Bilirubinometer-Transcutaneous	5	Infantometer	9	Total body cooling system	24
Blood gas machine (Lactate)	24	Ophthalmoscope-Indirect	25	US machine	24
Blood warmer	24	Lens-Pan Retinal & 28 diopter	25	Wall thermometer	8
Breast pump	6	Monitor-Multi-parameter (T°, pulse, resp, SpO2, NIBP)	20	Vein Viewer	26
Calculator	8	Monitor-Multi-parameter (Basic +iBP, ETCO ₂)	20	Ventilator	15
Cardiac trolley/table	10	Monitor-Pulse oximeter	21	X-ray viewing box – long	5
Chair (Comfortable- for mother)	10	Monitor shelf	11	X-ray viewing box – short	5
Clipboard	8	Neonatal speculum	25		
Cold light (Trans-illuminator)	6	O ₂ blender	12		
CPAP with humidifier	14	O ₂ cylinder & guage	7		
Diagnostic set	8	O ₂ flowmeter-Double	11		
Drip stand	10	O ₂ flowmeter-Single	11		
ECG machine-12 lead	24	Oscillator	15		
Flynn Scleral depressor	25	Oto acoustic emission	24		
Fridge -Immunization Maternity	6	Pressure gauge	7		
Fridge-Medication	6	Phototherapy blanket (fibre-optic)	23		
Fridge-Milk	6	Phototherapy lights	23		
Glucometer	5	Pump-Infusion	18		
Haemoglobinometer	5	Pump-Syringe	18		
Head box - Large	7	SiPAP with humidifier	14		
Head box – Small	7	Scale infant electronic	9		
Heat shield	7	Stethoscope-Paediatric	8		
High Flow Humidified Oxygen	9	Stool (for nurse/MO)	6		
Incubator-Closed	17	Suction unit (electronic portable)	9		

KZN EQUIPMENT/FURNITURE/SERVICES REQUIRMENTS -To be completed annually by the DCST team, OM and Assets manager in July/Aug/Sept .										YEAR:	
BED NUMBERS:		Cubicles:		KMC Beds:		GC Beds:		HC/Isolation Beds:		ICU Beds:	
Required Services-All Hospitals (ICU bed requirements NA for District Hospitals)		KMC Beds	Required No.	GC Beds	Required No.	HC/ISOL. Beds	Required No.	ICU Beds	Required No.	Total Required	Present & Funct.
Electrical points		1/bed		2/bed		12/bed		16/bed			
Medical air points						2/bed		3/bed			
Oxygen points		1:6 beds		1/bed		2/bed		3/bed			
Suction points		1:6 beds		1/ bed		2/bed		2/bed			

Required Equipment per Unit/Cubicle-All Hospitals		Unit	Cubicle	Total by norm	Present & Funct.	Need to order	Required Equipment per Unit/Cubicle		Unit	Cubicle	Total by norm	Present & Funct.	Need to order
1.	Bilirubinometer-Transcutaneous	2 (1 PN)					15.	Incubator-ICU Crib	1 (KMC)				
2.	Breast pump	2					16.	Incubator -Transport	1 (LW)				
3.	Calulator		1				17.	Infantometer	1				
4.	Cold light (Trans-illuminator)	1					18.	Monitor-Pulse oximeter	1 (KMC)				
5.	Diagnostic set	1					19.	O ₂ cylinder & pressure gauge	1 per 12 beds				
6.	Fridge -Immunization Maternity	1					20.	Phototherapy lights	2 (PN)				
7.	Fridge-Medication	1					21.	Phototherapy blankets	2 (PN)				
8.	Fridge-Milk	1					22.	Scale infant electronic	1 per 6 beds				
9.	Glucometer		1				23.	Suction unit (electronic portable)	1 per 12 beds				
10.	Haemoglobinometer	1					24.	Torch		1			
11.	Head box - Large	2					25.	Vein viewer (NIR type)	1				
12.	Head box – Small	2					26.	Wall thermometer	1 (KMC)	1			
13.	Heat shield	2					27.	X-ray viewing box – long	1				
14.	High Flow Humidified air	1					28.	X-ray viewing box – short		1			
Regional Hospital (Must have the above PLUS the following) NB Head boxes not required							35.	Neonatal lid speculum	6				
28.	aEEG monitor	1					36.	Nitric oxide	1				
29.	Blood gas machine (Lactate)	1					37.	Oscillator (Standalone)	1				
30.	Blood warmer	1					38.	Pan Retinal & 28 diopter lenses	1 each				
31.	ECG machine-12 lead	1					39.	Oto acoustic emission	1				
32.	Flynn Scleral depressor	6					40.	Total body cooling system	2				
33.	Incubator-Transport (Theatre & NICU)	2					41.	US machine	1				
34.	Indirect ophthalmoscope	1											

Abbreviations: Funct. = Functional; GC = General Care; HC = High Care; ICU = Intensive Care Unit; ISOL = Isolation; KMC=Kangaroo Mother Care, NIR = Bear Infrared; PN = Post-natal Ward; LW = Labour Ward

Tertiary Hospital (Must have the above PLUS the following)				41.	Cardiac output monitor	1			
42.	Oscillator (Standalone)	1		43.	Nitric oxide	1			

No.	Required Equipment per level of bed- all Hospitals (ICU bed requirements NA for District Hospitals)	KMC Beds		GC Beds		HC/ISOL Beds		ICUBeds		Total By norm	Present & Funct.	Need to order
		Norm/bed	Req.	Norm/bed	Req.	Norm/bed	Req.	Norm/bed	Req.			
1.	Ambubag/ neopuff	1 per 6 beds		1 per 2 beds		1 per 2 beds		1 per 2 beds				
2.	Basinet			1 per 2 beds								
3.	Bed-adult	1										
4.	Cardiac trolley/table			1		1		1				
5.	Chair (Comfortable- for mother)	1		1		1		1				
6.	Clipboard	1		1		1		1				
7.	CPAP- Advanced with humidifier*					1 per 4 beds						
8.	Basic CPAP- Basic with humidifier*					1 per 4 beds						
9.	Drip stand			1								
10.	Incubator-Closed			1 per 2								
11.	Incubator -ICU crib					1		1				
12.	Monitor shelf			1 per 2 beds								
13.	Monitor- (SpO2, NIBP)			1								
14.	Monitor-Multi-parameter (T°, pulse, resp, SpO2, NIBP)			1 per 2 beds		1						
15.	Monitor-Multi-parameter (Basic +iBP, ETCO2)							1				
16.	O2 blender	1 per 6 beds		1 per 2 beds		1		1				
17.	O2 flowmeter-Double	1 per 6 beds		1 per 2 beds		1		1				
18.	Phototherapy blanket (fibre-optic)					1 per 2 beds						
19.	Phototherapy lights			1 per 5 beds		1 per 2 beds						
20.	Pump-Infusion			1		2		4				
21.	Pump-Syringe			1		2		6				
22.	Stethoscope-Paediatric	1		1		1		1				
23.	Stool (for nurse/MO)					1		1				
24.	Suction unit (wall mounted)	1 per 6 beds		1 per 2 beds		1		2				
25.	T-Piece resuscitator (Neo-puff)					1 per 2 beds		1 per 2 beds				
26.	Ventilator –total number- (As described below)							1 per bed + 1 per 3 beds				
	Ventilator with humidifier (With Oscillation)-Regional							1 per 2 vents				
	Ventilator with humidifier (No Oscillation)-Regional							1 per 2 vents				
	Ventilator with humidifier (With Oscillation)-Tertiary							1 per bed + 1 per 3 beds				

*NB Progressively move to advanced CPAP for a total number of machines 1:2 HC beds

Assessed by:	Print:	Sign:	Desig:	Practice No.	Date:
Operational Manager					
Assets Manager					
DCST					

KZN EQUIPMENT/FURNITURE/SERVICES REQUIRMENTS -To be completed annually by the DCST team, OM and Assets manager in September.										YEAR:	
BED NUMBERS:	Cubicles:		KMC Beds:		GC Beds:		HC/Isolation Beds:		ICU Beds:		
Required Services-All Hospitals (ICU bed requirements NA for District Hospitals)		KMC Beds	Required No.	GC Beds	Required No.	HC/ISOL. Beds	Required No.	ICU Beds	Required No.	Total Required	Present & Funct.
Electrical points		1/bed		2/bed		12/bed		16/bed			
Medical air points						2/bed		3/bed			
Oxygen points		1:6 beds		1/bed		2/bed		3/bed			
Suction points		1:6 beds		1/ bed		2/bed		2/bed			

Required Equipment per Unit/Cubicle-All Hospitals		Unit	Cubicle	Total by norm	Present & Funct.	Need to order	Required Equipment per Unit/Cubicle		Unit	Cubicle	Total by norm	Present & Funct.	Need to order
15.	Bilirubinometer-Transcutaneous	2 (1 PN)					15.	Incubator-ICU Crib	1 (KMC)				
16.	Breast pump	2					16.	Incubator -Transport	1 (LW)				
17.	Calculator		1				17.	Infantometer	1				
18.	Cold light (Trans-illuminator)	1					18.	Monitor-Pulse oximeter	1 (KMC)				
19.	Diagnostic set	1					19.	O ₂ cylinder & pressure gauge	1 per 12 beds				
20.	Fridge -Immunization Maternity	1					20.	Phototherapy lights	2 (PN)				
21.	Fridge-Medication	1					21.	Phototherapy blankets	2 (PN)				
22.	Fridge-Milk	1					22.	Scale infant electronic	1 per 6 beds				
23.	Glucometer		1				23.	Suction unit (electronic portable)	1 per 12 beds				
24.	Haemoglobinometer	1					24.	Torch		1			
25.	Head box - Large	2					25.	Vein viewer (NIR type)	1				
26.	Head box – Small	2					26.	Wall thermometer	1 (KMC)	1			
27.	Heat shield	2					27.	X-ray viewing box – long	1				
28.	High Flow Humidified air	1					28.	X-ray viewing box – short		1			
Regional Hospital (Must have the above PLUS the following) NB Head boxes not required							34.	Indirect ophthalmoscope	1				
28.	aEEG monitor	1					35.	Neonatal lid speculum	6				
29.	Blood gas machine (Lactate)	1					36.	Oscillator (Standalone)	1				
30.	Blood warmer	1					37.	Pan Retinal & 28 diopter lenses	1 each				
31.	ECG machine-12 lead	1					38.	Oto acoustic emission	1				
32.	Flynn Scleral depressor	6					39.	Total body cooling system	2				
33.	Incubator-Transport (Theatre & NICU)	2					40.	US machine	1				
Tertiary Hospital (Must have the above PLUS the following)							41.	Cardiac output monitor	1				
42.	Oscillator (Standalone)	1					43.	Nitric oxide	1				

Abbreviations: Funct. = Functional; GC = General Care; HC = High Care; ICU = Intensive Care Unit; ISOL = Isolation; KMC=Kangaroo Mother Care, NIR = Bear Infrared; PN = Post-natal Ward; LW = Labour Ward

No.	Required Equipment per level of bed for all Hospitals (ICU bed requirements NA for District Hospitals)	KMC Beds		GC Beds		HC/ISOL. Beds		ICU Beds		Total By norm	Present & Funct.	Need to order
		Norm/bed	Req.	Norm/bed	Req.	Norm/bed	Req.	Norm/bed	Req.			
27.	Ambubag/ neopuff	1 per 6 beds		1 per 2 beds		1 per 2 beds		1 per 2 beds				
28.	Basinet			1 per 2 beds								
29.	Bed-adult	1										
30.	Cardiac trolley/table			1		1		1				
31.	Chair (Comfortable- for mother)	1		1		1		1				
32.	Clipboard	1		1		1		1				
33.	CPAP- Advanced with humidifier*					1 per 4 beds						
34.	Basic CPAP- Basic with humidifier*					1 per 4 beds						
35.	Drip stand			1								
36.	Incubator-Closed			1 per 2								
37.	Incubator -ICU crib					1		1				
38.	Monitor shelf			1 per 2 beds								
39.	Monitor- (SpO2, NIBP)			1								
40.	Monitor-Multi-parameter (T°, pulse, resp, SpO2, NIBP)			1 per 2 beds		1						
41.	Monitor-Multi-parameter (Basic +iBP, ETCO2)							1				
42.	O2 blender	1 per 6 beds		1 per 2 beds		1		1				
43.	O2 flowmeter-Double	1 per 6 beds		1 per 2 beds		1		1				
44.	Phototherapy blanket (fibre-optic)					1 per 2 beds						
45.	Phototherapy lights			1 per 5 beds		1 per 2 beds						
46.	Pump-Infusion			1		2		4				
47.	Pump-Syringe			1		2		6				
48.	Stethoscope-Paediatric	1		1		1		1				
49.	Stool (for nurse/MO)					1		1				
50.	Suction unit (wall mounted)	1 per 6 beds		1 per 2 beds		1		2				
51.	T-Piece resuscitator (Neo-puff)					1 per 2 beds		1 per 2 beds				
52.	Ventilator –total number- (As described below)							1 per bed + 1 per 3 beds				
	Ventilator with humidifier (With Oscillation)-Regional							1 per 2 vents				
	Ventilator with humidifier (No Oscillation)-Regional							1 per 2 vents				
	Ventilator with humidifier (With Oscillation)-Tertiary							1 per bed + 1 per 3 beds				

*NB Progressively move to advanced CPAP for a total number of machines 1:2 HC beds

Assessed by:	Print:	Sign:	Desig:	Practice No.	Date:
Operational Manager					
Assets Manager					
DCST					

MONTHLY FOLLOW UP (To be completed monthly by Operational Manager in liaison with ANM and HOD/Medical Manager)	PG NO: 5 D
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Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s:			
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 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
Follow up	Date:	Person Contacted:	Feedback:
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
Follow up	Date:	Person Contacted:	Feedback:
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 mths)			

MONTHLY FOLLOW UP

(To be completed monthly by Operational Manager in liaison with ANM and HOD/Medical Manager)

Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s:			
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 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
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 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
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 mths)			

MONTHLY FOLLOW UP (To be completed monthly by Operational Manager in liaison with ANM and HOD/Medical Manager) PG NO: 6 **D**

Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s:			
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 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
Follow up	Date:	Person Contacted:	Feedback:
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
Follow up	Date:	Person Contacted:	Feedback:
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 mths)			

MONTHLY FOLLOW UP (To be completed monthly by Operational Manager in liaison with ANM and HOD/Medical Manager) PG NO: 6 **D**

Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s:			
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 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
Follow up	Date:	Person Contacted:	Feedback:
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
Follow up	Date:	Person Contacted:	Feedback:
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 mths)			

PURCHASE/CONDEMNING DETAILS

PG NO: 7 A

No.	Make /Model AND Serial numbers if applicable	Required number	Actual Number	Stock (PH) No. If applicable	Bar code If applicable	Condemned Date	Number condemned	Condemning No.	
	O ₂ Cylinder								
	Pressure Gauge								
	Headbox-Large								
	Headbox-Small								
	Heat shield								

Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s:			
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 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
Follow up	Date:	Person Contacted:	Feedback:
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
Follow up	Date:	Person Contacted:	Feedback:
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 mths)			

MONTHLY FOLLOW UP (To be completed monthly by Operational Manager in liaison with ANM and HOD/Medical Manager) PG NO: 7 **D**

Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s:			
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 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
Follow up	Date:	Person Contacted:	Feedback:
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
Follow up	Date:	Person Contacted:	Feedback:
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 mths)			

MONTHLY FOLLOW UP (To be completed monthly by Operational Manager in liaison with ANM and HOD/Medical Manager)	PG NO: 8 D
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Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s:			
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 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
Follow up	Date:	Person Contacted:	Feedback:
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
Follow up	Date:	Person Contacted:	Feedback:
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 mths)			

MONTHLY FOLLOW UP

(To be completed monthly by Operational Manager in liaison with ANM and HOD/Medical Manager)

PG NO: 8 **D**

Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s:			
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 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
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 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
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 mths)			

Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s:			
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 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
Follow up	Date:	Person Contacted:	Feedback:
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
Follow up	Date:	Person Contacted:	Feedback:
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 mths)			

MONTHLY FOLLOW UP

(To be completed monthly by Operational Manager in liaison with ANM and HOD/Medical Manager)

PG NO: 9 **D**

Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s:			
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 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
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 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
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 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
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 mths)			

MONTHLY FOLLOW UP

(To be completed monthly by Operational Manager in liaison with ANM and HOD/Medical Manager)

PG NO: 10 D

Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s:			
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 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
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 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
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 mths)			

Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s:			
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 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
Follow up	Date:	Person Contacted:	Feedback:
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
Follow up	Date:	Person Contacted:	Feedback:
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 mths)			

MONTHLY FOLLOW UP

(To be completed monthly by Operational Manager in liaison with ANM and HOD/Medical Manager)

Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s:			
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 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
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 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
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 mths)			

Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s:			
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 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
Follow up	Date:	Person Contacted:	Feedback:
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
Follow up	Date:	Person Contacted:	Feedback:
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 mths)			

Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s:			
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 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
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 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
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 mths)			

Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s:			
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 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
Follow up	Date:	Person Contacted:	Feedback:
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
Follow up	Date:	Person Contacted:	Feedback:
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 mths)			

Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s:			
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 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
Follow up	Date:	Person Contacted:	Feedback:
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
Follow up	Date:	Person Contacted:	Feedback:
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 mths)			

Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s:			
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 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
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 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
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 mths)			

Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s:			
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 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
Follow up	Date:	Person Contacted:	Feedback:
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
Follow up	Date:	Person Contacted:	Feedback:
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 mths)			

MONTHLY FOLLOW UP (To be completed monthly by Operational Manager in liaison with ANM and HOD/Medical Manager) PG NO: 14 D

Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s:			
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 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
Follow up	Date:	Person Contacted:	Feedback:
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
Follow up	Date:	Person Contacted:	Feedback:
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 mths)			

Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s:			
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 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
Follow up	Date:	Person Contacted:	Feedback:
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
Follow up	Date:	Person Contacted:	Feedback:
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 mths)			

MONTHLY FOLLOW UP (To be completed monthly by Operational Manager in liaison with ANM and HOD/Medical Manager)	PG NO: 15 D
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Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s:			
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 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
Follow up	Date:	Person Contacted:	Feedback:
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
Follow up	Date:	Person Contacted:	Feedback:
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 mths)			

MONTHLY FOLLOW UP (To be completed monthly by Operational Manager in liaison with ANM and HOD/Medical Manager) PG NO: 16 D

Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s:			
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 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
Follow up	Date:	Person Contacted:	Feedback:
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
Follow up	Date:	Person Contacted:	Feedback:
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 mths)			

Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s:			
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 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
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 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
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 mths)			

MONTHLY FOLLOW UP (To be completed monthly by Operational Manager in liaison with ANM and HOD/Medical Manager) PG NO: 17 D

Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s:			
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 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
Follow up	Date:	Person Contacted:	Feedback:
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
Follow up	Date:	Person Contacted:	Feedback:
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 mths)			

Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s:			
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 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
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 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
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 mths)			

Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s:			
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 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
Follow up	Date:	Person Contacted:	Feedback:
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
Follow up	Date:	Person Contacted:	Feedback:
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 mths)			

Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s:			
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 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
Follow up	Date:	Person Contacted:	Feedback:
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
Follow up	Date:	Person Contacted:	Feedback:
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 mths)			

MONTHLY FOLLOW UP (To be completed monthly by Operational Manager in liaison with ANM and HOD/Medical Manager) PG NO: 19 D

Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s:			
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 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
Follow up	Date:	Person Contacted:	Feedback:
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
Follow up	Date:	Person Contacted:	Feedback:
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 mths)			

Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s:			
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 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
Follow up	Date:	Person Contacted:	Feedback:
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
Follow up	Date:	Person Contacted:	Feedback:
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 mths)			

Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s:			
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 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
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 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
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 mths)			

MONTHLY FOLLOW UP

(To be completed monthly by Operational Manager in liaison with ANM and HOD/Medical Manager)

PG NO: 20 **D**

Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s:			
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 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
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 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
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 mths)			

Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s:			
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 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
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 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
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 mths)			

Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s:			
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 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
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 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
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 mths)			

MONTHLY FOLLOW UP (To be completed monthly by Operational Manager in liaison with ANM and HOD/Medical Manager) PG NO: 22 D

Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s:			
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 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
Follow up	Date:	Person Contacted:	Feedback:
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
Follow up	Date:	Person Contacted:	Feedback:
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 mths)			

Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s:			
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 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
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 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
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 mths)			

Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s:			
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 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
Follow up	Date:	Person Contacted:	Feedback:
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
Follow up	Date:	Person Contacted:	Feedback:
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 mths)			

MONTHLY FOLLOW UP (To be completed monthly by Operational Manager in liaison with ANM and HOD/Medical Manager) PG NO: 24 D

Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s:			
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 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
Follow up	Date:	Person Contacted:	Feedback:
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
Follow up	Date:	Person Contacted:	Feedback:
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 mths)			

MONTHLY FOLLOW UP (To be completed monthly by Operational Manager in liaison with ANM and HOD/Medical Manager)	PG NO: 24 D
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Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s:			
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 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
Follow up	Date:	Person Contacted:	Feedback:
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
Follow up	Date:	Person Contacted:	Feedback:
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 mths)			

Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s:			
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 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
Follow up	Date:	Person Contacted:	Feedback:
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
Follow up	Date:	Person Contacted:	Feedback:
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 mths)			

Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s:			
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 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
Follow up	Date:	Person Contacted:	Feedback:
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
Follow up	Date:	Person Contacted:	Feedback:
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 mths)			

Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s:			
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 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
Follow up	Date:	Person Contacted:	Feedback:
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
Follow up	Date:	Person Contacted:	Feedback:
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 mths)			

MONTHLY FOLLOW UP (To be completed monthly by Operational Manager in liaison with ANM and HOD/Medical Manager) PG NO: 26 D

Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s:			
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 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
Follow up	Date:	Person Contacted:	Feedback:
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 mths)			
Date Sent for repair/ Servicing:		Green form Number/s:	
Equipment serial No/s			
Follow up	Date:	Person Contacted:	Feedback:
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 mths)			