

MGM MEDICAL COLLEGE AND HOSPITAL
N-6, CIDCO, Aurangabad: 431001

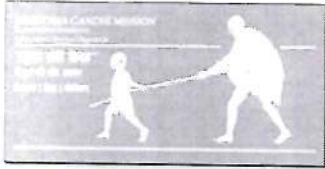
**Manual of Operations
Biomedical Engineering
Services**

**Document No :
MGM/BMD/01**

Manual of

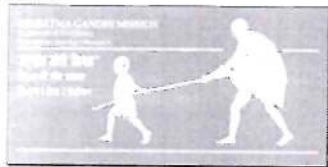
Biomedical Maintenance

Department



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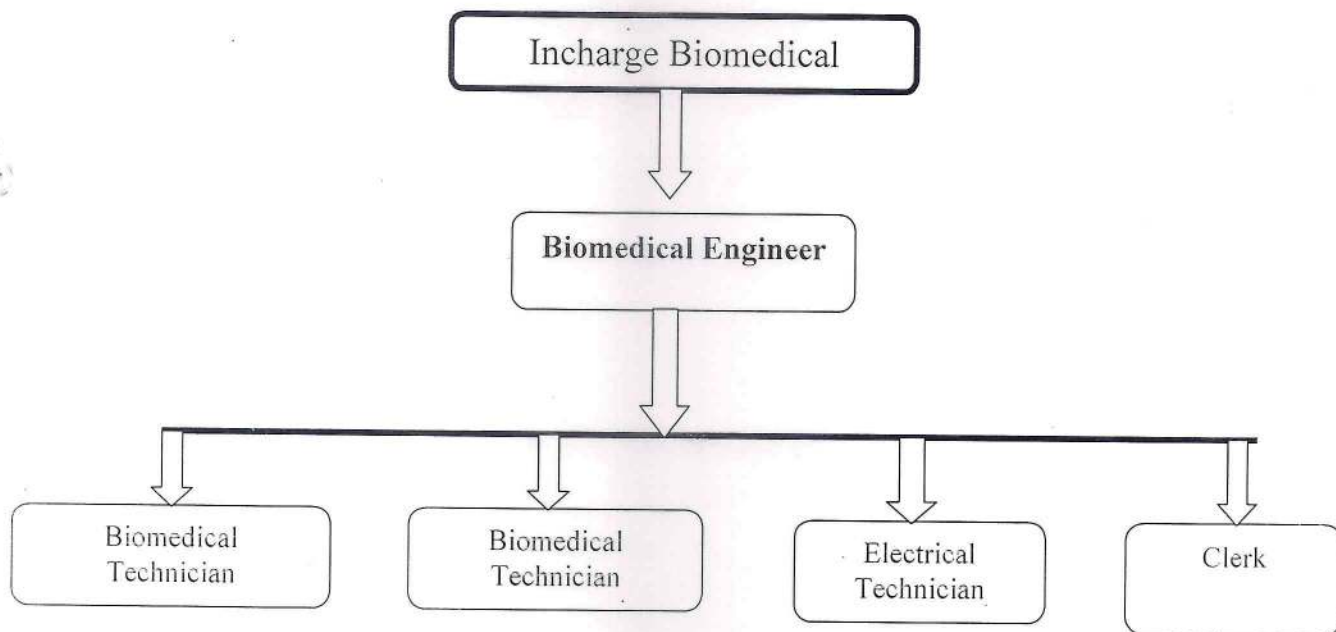


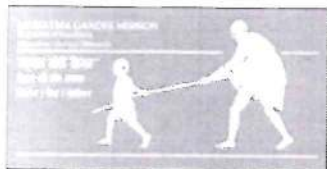
A. **Purpose:** The appropriate and safe operation of biomedical equipment is to the proper functioning of a health care facility. The Biomedical Engineering Services is responsible for Installation, testing, Training, repairing, and maintaining in proper and safe operating condition, the hospital's diagnostic and therapeutic equipment. Major functions of Biomedical Engineering are to:

1. Perform installation, preventive and corrective maintenance, and special request service on clinical equipment owned, and/or used within the hospital in compliance with regulatory agencies.
2. Provide pre-purchase evaluations of new technology and equipment.
3. Assist clinical departments with service contract analysis, negotiations and management.
4. Provide coordination of clinical equipment installations including, planning, scheduling, And oversight.
5. Conduct device incident investigations.
6. Educating by taking regular classes to Nurses, other allied, Health care professionals and Creating awareness on norms etc.,

B. **Scope:** MGM Medical College and Hospital, Aurangabad

C. **Responsibility:** INCHARGE Biomedical along with Biomedical Engineer, Biomedical Technician, Clerk



**D. Services Offered:**

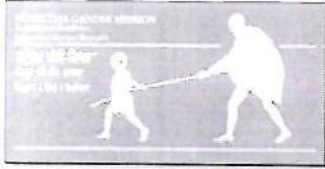
- Pre-purchase Evaluations/ Consulting
- Equipment Recommendations
- Purchasing assistance
- Incoming Inspections
- Service Equipment
- Contract Management (Service) (negotiations and administration)
- User (In service) Training
- Regular Preventive Maintenance / Safety / Performance Testing / Calibrations
- Corrective Work orders (Repairs)
- Safety Fair presentations
- Equipment Installations
- Replacement Recommendations
- Equipment History on every device

Equipment "Asset" tag:

Every device has a unique identification number, assigned by us that is Used to:

		Mahatma Gandhi Mission's Medical College & Hospital
Unit	:	Multipara Monitor
Model	:	Suresigns VM6
Sr.no.	:	US12563767
Make	:	Philips Electronics (I) Ltd.
Code	:	MGM/EICU/2016/07

- Track equipment history – from “cradle to grave” (incoming inspection to disposal)
- Assign and track Preventive (Predictive) Maintenance work orders
- Assign and track Corrective work orders (repairs)
- Search for recalled devices
- Analyze trends for replacement or other issues



E. Purchase Policy :

Purchase of all Equipments and instruments are carried out by Purchase committee.

Steps of Purchasing any Biomedical equipment or instrument :

1. At first the requirement is generated by the concerned department and is given to the stores in the form of Purchase requisition.
2. Take approval for same from purchase committee.
3. Biomedical Engineering Department is informed about the purchase of any new equipment / instrument, where they help the stores department to search the best product at a good price.
4. The quotations of the products to be purchased are called from the various vendors. Negotiations are done by the vendors on various factors of the products by Purchase Committee. Comparison of the products in terms of specification, value, delivery period are made by the stores department.
5. The comparison is submitted to the management / purchase authorities for the approval.
6. Once the product is approved, purchase order as per terms and conditions are generated by the stores department and is given to the vendor for processing the material.

F. Equipment / Instruments Installation Procedure:

1. The new equipment / instrument come in custody of the stores department.
2. Biomedical Engineering Department arrange all pre installation Requirement like Electrical supply, Suitable platform for machine and all other required things according to equipment.
3. The arrival of the equipment is informed to the concerned department as well as to the Biomedical Engineering Department.
4. Concerned department takes the equipment in their custody from stores department by giving them issue slip.
5. Biomedical Engineering Department arranges for the installation and demonstration in coordination with the company and the department where the equipment is to be installed.
6. Biomedical Engineering Department gets the equipments installed and demonstrated in their presence and hand over all accessories to the department in charge.
7. Internal Installation report along with company installation report is made and is get signed by the department in charge and Head of the Department.
8. The internal report is then got signed by the Purchase authority and is submitted to the stores for release of the payment.
9. Also one copy of the report is filed in the Biomedical Engineering Department for records.



Flow Chart of Installation Procedure

The new equipment / instrument come in custody of the stores department

The arrival of the equipment is informed to the concerned department as well as to the Biomedical Maintenance department.

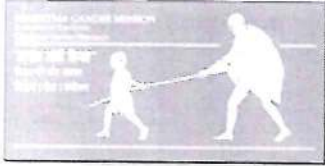
Concerned department takes the equipment in their custody from stores department by giving them issue slip.

Biomedical maintenance department arrange for the installation and demonstration in with their presence and hand over all accessories to the department in charge.

Internal installation report along with company installation report is made and is get signed by the department in charge and head of the department.

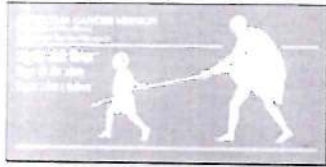
The internal report is then got signed by the purchase authority and is submitted to the stores for releasing of the payment.

Also one copy of the report is field in the biomedical maintenance department for records.

**G. Training to End user for smooth Operating & functioning of Biomedical Equipment.**

- Installed machine at respective location according to Requirement under supervision of Biomedical Engineering Department.
- After installation Demonstration done By Company Engineer to Biomedical Engineering Department.
- Application Training arranged by Biomedical Engineer communicating with end user and Company Application Engineer.
- Application Engineer provides detail operating training to end user.
- Once Demonstration Done to Biomedical Engineer, In future if required basic level training provided by Biomedical Engineer.
- Biomedical Engineer arrange application training for critical care equipment like Ventilator, Anesthesia machine etc, Twice in year or Depend upon requirement of End user.
- For major equipment like CT scan machine, MRI, Ultrasound machine, Arrange application training only when if there is any updation in machine.
- Basic level training providing to end user at the time of preventive maintenance or when it required.

After completion of training there is feedback form filled by end user which will indicate training is satisfied or not.



MGM MEDICAL COLLEGE AND HOSPITAL

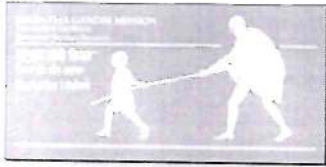
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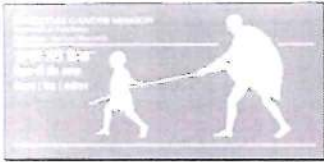
Training programmer:

Sr. no	EQUIPMENT NAME	TRAINING TO END USER	TRAINER
1	Critical care Equipment/ICU -Ventilator -Anesthesia machine -Multipara monitor -ECG Machine -Defibrillator	-Doctors -Nursing staff	-Company Engineer -Biomedical Engineer -Biomedical Technician
2.	Radiology Equipment	-Radiologist -Technician	-Company Application specialist
3.	OT Equipment	-Doctors -Nursing staff -Technician -Mama	-Company Engineer -Biomedical Engineer -Biomedical Technician
4.	Endoscopy Equipment/ Urology Equipment/ Dental Equipment/Microbiology Equipment/Pathology Equipment/Ophthal Equipment	-Doctors -Nursing staff -Technician	-Company Application specialist
5.	BP Apparatus/Cylinder replacement/Suction jar/Humidifier/Nurse call system	-Doctors -Nursing staff -Technician	-Biomedical Engineer -Biomedical Technician

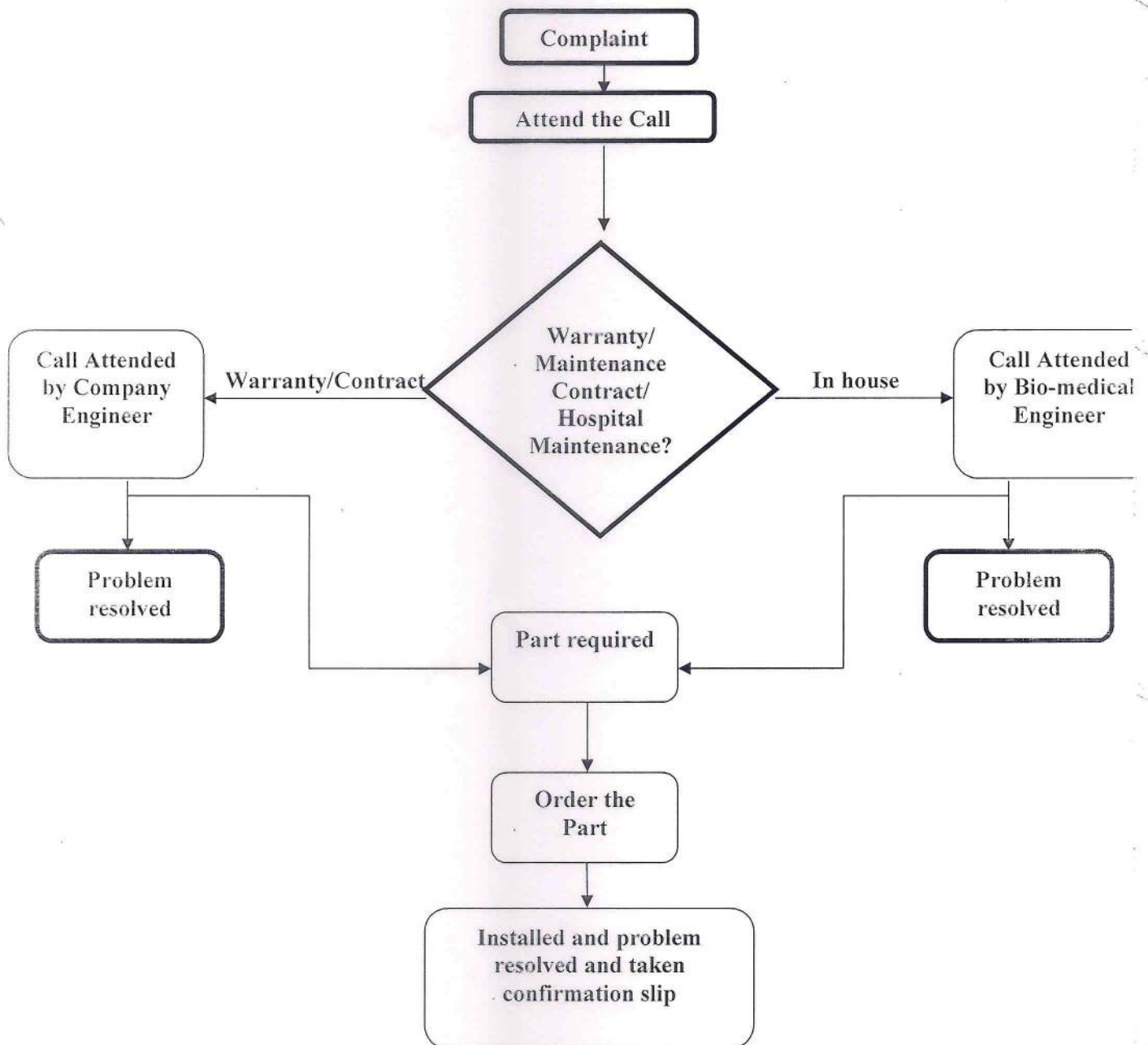


H. Complaint/Breakdown:

1. In case of breakdown of any biomedical equipment, the user department notifies the Biomedical Engineering Department.
2. The Biomedical Clerk enters the details in the Biomedical Equipment Breakdown record.
3. Biomedical Engineer identifies whether the equipment is under annual maintenance contract (AMC) or not.
4. If the equipment is under AMC the contract agency is informed. Time and date of the same is noted.
5. The contract agency personnel will report to the Biomedical Engineering Department who is then escorted to the location of the faulty equipment.
6. The personnel from the contract agency rectify the defect. The equipment history record is updated with required information and is validated by the service engineer.
7. The time at which the equipment started functioning is recorded in the Biomedical Equipment History Record Register by the Biomedical Engineer.
8. In case the equipment is not under AMC, Biomedical Engineer informs to INCHARGE Biomedical and CEO.
9. Authorized service centers of the company are informed about the breakdown.
10. The service center engineers will report to the Biomedical Engineer who then escorts the engineers to the location of the equipment.
11. In case the fault can be repaired on the spot, the service engineers rectify the fault. The service engineer validates the equipment's fitness for use in the equipment history record register.
12. The time at which the equipment started functioning is recorded in the Biomedical Equipment History Record Register by Biomedical Engineer/Biomedical Technician.
13. If the machine cannot be repaired at the hospital and is required to be taken to the service center, a receipt for the equipment is provided by the service center with details of the equipment. The same is recorded by the biomedical clerk.
14. After the fault is rectified and the equipment is brought back to the hospital, the Biomedical Engineer ensures that the equipment is installed at the site of the user department by the service engineers.



Breakdown Call Management Structure:



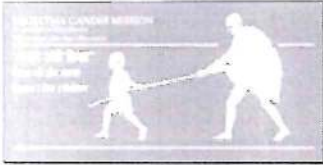


I. Preventive Maintenance:

1. Preventive maintenance schedules are prepared based on manufacturers' recommendations review of History Card maintained. The intimation of preventive maintenance is communicated in advance to the various departments for release of equipment.
2. The availability of necessary spares, consumables, tools and necessary materials are ensured through standardization and /or advance planning, through Biomedical Engineering Department.
3. Preventive maintenance is carried out as per Maintenance Schedule and Records. The concerned Biomed. Engineer/Biomedical Technician checks the maintenance activities regularly.
4. After completion of maintenance (whether preventive or breakdown) the OK report is taken from the use department.
5. All preventive maintenance jobs done are recorded in Equipment History Register maintained for all equipment (unit wise).
6. Equipments / Services /Instruments / devices which are given in AMC (Annual Maintenance Contract) are given to AMC Company for maintenance. A report of failure / break down is taken from company for monitoring purposes.
7. A list of all instrument /equipment/ devices requiring maintenance/calibration is prepared and maintained. The list identifies the Equipment by name, type, location, applicable service requirements, date of maintenance service done and maintenance due date. The maintenance status is updated continuously by INCHAREGE Biomedical /Biomedical Engineer.
8. This list also indicates, whether maintenance/calibration is done in house or through external sources. Maintenance/calibration of equipments requiring an out side agency - a contract or purchase order is issued.
9. Where required the AMC agency is provided with necessary facilities and support to carry out maintenance in the hospital itself. The INCHAREGE Biomedical/Biomedical Engineer in consultation with the C.E.C provides the required support for the same.
10. The following is checked when maintenance is done -

- ❖ Physical condition of the equipment/ facility
- ❖ Maintenance report verification
- ❖ Maintenance / Service report to be obtained from service agency and after verification marked as O.K. /Not O.K.

1. Maintenance preserves the machine's accuracy and fitness for use. If equipment is found not fit for use should be withdrawn from use with the consent of the Head of the concerned department as well as by Chief Medical Superintendent /Medical Superintendent of the hospital.
2. The consent for the same are to be obtained in writing and is to be maintained by Biomedical Engineer for future reference.



3. Persons handling the equipments/facility are trained on aspects like Do's, Don'ts, handling, safety, preventive maintenance and minor repairs as and when required by company engineers of the particular equipment. Records of training imparted are maintained by the Head of the concerned department.

J. Medical Gas:

Medical Gas cylinders are to be checked every day by:

1. The Biomedical technician in the medical gas cylinder storage room.
2. The nursing staff in the Operation Theatre/Emergency Department/Diagnostic Facilities/Wards.

Regular Inspection of Medical Gas cylinders are done:

- a. To ensure that there is no leakage in the cylinders.
- b. To ensure that there is no malfunction in the cylinders.

The nursing staff in each ward maintains a log book for the oxygen cylinders which is updated in each shift.

Equipment History Record Register:

1. History of all equipment of the hospital is entered in individually in the equipment history record register.
2. All the history records are maintained by the Biomedical Engineer a copy maintained at the user department.
3. These equipment history register is updated by the Biomedical Engineer/Technician as per the parameters.

K. Annual Maintenance Contract :

1. The Equipments on AMC are identified and marked in the History register.
2. The history record contains the preventive maintenance frequency and calibration requirements and breakdown maintenance details
3. On the basis of the information gathered on the history record, Periodic Preventive Maintenance (PPM) schedule is made
4. The Biomedical Engineer/Technician follows the PPM schedule in conjunction with the user department the availability of the machine to conduct the preventive maintenance by the contract agency
5. The Biomedical Engineers collects and documents the Service report of the maintenance conducted on equipment by the AMC contractor
6. The break down time is recorded
7. All the spares details are recorded
8. The response time of the AMC contractor is recorded
9. After the Service, the Machine is thoroughly tested by the user department.



10. The user department signs the service order/ work order request if the service was done on a break down

L. Calibration:

1. All the equipments when purchased the manufacturer defined frequency of calibration is taken
2. The frequency of calibration is entered in the history record
3. As the per the frequency stipulated the equipments are calibrated internally or through the AMC provide or through the third party agency or through the Government agency
4. All the necessary certification are maintained
5. Most of the Calibration is done with the periodic Prevention maintenance schedule
6. The history record is upgraded with calibration codes
7. The next calibration due is also mentioned in the history record.

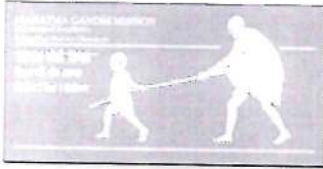
M. Equipment condemnation and Disposal

The life cycle of equipment is fairly simple, but one process that seems to cause problems is deciding when to condemn and how to dispose of equipment.

When looking at condemnation and disposal, the engineer in charge of the department should have the experience, knowledge, and authority to decide when a piece of equipment should be scrapped and removed from use.

The reasons for condemning equipment will usually be:

- **Beyond economical repair** - Where equipment comes in and the cost of repairing it is considered too high after looking at the current value (taking depreciation into account), and the age of the equipment.
- **Technically obsolete** - Parts and service support are no longer available.
- **Clinically obsolete** - The clinician using the device (or manufacturer) recommend replacement for clinical reasons. (Diagnostic ultrasound imaging usually becomes clinically obsolete after 5 years due to the improvements in imaging technology, but can still be used and supported by the supplier.)



The information supplied to the user must include the date of condemnation, whom the equipment belongs to and who authorized the condemnation. This would usually be the **BME INCHARGE** on a condemnation form. When sending out the notification of condemnation, copies should be sent to senior managers responsible for procurement, and users of the equipment. An equipment condemning note/memo should be individually numbered and logged onto the equipment database with an individual job number, equipment description, including the make, model, serial number, control (asset) number, purchase date (age), reason for condemning and any additional information.

We should also state the equipment location (Dept / Ward) . If the manager/user requires further information, contact details must be added, such as your telephone, e-mail, fax, etc. Finally, the **BME INCHARGE** should sign off the condemnation letter.

If a replacement is required the cost for new equipment needs to be included in the capital bids processes giving financial priority to the most urgent purchase based on need and risk.

A record of all condemnations should be kept on the database.

Biomedical Equipment Disposal

Once the equipment has been condemned it should be quarantined or thrown away.

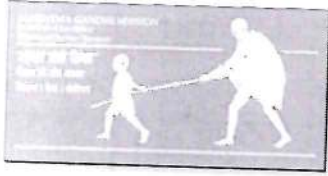
To quarantine the equipment means removing it from clinical use and putting it somewhere it cannot be used which is allocated as an area for scrapped equipment.

There may be an alternative use for this equipment:

- Research project
- Training etc

If there is an alternative use, the equipment may be held in the quarantine area until it can be handed over. Whoever takes the equipment must sign a form agreeing that the equipment is 'taken as seen'. All service and inventory labels must be removed, and all patient information deleted (where the device has IT storage capability).

The equipment that cannot be found an alternative use must be disposed of safely. This will usually include



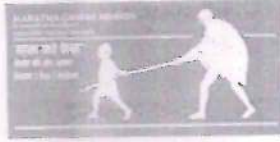
- Removal of lead acid, Nickel Cadmium or other alkaline batteries for separate disposal in line with true policies.
- Evacuation of CatIncharegee ray tubes to prevent the risk of implosion (Usually by breaking off the ni at the back of the tube).
- Removal of in line fuses.
- Cleaning and decontamination.
- Removal of all means to power up the device. (i.e. On hard wired devices the mains cable should be c off.)
- Removal of all hoses able to pressurize a device (if driven by gases)

N. **Records Generated:**


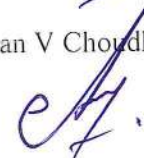
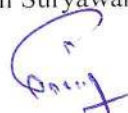

1. Equipment History Record.
2. Equipment uptime and down time record.
3. AMC record.
4. Calibartion record
5. Oxygen Cylinder /Liquid oxygen logbook
6. Spare parts record.

Forms/ Documents

Master List
Work Order
Preventive maintenance Monthly Check list
History card

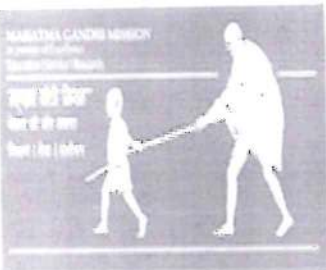


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Responsibility of Updating :	Designation : NABH Coordinator Name :Mr. Rahul Deshmukh Signature : 

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Purpose: To ensure the proper functioning of the organization plan for Biomedical equipment in accordance with its services and strategic plan.

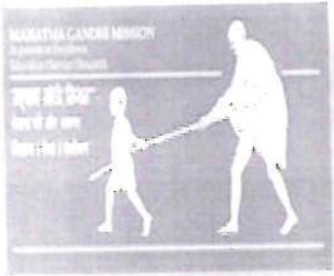
Responsibility:

Biomedical Engineering Department, Purchase Dept, User Dept & Finance Dept. & Management.

Policy:

- MGM hospital plans for the equipment in accordance with its services and strategic plan
- All equipment will be selected, rented, updated or upgraded by collaborative process (User, Purchase ,Biomedical Eng & maintenance dept. &Finance dept.)
- Qualified and trained personal will operate, maintain equipments and utility system.
- Proper logs will be maintained in asset register by a trained person, which is kept in Biomedical Maintenance. Dept.

Scope: Required equipment for facility is placed strategically according to the scope of Services.

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Procedure for raising the equipment Requisition:

- Requisition for all new equipment which required for the facility should be planned well in advance at the start of the financial year.
- For all new requirements proposal is made by the respective department HOD & approved by the Purchase committee
- Maintenance dept. At Unit level carry the technical analysis & forward the details to Purchase committee for further process. User department gave their requirements & specifications in the purchase requisition.
- Biomedical Maintenance. Dept have a comprehensive list of all the equipment and machinery in the facility.
- Purchase department identify & collect quotations with specifications, technical details & forward to Biomedical Maintenance. Dept for technical comparison.
- Biomedical Maintenance. Dept should prepare technical comparison & put forward to the management along with its recommendations covering estimate the running & maintenance cost of the equipment, maintenance dept. gives past performance feedback on vendor performance.
- Final proposal is discussed in the management meeting and decision taken.
- Purchase order is prepared and forwarded to supplier for further action.
- Biomedical Maintenance. Dept at the respective Unit arrange/ co-ordinate the pre installation requirements like layout, wiring, basement preparation etc.

References:


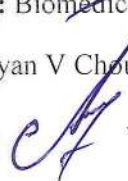
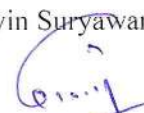
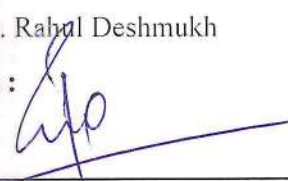
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- WWW.NABH.com



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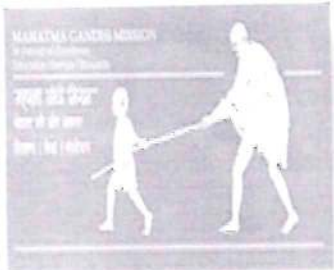
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Purpose:

Document procedure to maintain record and Inventory of Biomedical Equipment

Responsibilities:

HOD Biomedical along with biomedical engineer, biomedical technician, clerk

Procedure:

- -Biomedical Maintenance Department have all inventory of biomedical equipment
- -Every equipment allotted asset Sticker

- -If biomedical equipment came for demonstration purpose there is separate Hospital coding like Unit:

Model:

Serial no:

Code: MGM/Demo/MICU/01

- We put one more label on Demo machine in which we mentioned machine kept for demo and Contact no of respective company Engineer.



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**POLICY & PROCEDURE
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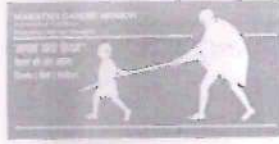
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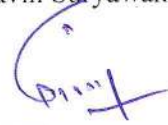
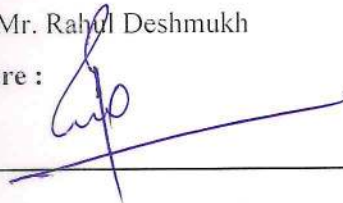
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References:

- IPHS guideline 2012
- WWW.NABH.com

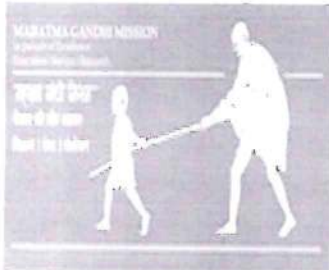


MGM MEDICAL COLLEGE AND HOSPITAL
N-6 CIDCO
Aurangabad – 431001.

Document Name. :	POLICIES & PROCEDURES ON FACILITY MANAGEMENT AND SAFETY
Document No. :	MGM /FMS/ BME/02
NABH Reference :	NABH/FMS/4D
No. of Pages :	1 To 5
Date Created :	23/12/2020
Date of Implementation :	23/12/2020
Prepared By :	Designation :In Charge Name :Mr. Mohan Jadhav Signature :  Designation: Biomedical Engineer Name: Narayan V Choudhari Signature: 
Approved By :	Designation :CEO Name :Dr. Pravin Suryawanshi Signature : 
Responsibility of Updating :	Designation : NABH Coordinator Name :Mr. Rahul Deshmukh Signature : 

CONTENTS

Sr. no.	Topics
1.0	Purpose
2.0	Responsibility
3.0	Procedures
4.0	References

	Mahatma Gandhi Mission's Medical College And Hospital N-6 Cidco, Aurangabad – 431001	Document No. MGM/FMS/BME/02
	POLICY & PROCEDURE ON FACILITY MANAGEMENT AND SAFETY	NABH Reference NABH/FMS/4D
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Purpose:

Training to End user for smooth Operating & functioning of equipment.


Responsibilities:

In charge Biomedical along with Biomedical Engineer and Biomedical Technician.

Procedure:

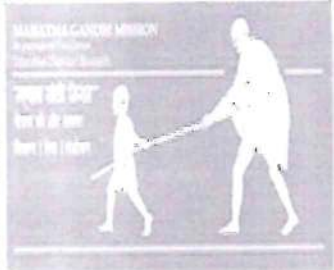
- Installed machine at respective location according to Requirement under supervision of Biomedical Department.
- After installation Demonstration done By Company Engineer to Biomedical Maintenance Department.
- Application Training arranged by Biomedical Engineer communicating with end user and Company Application Engineer.
- Application Engineer provides detail operating training to end user.
- Once Demonstration Done to Biomedical Engineer, In future if required basic level training provided by Biomedical Engineer.
- Biomedical Engineer arrange application training for critical care equipment like Ventilator, Anesthesia machine etc, Twice in year or Depend upon requirement of End user.
- For major equipment like CT scan machine, MRI, Ultrasound machine, Arrange application training only when if there is any updation in machine.
- Basic level training providing to end user at the time of Internal/External preventive maintenance or when it required.

After completion of training there is feedback form filled by end user which will indicate training is satisfied or not.

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Training Programmer:

Sr. no	EQUIPMENT NAME	TRAINING TO END USER	TRAINER
1	Critical care Equipment/ICU -Ventilator -Anesthesia machine -Multipara monitor -ECG Machine -Defibrillator	-Doctors -Nursing staff	-Company Engineer -Biomedical Engineer -Biomedical Technician
2.	Radiology Equipment	-Radiologist -Technician	-Company Application specialist
3.	OT Equipment	-Doctors -Nursing staff -Technician -Mama	-Company Engineer -Biomedical Engineer -Biomedical Technician
4.	Endoscopy Equipment/ Urology Equipment/ Dental Equipment/Microbiology Equipment/Pathology Equipment/Opthal Equipment	-Doctors -Nursing staff -Technician	-Company Application specialist
5.	BP Apparatus/Cylinder replacement/Suction jar/Humidifier/Nurse call system	-Doctors -Nursing staff -Technician	-Biomedical Engineer -Biomedical Technician

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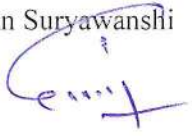

Register/File :MGM/BME/TRAIN/09

References:

- IPHS Guideline 2012
- NABH Website www.nabh.com

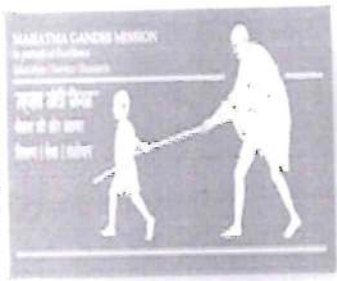


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Prepared By :	Designation :HOD Name :Mr. Mohan Jadhav Signature :  Designation: Biomedical Engineer Name: Narayan V Choudhari Signature: 
Approved By :	Designation :CEO Name :Dr. Pravin Suryawanshi Signature : 
Responsibility of Updating :	Designation : NABH Coordinator Name :Mr. Rahul Deshmukh Signature : 

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Purpose: Document procedure to maintain preventive maintenance & Calibration of Biomedical Equipment for Proper Functioning.

Department: Biomedical maintenance

Responsibility:

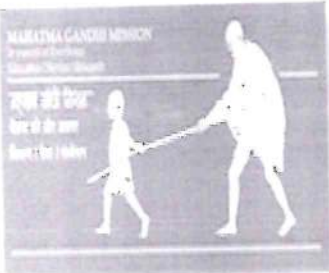
HOD Biomedical along with Biomedical Engineer, Biomedical Technician, Clerk

Policy:

A) Equipment Maintenance:

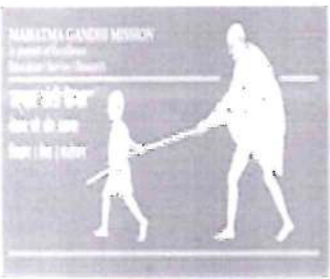
Routine Preventive maintenance:

- The HOD Biomedical, Biomedical Engineer is responsible for the overall management and upkeep of the Bio -medical equipments.
- Designated staff is responsible for daily Preventive maintenance of equipments based on daily monitoring checklist (Dialysis RO System/MGSS), monthly monitoring For All Equipments
- Deficiency details are documented in Internal Preventive Maintenance Report and the same is communicated to the HOD biomedical and Further Action has to be taken.
- The Biomedical Engineer prepares and maintains a maintenance plan (PM Tracker) as per the list of available equipments.
- The Preventive Maintenance of instrument having an AMC/CMC contract is done by communicating with HOD Bio-Medical and company engineer as per Manufacturer Policy.
- A schedule is prepared by the biomedical department for preventive maintenance
- All medical equipments undergo preventive maintenance at prescheduled period.
- The concerned department is informed about the schedule of the equipment for preventive maintenance well in advance, so that they can keep the equipment free for required time period.
- After Competition Preventive Maintenance We put One sticker on Equipment which include PM Date and Due date.

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Monthly Internal Preventive Maintenance Schedule

Sr.no	Department	Date
1	CVTS/CCU	1 ST OF MONTH
2	CATHLAB/CVTS OT	2 nd OF MONTH
3	EICU/CASUALTY	3 rd OF MONTH
4	MICU/RGJAY ICU	4 th OF MONTH
5	DIALYSIS / KT ICU / MCRI ICU	5 th OF MONTH
6	SICU/OBGY ICU/LABOUR ROOM	6 th OF MONTH
7	NICU/PICU	7 th OF MONTH
8	OT COMPLEX (01-03)	8 th OF MONTH
9	OT COMPLEX (04-05)	9 th OF MONTH
10	OT COMPLEX (06-10)	10 th OF MONTH
11	RADIOLOGY	11 th OF JAN, APR, JULY, OCT
	ENDOSCOPY	
12	PATHOLOGY	11 th OF FEB, MAY, AUG, NOV
	MICRO BIOLOGY	
13	MCRI OPD/Phy Ward/ENT, Skin, Opthal ward/Oncology Ward	11 th OF MAR, JUNE, SEPT, DEC
14	Blood Bank/Central Lab	12 th OF JAN, APR, JULY, OCT
15	TB Chest ward/New deluxe ward/IVF	12 th OF FEB, MAY, AUG, NOV
16	MMW/FMW/Pediatric ward/OBGY Ward 1 st	12 th OF MAR, JUNE, SEPT, DEC
17	FSW/MSW/Urology, surgical ward/CSSD	13 th OF JAN, APR, JULY, OCT
18	Old Deluxe/OBGY Ward 2/Super Deluxe/6 th Floor Deluxe	13 th OF FEB, MAY, AUG, NOV
19	MOW/FOW/Linen/MJPJAY Ward/Urology/Nephro Ward	13 th OF MAR, JUNE, SEPT, DEC
20	MGM OPD(1-6)	14 th , 15 th & 16 th OF MAR, JUNE, SEPT, DEC
	MGM OPD(7-14)	
	MGM OPD(15-19)	

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B) Biomedical Equipment Calibration:

- The HOD Biomedical, Biomedical Engineer is responsible for the overall management and Calibration of the Bio -medical equipments.
- Calibration is Very important for proper functioning of Biomedical Equipment
- We done third party calibration Once in Year (Autocal System pune) for those Equipment which need Callibration/Electrical Safety
- We put one calibration sticker on each equipment which consists of Calibration date, Calibration due date & Details of equipment including Hospital Asset code.
- Calibration Certificate has been submitted after completion of Calibration Work

File Name:

1. Internal Preventive Maintenance : MGM/BMD/IPM/02
- 2.External Preventive Maintenance & Breakdown: MGM/BMD/EPMB/03
- 3.Callibration Report :MGM/BMD/CAL/06

Reference:

- 1NABH 4th edition revised
- 2IPHS guiedline2012
- 3.NABH Website, www.nabh.com




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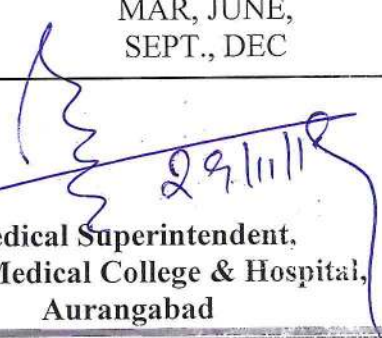
N-6, Cidco, Aurangabad - 431003 Tel -91-0240-660193 Fax -91-0240-2487727

IN-HOUSE PREVENTIVE MAINTENANCE SCHEDULE

SR. NO.	DEPARTMENT	DATE
1	CVTS / CCU	1 st EVERY MONTH
2	CATHLAB / CVTS OT	2 nd EVERY MONTH
3	EICU / CASUALTY	3 rd EVERY MONTH
4	MICU / MJPJAY ICU	4 th EVERY MONTH
5	DIALYSIS / KT ICU / MCRI ICU	5 th EVERY MONTH
6	SICU / OBGY ICU / LABOUR ROOM	6 th EVERY MONTH
7	NICU / PICU	7 th EVERY MONTH
8	OT COMPLEX (01 - 03)	8 th EVERY MONTH
9	OT COMPLEX (04 - 05)	9 th EVERY MONTH
10	OT COMPLEX (06 - 10)	10 th EVERY MONTH
11	RADIOLOGY ENDOSCOPY	11 th of JAN, APR, JULY, OCT
12	PATHOLOGY MICROBIOLOGY	11 th of FEB, MAY, AUG, NOV
13	MCRI Opd/ Phy. Ward / Ent, Skin, Ophthal Ward / Oncology Ward	11 th of MAR, JUNE, SEPT., DEC
14	Blood Bank / Central Lab	12 th of JAN, APR, JULY, OCT
15	TB Chest Ward / New Deluxe Ward / IVF	12 th of FEB, MAY, AUG, NOV
16	MMW / FMW / Paediatric Ward / OBGY Ward 1st	12 th of MAR, JUNE, SEPT., DEC
17	MSW / FSW / Plastic Surgery & Uro Ward / CSSD	13 th of JAN, APR, JULY, OCT
18	Old Deluxe / Super Deluxe / OBGY Ward 2nd / 6 th Floor Deluxe	13 th of FEB, MAY, AUG, NOV
19	MOW / FOW / MJPJAY Ward / Linen / Urology / Nephro Ward	13 th of MAR, JUNE, SEPT., DEC
20	MGM OPD (01 - 06) MGM OPD (07 - 14) MGM OPD (15 - 19)	14 th , 15 th & 16 th of MAR, JUNE, SEPT., DEC


Mr. Mohan Jadhav
HOD

Biomedical Engineering Dept


Medical Superintendent,
MGM Medical College & Hospital,
Aurangabad



Mahatma Gandhi Mission's
Medical College & Hospital

N-6, Cidco, Aurangabad - 431003 Tel -91-0240-660193 Fax -91-0240-2487727

Date: 26.11.2019

To,
Medical Superintendent,
MGM Medical College & Hospital,
Aurangabad

Sub: Amendment in internal Monthly Preventive Maintenance.

Respected Sir,

It is to inform you that now we are doing monthly preventive maintenance of every department, We are requested that All ICU internal Monthly Preventive Maintenance schedule will be same as monthly there is no change, only wards PM Frequency will change as 3 Monthly because there are only few equipment such as BP apparatus and Steamer etc it doesn't require monthly PM.

Kindly grant for same

Find out enclosure

*Permitted as
suggested above*

[Signature]
26/11/19.

D. H. R. RAGHAVAN
MB;MS
M.O, SUPTD. MGM HOSPITAL
CIDCO, AURANGABAD-431003

[Signature]

Mr. Mohan Jadhav
HOD
Biomedical Engineering Dept.



Mahatma Gandhi Mission's

Medical College & Hospital

N-6, Cidco, Aurangabad - 431003 Tel -91-0240-660193 Fax -91-0240-2487727

Monthly Preventive Maintenance Schedule

Sr.no	Department	Date
1	CVTS/CCU	1 ST OF MONTH
2	Cathlab/CVTS OT	2 nd OF MONTH
3	EICU/Casualty	3 rd OF MONTH
4	Radiology	4 th OF MONTH
5	MICU/RGJAY ICU	5 th OF MONTH
6	Dialysis/KT ICU	6 th OF MONTH
7	SICU/TL ICU	7 th OF MONTH
8	NICU/PICU	8 th OF MONTH
9	OT(01-03)	9 th OF MONTH
10	OT(04-05)	10 th OF MONTH
11	OT(06-10)	11 th OF MONTH
12	MCRI OPD/Phy Ward/Skin,opthal ward	12 th of Month(3 Monthly)
13	Blood Bank/Central Lab	13 th of Month(3 Monthly)
14	TB Chest ward/New deluxe ward/IVF	14 th of Month(3 Monthly)
15	MMW/FMW/Pediatric ward/OBGY Ward 1. Second	15 th of Month(3 Monthly)
16	FSW/MSW/Urology, surgical ward/CSSD	16 th of Month(3 Monthly)
17	Old Deluxe/OBGY Ward 2 4 th floor/Super Deluxe	17 th of Month(3 Monthly)
18	Ortho ward/Linen/RGJAY Ward	18 th of Month(3 Monthly)
19	Urology Department/Nephro ward	19 th of Month(3 Monthly)
20	Endoscopy	20 th OF MONTH
21	MGM OPD(1-6)	21 of Month(3 Monthly)
22	MGM OPD(7-14)	22 of Month(3 Monthly)

Biomedical Maintenance Dept., MGM Medical College & Hospital, Aurangabad

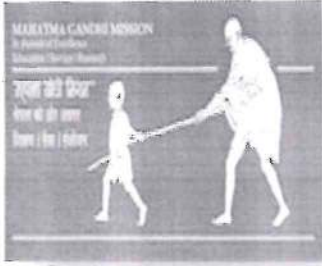


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Monthly Preventive Maintenance Schedule

23	MGM OPD(15-19)	23 of Month(3 Monthly)
24	Pathology	24 OF MONTH
25	Microbiology	25 OF MONTH
26	Central MGPS	26 OF MONTH

Biomedical Maintenance Dept., MGM Medical College & Hospital, Aurangabad.



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Date

01.11.2016


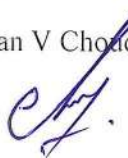
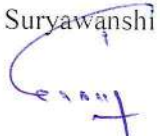
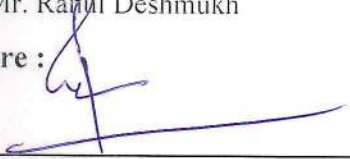
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Sr.no	Department	Date
1	CVTS/CCU	1 ST OF MONTH
2	Cathlab/CVTS OT	2 nd OF MONTH
3	EICU/Casualty	3 rd OF MONTH
4	Radiology	4 th OF MONTH
5	MICU/RGJAY ICU	5 th OF MONTH
6	Dialysis/KT ICU	6 th OF MONTH
7	SICU/TL ICU	7 th OF MONTH
8	NICU/PICU	8 th OF MONTH
9	OT(01-03)	9 th OF MONTH
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16	FSW/MSW/Urology, surgical ward/CSSD	16 th OF MONTH
17	Old Deluxe/OBGY Ward 2 4 th floor/Super Deluxe	17 th OF MONTH
18	Ortho ward/Linen/RGJAY Ward	18 th OF MONTH
19	Urology Department/Nephro ward	19 th OF MONTH
20	Endoscopy	20 th OF MONTH
21	MGM OPD(1-6)	21 OF MONTH
22	MGM OPD(7-14)	22 OF MONTH
23	MGM OPD(15-19)	23 OF MONTH
24	Pathology	24 OF MONTH
25	Microbiology	25 OF MONTH
26	Central MGPS	26 OF MONTH
27	Sanitary Department	27 OF MONTH

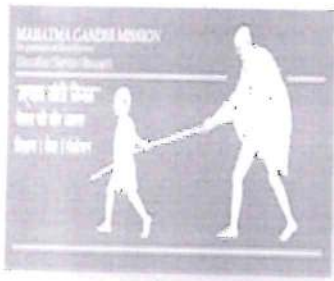


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Purpose: Procurement and maintain document of Breakdown call of Biomedical Equipment for appropriate and safe operation of biomedical equipment.

Scope: Hospital Wide

Responsibility: HOD Biomedical along with Biomedical Engineer, Biomedical Technician, Clerk

Procedure:

Breakdown Call Management Structure:

- The breakdown call is informed by the concerned department through a **Complaint slip** (which has an identification no.), and emergency Breakdown call if any is informed on telephone.
- There are three categories of Equipments which are attended by the Biomedical Eaintenance Department priority wise :
- **High Priority:** Ventilators, Anesthesia Machine, Central Gas supply system, Heart lung machine, IABP Machine, Cath lab, UPS systems, O.T. Light, O.T. Table, Dialysis machine, and all other machines which are directly or indirectly used during surgery / operation. in Critical care(Response Time Up to 20 Min)
- **Medium Priority:** X-ray machine, Ultrasound, C.T. Scan, M.R.I., Syringe infusion pump, Multipara Monitors, ECG Machine, Radiant warmer and all other equipments installed in Central Lab and Blood bank.
- **Low Priority:** B.P. Apparatus, Needle destroyer, sterilizer, Room heater, etc.
- On receiving of the breakdown call we attend the machine along with end user or the person who has given the complaint and try to understand whether it is operating problem or breakdown .
- We tried to solve problem at Our Level ,If problem solved then also we Informed to respective Company To avoid Such type of breakdown in Future
- If Problem Not Resolved By Our Team then.....
we look whether the equipment is under **warranty / maintenance contract / hospital maintenance.**
- If the equipment is under **warranty / maintenance contract** then the problem is informed to the Company / engineer. If the problem is small then with the help of the engineer guidance the problem is being solved in house. If the problem is critical then the engineer comes to the hospital to resolve the problem.



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- If the equipment is under **hospital maintenance** then the problem is resolved by the Bio-medical engineer/Technician in house.
- If the equipment is not repairable on site then it is sent to the company for repair.
- If any spare part is needed to make the unit functional the quotation is called from the vendor and approval is taken from the authority by making a note sheet. Once the quotation is approved the same is submitted to the stores to release the Purchase order as per the terms mentioned on the quotation.
- The vendor is informed about the Purchase order, to execute the order.
- On arriving of the part it is verified and then installed in the equipment to make it functional.
- After the equipment is made functional the same is shown to the end user / concerned department head and **Repair Confirmation slip** is taken from the concerned person / department.



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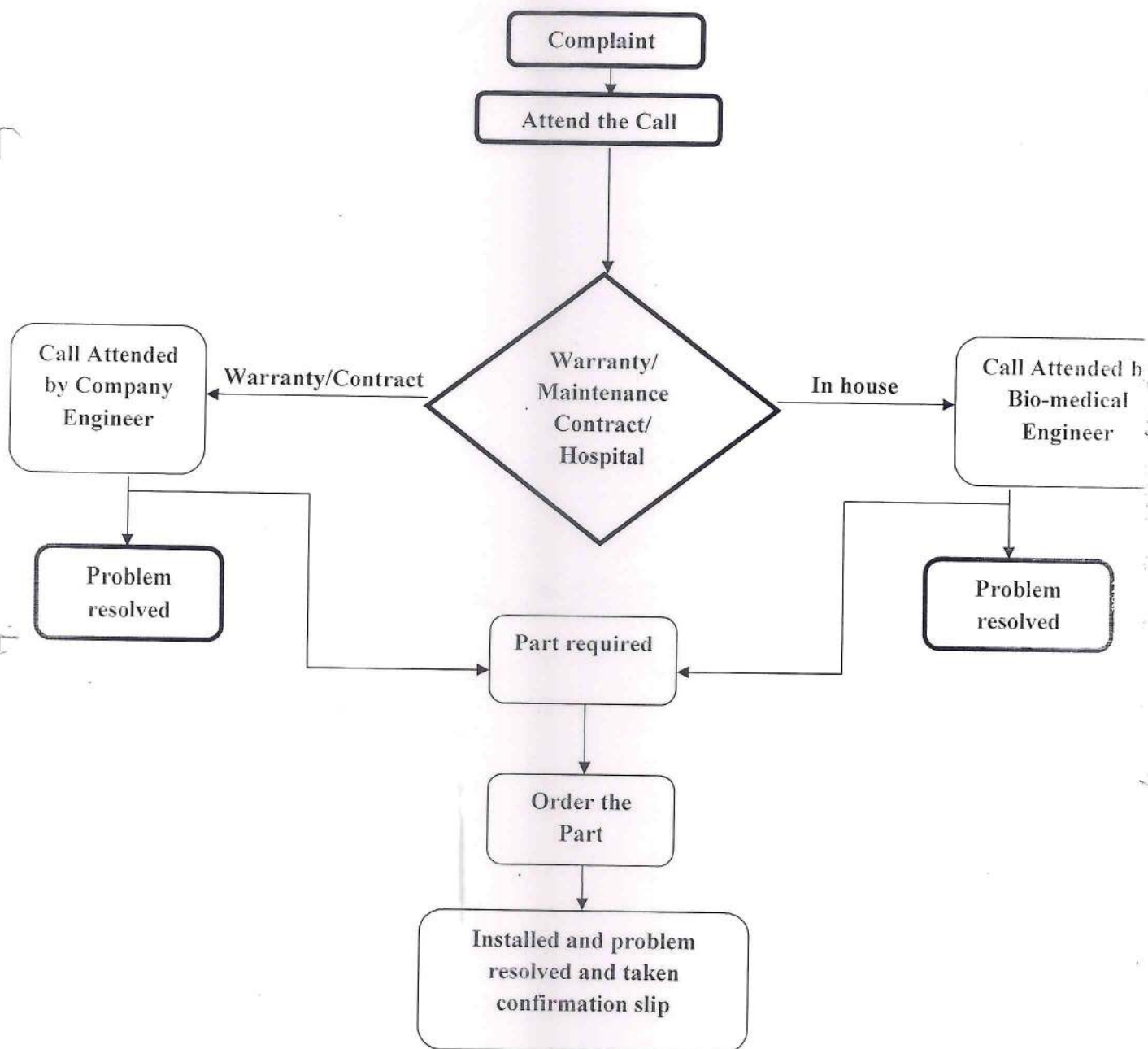
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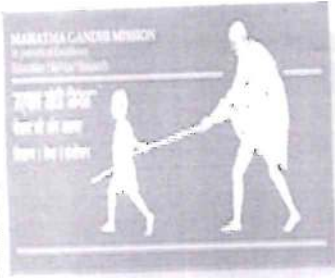
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Breakdown Call Management Structure:





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**Document
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Precautions during attending breakdown call to avoid Occupational Hazards

1. Before starting work wear Hand gloves
2. Wear Mask
3. Use proper Wrist Earth band before touching to equipment
4. All tools should be proper insulated /calibrated used for servicing
5. Disconnect the power source before servicing or repairing biomedical equipment.
- 6.If possible try to disconnect machine from patient for Attending Breakdown call

File Name: MGM/BME/COMPL/01

MGM/BME/NS/15

MGM/BME/CIRL/19

Reference:

- 1.NABH 4th edition revised
- 2.IPHS guiedline2012
- 3.NABH Website, www.nabh.com

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Mahatma Gandhi Mission's

Medical College & Hospital



N-6, Cidco, Aurangabad - 431003 Tel -91-0240-6601100, 6601262/63/64 Fax -91-0240-2487727

PURCHASE ORDER

PO Number	: MGMPOR200000624	PO Date	: 31-08-2020
Supplier Name	: VINAYAK AUTOCLAVE	Purchase Req. No.	: BED/NS/2020/31
Address	: B-32, ARIHANT INDUSTRIAL ESTATE, S.NO 105, BEHIND PARMAR TECHNO PARK, VASAI PHATA, VASAI (E) DIST PALGHAR	Purchase Req. Date	: 18-08-2020
Phone No	: 9324042146	Department Name	: Biomedical Engineering dept.
Mobile No	: 8411013069	Email ID	: vinayakenterprises3345@gmail.com
Fax	:	App. Quot. Date	: 17-08-2020
App. Quot. No.	: VA/0723		

Dear Sir,
Please Supply the following material in accordance with Terms & Conditions stipulated herein & acknowledge.

Item Name	Qty	Free Qty	Unit	Free Qty Unit	Rate	Disc %	GST %	Amount
1 COMPOUND GAUGE FLUSH MOUNTING FOR AUTOCLAVE MACHINE MAKE NAT STEEL	1.00	0.00	NOS		8850.00	5.00	18.00	8850.00
2 DUPLEX RTD SENSOR FOR AUTOCLAVE MACHINE MAKE NAT STEEL	1.00	0.00	NOS		7200.00	5.00	18.00	7200.00
3 MINI FOIL COIL N82 FOR AUTOCLAVE MACHINE MAKE NAT STEEL	6.00	0.00	NOS		2650.00	5.00	18.00	15900.00
Total Amount :								31950.00
Disc Amount :								1597.50
Tax Amount :								5463.45
Other Tax :								1074.48
Net Payable Amount :								36890.00

Other Charges Details

Tax Name	Tax Amount
Packing & Forwarding Charges	1074.48




Amount in words: Rupees Thirty Six Thousand Eight Hundred Ninety And Forty Three Paise Only.

Remarks: **NOTE SHEET NO. BED/NS/2020/31 DATE : 18/08/2020 DEPT. - Biomedical Engineering Department...**

Terms & Conditions

Delivery Schedule	: Within 2-3 days	Term of Payment	: Advance 100% with Purchase Order
Freight / Load / Unload	: Including	Mode of Payment	: Cheque
Octroi / LBT	: Nil	Tax Nature	: GST
Guarantee / Warranty	:		

Authority's Signature

Store Keeper	 C.P.O	C.M.S	C.E.O / Dy.Dean	Dean 	Trustee 
--------------	----------------------------------------------------------------------------------------------	-------	-----------------	--------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------

8-9-20

Medical College & Hospital

N-6, CIDCO, Aurangabad - 431003 Tel -91-0240-660193 Fax -91-0240-2487727

NOTESHEET


Nat Steel Make Autoclave Machine (18SR & 24 SR) – 02 nos. installed at CSSD after checking found Compound Gauge Flush Mounting -01 Nos., Duplex RTD Sensor – 01 nos., & Mini Foil Coil N82 – 06 Nos. gone defective & same need to be replaced for make unit functional properly.


M/s Vinayak Autoclave has submitted the quotation VA/0723, Dated – 17.08.2020 of Rs. 36,890/- (Inclusive all) against the same.


Submitted for Sanction / Approval quotation of Rs 36,890/-, all inclusive (In word Rs. Thirty Six Thousand Eight Hundred Ninety only) please

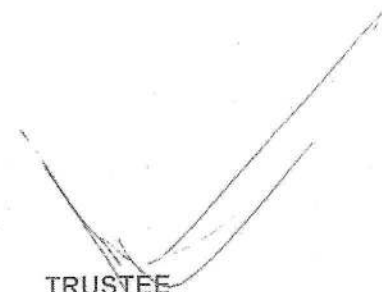
Note- Autoclave Machine Under Hospital Maintenance (Installation Date- 9.11.2014)

Payment Term : 100% Advance with P O.


BME
MGMMC&H


DY. DEAN / C.E.O
MGMMC&H / MCRI




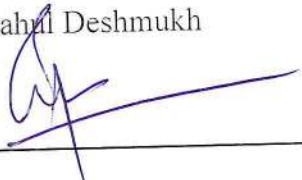

DEAN
MGM MC&H


TRUSTEE
MGM

Biomedical Engineering Dept., MGM Medical College & Hospital, Aurangabad.

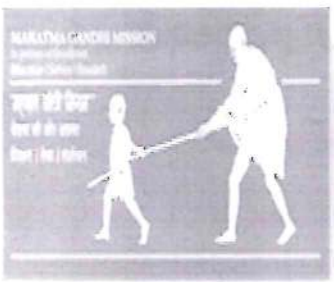


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No. of Pages :	1 To 2
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Prepared By :	Designation :INCHARGE Name :Mr. Mohan Jadhav Signature :  Designation: Biomedical Engineer Name: Narayan V Choudhari Signature: 
Approved By :	Designation :CEO Name :Dr. Pravin Suryawanshi Signature : 
Responsibility of Updating :	Designation : NABH Coordinator Name :Mr. Rahul Deshmukh Signature : 

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Purpose: The procurement of Document and Safe handling, Operating, Maintenance of RO for Dialysis

Responsibility: Biomedical Engineering Department, Dialysis Department

Abbreviation's: RO: Reverse Osmosis

MGF: Multi grade Filter

ACF: Activated carbon Filter

TDS: Total dissolved Solid

Procedure:

RO- Reverse Osmosis. Plant capacity – 1000ltr/hr Location: 7th floor Terrace

- Plant run on daily basis to fulfill the need of RO water to various departments.
- RO plant receives water from Reservoir Tank and passes through 5 tanks (MGF, ACF, IRON REMOVAL and softener) and processed in RO membranes.
- The RO water collected in steel tanks and send to Dialysis dept.
- The lines are designed in such a way water always circulate in the pipeline in to loop system to maintain pressure and avoid stagnation.
- The RO treated water is tested monthly for TDS, chemical and microbiological parameters. these are analyses and documented
- The RO treated water is tested monthly for Endotoxin, these are analyses and documented
- All parameter Like Filter pressure, Inlet pressure, Outlet Pressure are monitored on daily basis in Register
- If Endotoxin test is Positive we take further action as per guideline of Manufacturer



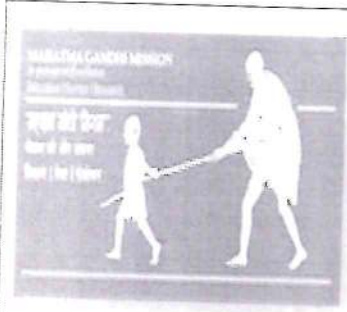
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Maintenance Interval:

Component	Monitoring parameter	Maintenance required	Recommended frequency
5 Micron cartridge filter	Color	Replace On Strongly Discolored	Every 2 month or Strongly Discolored
Activated Carbon Filter(ACF)	Pressure Drop Across The Filter	Backwash And Rinse	Auto after 10-12Hrs.
Activated Carbon Filter(ACF)	Pressure Drop Across The Filter	Backwash And Rinse	Auto after 10-12Hrs.
Multi Grade filter (MGF)	Pressure Drop Across The Filter	Backwash And Rinse	Auto after 10-12Hrs. (Depends on Raw water quality)
Iron Removal	Pressure Drop Across The Filter	Backwash And Rinse	Auto after 12Hrs.
Softener	1)Pressure Drop Across The Filter 2) Hardness(Raw water and After pretreatment water)	1)Regeneration 2) Backwash And Rinse 3) 15kg Salt charge in every regeneration.	After 25000 liter. (Depends on Raw water quality)
Reverse Osmosis Membrane	Feed pressure, Permeate flow, reject flow, Conductivity.	Membrane Cleaning By Citric/Caustic Acid	When Permeate Flow Drop
Reverse Osmosis Membrane	Microbiological inspection	Disinfection by Renaclen/Renaline	Pathogen>100CFU/ml Endotoxin>0.25EU/ml Every 3-6 months/ If needed.
Storage tank& Pipeline	Microbiological inspection	Disinfecting by Sodium Hypo(2%)/Renalene(1%)	Pathogen>100CFU/ml Endotoxin>0.25EU/ml Every 3-6 months/ If needed.
Conductivity	Conductivity Display on monitor	Probably membranes Are Defective Contact to Company Engineer.	>100µS/cm



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Register Name: MGM/BME/DRO/08

Reference:

1. Nipro Manufacturer Guideline
2. www.nabh.com

DISINFECTION PROCEDURE FOR DIALYSIS LOOP LINE AND PERMEATE STORAGE WATER TANK:



Requirement:

- Disinfectant chemical
- Litmus paper.

Responsibility:

Operator

PROCEDURE 1:

Disinfectant: Renalene or Mincare

- Collect 300-400 liters or 30-40% of purified water in permeate storage water tank.
- Prepare 1 percent concentration chemical solution.
- Stop the RO system.
- Start the permeate water transfer pump to circulate water through loop line.
- Continue recirculation for minimum 1 hour.
- During recirculation keep all sampling valves, drain valve slightly open for 5 minutes.
- After circulation is completed, turn "OFF" the transfer pump.
- Wait for 30 minutes.*
- Drain about half the volume of water from tank.
- Restart the transfer pump.
- Start the purified water generation plant (RO)
- Gradually add RO water to the permeate storage water tank, till the chemical concentration comes to Zero percentage. (Check the chemical with the testing strips.)

Other disinfection chemical:

1. Sodium Hypochlorite- 2%
2. Per acetic acid – 2%

* Disinfection with Sodium hypochlorite or per acetic acid have to drain total water from permeate storage water tank and from loop line. After filling the storage water tank up to more than 30-40% circulate again the water through loop line and then check the chemical with testing strip. If chemical presence in water then have to drain again completely.

Note: Normal disinfection procedure should be performed in every weekly or if required.

DISINFECTION PROCEDURE FOR RO MEDICAL



Requirement:

- Renalene or Mincare (disinfectant)
- Dosing Pump (full set).
- Disinfectant container.
- Flexible pipe (3/4").
- Litmus paper.

PROCEDURE:

1. Connect Dosing pump after Pretreatment or in disinfection port in RO Medical.
2. Open "Magnetic Valve" manually in RO Medical inlet.
3. Disconnect the permeate connection from RO Medical and connect the flexible pipe and leave it to drain.
4. Start only the Raw Water Pump and check the total flow through RO Medical Flow monitor.
Note: If pressure goes to out of range then have to control the pressure by inlet & outlet valve of raw water pump.

Disinfectant quantity measurement procedure:

We have to use 0.5% chemical and the procedure time should be 30 minutes to disinfection the RO membranes.

Have to calculate the quantity with total flow and this concentrate should be 0.5%.

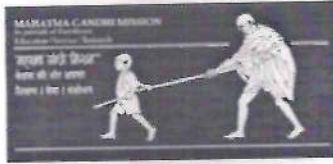
For example:

Suppose, with only raw water pump total flow (permeate & Reject) is 400 Liters per hour, then for 30 minutes it is 200 liters.



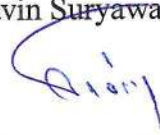
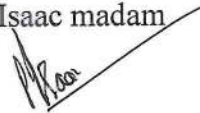
Now calculate 0.5% for 200 liters, so have to use 1.25 liters pure chemical for dosing and it should be perform for 30 minutes.

5. Take disinfectant in container, as per requirement.
6. Now start the dosing pump for 30 minutes.
7. During recirculation keep all sampling valves, drain valve slightly open for 5 minutes.
8. After completing 30 minutes stop the dosing pump and raw water pump.
9. Wait for 30 minutes and flush out the chemical for another 10 minutes by only raw water pump and then 10 minutes by High pressure pump also.
10. Make sure that chemical is not present in water, by checking sample with Litmus paper.
11. Now start the RO System in its normal operation and take water for storage.

NOTE: Normal disinfection procedure should be performed in every 3 month or if required. Also change 5 micron cartridge filter in the same time.



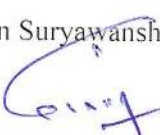



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Prepared By :	Designation :INCHARGE Name :Mr. Mohan Jadhav Signature :  Designation: Biomedical Engineer Name: Narayan V Choudhari Signature: 
Approved By :	Designation :CEO Name :Dr.Pravin Suryawanshi Sir Signature : 
Responsibility of Updating :	Designation : NABH Coordinator Name :Dr. P Isaac madam Signature : 

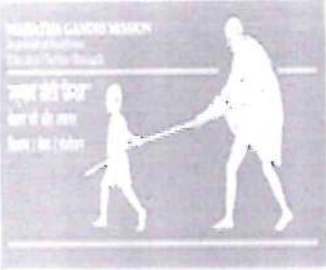


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Date of Implementation :	23/12/2020
Prepared By :	Designation :HOD Name :Mr. Mohan Jadhav Signature :  Designation: Biomedical Engineer Name: Narayan V Choudhari Signature: 
Approved By :	Designation :CEO Name :Dr. Pravin Suryawanshi Signature : 
Responsibility of Updating :	Designation : NABH Coordinator Name : Mr. Rahul Deshmukh Signature : 

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Purpose: Documented procedure for equipment replacement and disposal

Responsibility:

Biomedical Maintenance Department, Condemnation committee, user department.

Scope: MGM Medical College and Hospital

Procedure:

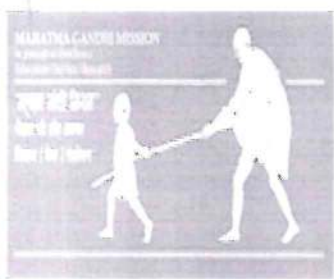
Equipment condemnation and Disposal

The life cycle of equipment is fairly simple, but one process that seems to cause problems is deciding when to condemn and how to dispose of equipment.

When looking at condemnation and disposal, the engineer in charge of the department should have the experience, knowledge, and authority to decide when a piece of equipment should be scrapped and removed from use.

The reasons for condemning equipment will usually be:

- **Beyond economical repair** - Where equipment comes in and the cost of repairing it is considered too high after looking at the current value (taking depreciation into account), and the age of the equipment.
- **Technically obsolete** - Parts and service support are no longer available.
- **Clinically obsolete** - The clinician using the device (or manufacturer) recommend replacement for clinical reasons. (Diagnostic ultrasound imaging usually becomes clinically obsolete after 5 years due to the rapid improvements in imaging technology, but can still be used and supported by the supplier.)

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Biomedical Equipment Condemnation Policy

The information supplied to the user must include the date of condemnation, whom the equipment belongs to and who authorized the condemnation Committee. This would usually be the **BME INCHARGE** on a condemnation form.

When sending out the notification of condemnation, copies should be sent to HOD responsible for procurement, and users of the equipment. An equipment condemning note/memo should be individually numbered and logged onto the equipment database with an individual job number, equipment description, including the make, model, serial number, control (asset) number, purchase date (age), reason for condemning and any additional information.

We should also state the equipment location (Dept / Ward) . If the HOD user requires further information, contact details must be added, such as your telephone, e-mail, fax, etc. Finally, the **BME INCHARGE** should sign off the condemnation letter.

If a replacement is required the cost for new equipment needs to be included in the capital bids processes giving financial priority to the most urgent purchase based on need and risk.

A record of all condemnations should be kept on the database.

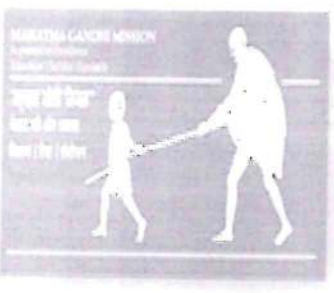
Biomedical Equipment Disposal

Once the equipment has been condemned it should be quarantined or thrown away.

To quarantine the equipment means removing it from clinical use and putting it somewhere it cannot be used which is allocated as an area for scrapped equipment.

There may be an alternative use for this equipment:

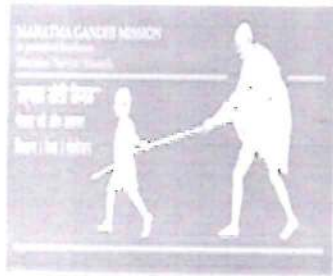
- Research project
- Training etc

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If there is an alternative use, the equipment may be held in the quarantine area until it can be handed over. Whoever takes the equipment must sign a form agreeing that the equipment is 'taken as seen'. All service and inventory labels must be removed, and all patient information deleted (where the device has IT storage capability)

The equipment that cannot be found an alternative use must be disposed of safely. This will usually include:

- Removal of lead acid, Nickel Cadmium or other alkaline batteries for separate disposal in line with Hospital policies.
- Evacuation of CatIncharge ray tubes to prevent the risk of implosion (Usually by breaking off the nipple at the back of the tube).
- Removal of in line fuses.
- Cleaning and decontamination.
- Removal of all means to power up the device. (i.e. On hard wired devices the mains cable should be cut off.)
- Removal of all hoses able to pressurize a device (if driven by gases)



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References:

- IPHS guideline 2012
- WWW.NABH.com

Annexure To

Bio Medical Equipment Condemnation Policy

The information supplied by user should include.

- a. Equipment description
- b. Location.(Department/Ward)
- c. Make , Model & Serial No.
- d. Control asset Number.
- e. Purchase date.
- f. Reasons for condemning.
- g. Any additional information.

While sending out the notification of Condemnation copies to be sent to HOD responsible for procurement and user of the equipment, and date of Condemnation.

Reasons for Condemning equipment will usually be:

- Beyond economical repair – Where equipment comes in and the cost of repairing is considered too high after looking at the current value (taking depreciation into account) ,and the age of the equipment .
- Technically obsolete – Parts and service support are no longer available.
- Clinically obsolete- The clinician using the device (or manufacture) recommends replacement for clinical reasons. (Diagnostic ultrasound imaging usually becomes clinically obsolete after 5 years due to the rapid improvements in imaging technology, but can still be used and supported by the supplier).

Condemnation Committee:

The items recommended to be written off are to be checked by a Condemnation Committee comprised as under who will give the disposal instructions.

Medical Suptd
Dy. Medical Suptd
Technical Engineer
Dept in Charge
Linen in Charge
Matron
I/C Store

Chairperson
Convener
Member
Member
Member
Member
Member

Condemnation Schedule:

Electro Medical equipments will be recommended for Condemnation by Bio medical engineer. He will authorize condemnation on the form along with members of committee on basis of information supplied by the user .

Bio –Medical equipment disposal:

Once the equipment has been condemned it should be quarantined and later disposed of . To quarantine the equipment means removing it from clinical use and putting it in an allocated area for scrapped equipment .There is a separate scrap yard in C Building . The key of the scrap yard is with security guard of C Building. All Scrap material, viz . electrical, electronic, Plastic ,metal ,wood, scrap furniture, etc. be dropped in scrap yard only.

There may be an alternative use for this equipment. In such a case the equipment may be held in the quarantine area until it can be handed over. Whoever takes equipment should sign in register that it is taken by him. All service and inventory labels must be removed and all patient information deleted. (Where ever device has IT storage capability.

The equipment that cannot find an alternative use must be disposed of safely in accordance with e-waste.

The equipment that cannot find an alternative use must be disposal of safely. This will usually include.

- Removal of lead acid, Nickel Cadmium or other alkaline batteries for separate disposal in line with trust policies.
- Evacuation of Catincharegee ray tubes to prevent the risk of implosion (Usually by breaking off the nipple at the back of the tube) .
- Removal of in line fuses.
- Cleaning and decontamination.
- Removal of all means to power up the device. (i.e. On hard wired devices the mains cable should be cut off.)
- Removal of all hoses able to pressurize a device (if driven by gases) .

E-waste means waste electrical and electronic equipment which are in rejects from their manufacturer and repair processes which are intended to be discarded .E-waste to be handed over to registered e-waste dismantlers /recyclers as per updated list published by CPCB on **29/12/2016**.

State	Name and address Capacity in metric ton per annum (MTA)
Maharashtra.	1. E-Recon Recycling Gut No. 94, Chitegaon, Tq. Paithan, Dist. Aurangabad. (1000 MTA) .Contact No : Plot No. 53, Chikalthana MIDC , Jalna Reoad, Aurangabad -431 210 Phone No: 9890863108 E-mail ID: <u>Infor@ereconrecycling.com</u> . 2. M/S.Green IT Recycling Center Pvt Ltd. D-222, MIDC Ranjangaon ,Tq. Shirur ,Dist. Pune (500 MTA) .

Action taken report to be submitted to Dean for approval and issue of disposal orders. Record of all condemnation to be kept on data base. After obtaining approval of Dean as specified above inform central Store for implementation of disposal orders.

Stock Registers to be suitably updated for written of material Register is maintained for written off material.

The items after Condemnation will be handed over to central stores for implementation of disposal orders.

Prepared by

Mr. Mohan Jadhav
 Bio-Medical Engineer


 Dr. H.V.Mudaliar
 Dy.MS



सत्यमेव जयते

महाराष्ट्र दुकाने व आस्थापना अधिनियम, १९४८

नमुना 'क'

(महाराष्ट्र दुकाने व आस्थापना नियम, १९६१ च्या नियम ६ अन्वये)

आस्थापनेच्या नोंदणीचा दाखला

१. नोंदणी क्रमांक : १७४१५००३१०९१११७१
२. आस्थापनेचे नाव : न्यू स्टार स्कॅप
३. कामावर लावणाऱ्याचे नाव (मालकाचे) : सय्यद गणी सय्यद अहमद
४. धंद्याचे स्वरूप : स्कॅप मर्चंड / SCRAP MERCHANT
५. धंद्याच्या ठिकाणाचा पत्ता : सीटीएस नं. १२२०१, ग्रीट नं. ०३, प्लॉट नं. १६, गली नं. ०१, इंदिरानगर, औरंगाबाद(म.न.पु), औरंगाबाद, औरंगाबाद, ४३१००१
६. पूर्वीचा नोंदणी क्रमांक व तारीख : ०१-०१-२०१७
७. कामगार संख्या : ०
८. साप्ताहिक बंद वार : रविवार / Sunday

महाराष्ट्र दुकाने व आस्थापना अधिनियम, १९४८ अंतर्गत निरीक्षक यांचे कार्यालय असा दाखला देण्यात येत आहे कि न्यू स्टार स्कॅप ही आस्थापना महाराष्ट्र दुकाने व आस्थापना अधिनियम, १९४८ अन्वये दुकाने म्हणून नोंदली आहे.

Signature valid

Digitally Signed By Ekanath Chandrarao Kulkarni
(Government Of Maharashtra)
Date : 20-Feb-2020 18:07 IST

निरीक्षक

महाराष्ट्र दुकाने व आस्थापना अधिनियम, १९४८

दिनांक २०/०२/२०१७

बंदिन तारीख	नूतनीकरण केल्याची तारीख व अर्ज क्रमांक	भरलेले शुल्क
२०/०२/२०२०	२०/०२/२०१७ - १००१७०५२१७०३	४४३.००

टीप :-

- नोंदणी प्रमाणपत्राचा कालावधी संपल्यापूर्वी किमान बंधन दिवस आधी नूतनीकरणासाठी अर्ज करावा.
- हा क्षेत्रीय नोंदणी दाखला अपूर्ण परवाना नाही आणि हा दाखला देण्यात आल्यामुळे ज्या बाबत हे दुकान/आस्थापना स्थित आहे, त्या बाबत कोणतीही पैयता आपोआप बहाल होत नाही. तसेच ज्या बाबत हे दुकान/आस्थापना स्थित आहे, ती बाबत आज दिनांक रोजी अस्तित्वात असल्यास संदर्भात या दाखल्यामुळे कोणताही हक्क वा स्वागित्य सदरहु निमित्त प्राप्त होत नाही.
- सदर नोंदणी दाखला हा अर्जदाराने दिलेल्या स्वयंसेवापत्र आणि स्वयंसेवापत्र अर्जलेल्याच्या आधारे देण्यात आला आहे. त्यानंतर प्रत्यक्ष पाहणी करण्यात आलेली नाही. सदर माहिती खांटी/ चुकीची गिपात्वास दाखला रद्द करण्यात येईल व अर्जदाराने कायदेगौर कारवाई करण्यात येईल.
- सदर दाखला हा आस्थापना नोंदणी संदर्भात असल्यामुळे जगा मालकीचे कोणतेही हक्क प्रस्थापित होत नाही. मालकी हक्क बाबतच्या कुठल्याही विवादामध्ये हा दाखला मालकी हक्क किंवा ताबा प्रस्थापित करण्याकरिता पुरावा म्हणून ग्राह्य धरण्यात येणार नाही. (This registration certificate is not valid proof for ownership / possession / right to property of the premises.)

"बालकामगार कामावर ठेवणे गुन्हा आहे"

MAHARASHTRA POLLUTION CONTROL BOARD

Tel: 24010437/24020781/24014701

Fax: 24024068 / 24023516

Website: <http://mpcb.gov.in>



Kalpataru Point, 2nd - 4th
Floor

Opp. Cine Planet Cinema,
Near Sion Circle, Sion (E)
Mumbai-400 022.

AUTHORISATION FOR STORAGE, DISMANTLING OF E-WASTE BY DISMANTLER

Ref: Your Application for Grant of Authorisation 05/07/2016.

1. Authorisation no. MPCB/RO(HQ)/HSMD/Autho/16/EW - 344 Date:- 21/12/2016.
2. Mr. Ashish Gadekar of M/s. Green E-Bin Electronic Waste Solutions is hereby granted an authorisation for Dismantling of E-Waste on the premises situated at Plot No. 18, MIDC Chikalthana, Dist. Aurangabad for following:

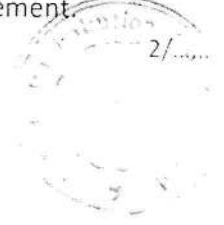
Sr. No.	Nature of E-Waste	Quantity of E-Waste	Unit
1.	E-Waste [As per schedule -I of E-Waste (M) Rules 2016]	500 (Five Hundred Only)	MT/A

3. Authorisation is valid for a period from 21/12/2016 to 20/12/2021.
4. The authorisation is subject to the conditions stated below and such conditions as may be specified in the rules for the time being in force under the Environment (Protection) Act, 1986.

Terms and conditions of authorisation

1. The authorisation shall comply with the provisions of the Environment (Protection) Act, 1986 and the rules made thereunder.
2. The authorisation or its renewal shall be produced for inspection at the request of an officer authorised by the Maharashtra Pollution Control Board.
3. Any unauthorised change in personnel, equipment as working conditions as mentioned in the application by the person authorised shall constitute a breach of his authorisation.
4. It is the duty of the authorised person to take prior permission of the concerned State Pollution Control Board to close down the operations.
5. An application for renewal of an authorisation shall be made in form no. 4 before one twenty days of expiry of existing authorisation as per the procedure laid in sub-rule (3) of rule 13.
6. The authorisation shall cease to be valid in case of expiry of the validity or suspension of any of the existing consents under Water (Prevention & Control of pollution) Act, 1981 & Authorization under the E-Waste (Management) Rules, 2016, issued by Maharashtra Pollution Control Board (MPCB)/and shall remain invalid till consent (S)/authorization are obtained.
7. The Recycler or Dismantler of the E-Waste shall submit copies of valid Consents & Authorization also to the auctioneers/ sellers at the time of each procurement.

[Handwritten Signature]



- g. Maintain record of E-Waste collected, dismantled and sent to authorised recycler in Form – 2 and make such records available for scrutiny by Central Pollution Control Board or Maharashtra Pollution Control Board.
- h. File annual return in Form 3, to Maharashtra Pollution Control Board on or before the 30th day of June following the financial year to which that return relates.
- i. Shall not process any e-waste for recovery or-refining of materials, unless he is registered with Maharashtra Pollution Control Board as a recycler for refining and recovery of materials.

17. Responsibilities of the Recycler:-

- a. Every recycler shall obtain authorization from the Maharashtra Pollution Control Board in accordance with the procedure under sub-rule 3 of rule 13 of the E-Waste Rules, 2016
- b. Every recycler shall ensure that no damage is caused to the environment during storage & transportation of E-waste.
- c. Every recycler shall ensure that dismantling processed do not have adverse effect on the health & the environment.
- d. Every recycler shall ensure that the facility & dismantling processed are in accordance with the standards or guidelines published by the Central Pollution Control Board from time to time.
- e. Ensure that non-recyclable / non-recoverable components are sent to authorize treatment storage & disposal facilities.
- f. Maintain record of E-Waste collected, dismantled, recycled in Form – 2 and make such records available for scrutiny by Central Pollution Control Board or Maharashtra Pollution Control Board.
- g. File annual return in Form 3, to Maharashtra Pollution Control Board in or before the 30th day of June following the financial year to which that return relates.
- h. Not process any e-waste for recovery or-refining of materials, unless he is registered with Maharashtra Pollution Control Board as a recycler for refining and recovery of materials.

18. Additional conditions:-



N. N. Gurav)
Regional Officer (HQ)

Attachments:-

- 1) Field Inspection Report Duly Signed by the Boards Officer dated 28/09/2016.

To,
M/s. Green E-Bin Electronic Waste Solutions,
Plot No. 18, MIDC Chikalthana, Dist. Aurangabad.

Copy to: Regional Officer, MPCB, Aurangabad/Sub Regional Officer, MPCB, Aurangabad-I.
They are directed to ensure the compliance of conditions prescribed in the authorisation



We Enrich Nature

**MAHARASHTRA
ENVIRO POWER LTD**

Common Hazardous Waste Treatment, Storage & Disposal Facility (CHWTSDF)

This is to certify that: M/S. GREEN E-BIN ELECTRONIC WASTE SOLUTIONS PVT. LTD.

Address: Plot No. 18, MIDC Chikalhana, Dist - Aurangabad.. is a Valid member of CHWTSDF (As per MOU with MIDC & MPCB), at Plot No.P-56, Ranjangaon MIDC, Taluka – Shirur, Pune - 412 220.

Certificate issued on 04th October 2016 is valid till 03rd October 2021.

for Maharashtra Enviro Power Ltd.

Membership No. : MEPL/CAG245


Asif Hussain
Director

CORRIGENDUM

RED/SSI/Dismantler

UAN: MPCB-CONSENT-0000038640

Consent No: BO/ROHQ/CE/Corrigendum - 163 Date: 20/10/2018

Sub: Corrigendum in Consent to operate granted

Ref: 1. Application for Amendment of Consent vide application No. MPCB-CONSENT-0000038627

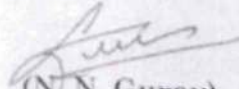
2. Consent granted by Board vide No. BO/MPCB/RO(HQ)/CE/B-1806000425 dtd: 11/06/2018

Consent to Operate granted vide above referred letter at sr. No. 2 to

**M/s. Green E-Bin Electronic Waste Solutions,
 Plot. No. 18, MIDC Chikalthana,
 Dist. Aurangabad.**

under Section 26 of the Water (Prevention & Control of Pollution) Act, 1974 & under Section 21 of the Air (Prevention & Control of Pollution) Act, 1981 and Authorization / Renewal of Authorization under Rule 6 of the Hazardous & Other Wastes (Management & Transboundary Movement) Rules 2016 & Authorisation /Renewal of Authorisation under Rule 13 of the E-Waste (management) Rules, 2016 is hereby amended as:

1. The above referred consent at Sr. No. 2 is amended for condition no. 1 & is hereby read as under:-
 The Consent to Operate is valid up to: 20/12/2022.
 [Subject to having valid authorisation from MPCB as "E-Waste Dismantler" as per provisions of the Rule 13 of the E-Waste (M) Rules, 2016.]
2. All other conditions of the consent referred above at Sr. No. 2 shall remain unchanged.


 (N. N. Gurav)
 Regional Officer (HQ)



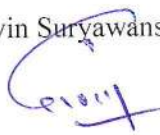

To,
 M/s. Green E-Bin Electronic Waste Solutions,
 Plot. No. 18, MIDC Chikalthana,
 Dist. Aurangabad.

Copy to: RO- Aurangabad / SRO – Aurangabad, MPCB, Aurangabad – They are directed to check the compliance of consent conditions.

Sr. No	Amount(Rs.)	Txn. No.	Date	Drawn On
1	500/-	TXN1712002397	28/12/2017	Online Payment
2	2000/-	TXN1805003267	29/05/2018	Online Payment

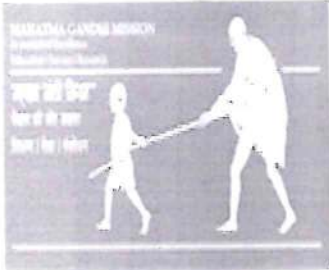


MGM MEDICAL COLLEGE AND HOSPITAL
N-6 CIDCO
Aurangabad – 431001.

Document Name. :	POLICIES & PROCEDURES ON FACILITY MANAGEMENT AND SAFETY
Document No. :	MGM /FMS/ BME/02
NABH Reference :	NABH/FMS/4H
No. of Pages :	1 To 4
Date Created :	23/12/2020
Date of Implementation :	23/12/2020
Prepared By :	Designation :HOD Name :Mr. Mohan Jadhav Signature :  Designation: Biomedical Engineer Name: Narayan V Choudhari Signature: 
Approved By :	Designation :CEO Name : Dr. Pravin Suryawanshi Signature : 
Responsibility of Updating :	Designation : NABH Coordinator Name :Mr. Rahul Deshmukh Signature : 

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Sr.no.	Topics
1.0	Purpose
2.0	Responsibility
3.0	Policy
4.0	Procedure
5.0	References

	Mahatma Gandhi Mission's Medical College And Hospital N-6 Cidco, Aurangabad – 431001	Document No. MGM/FMS/BME/02
	POLICY & PROCEDURE ON FACILITY MANAGEMENT AND SAFETY	NABH Reference NABH/FMS/4H
	Issue No. 01	
	Rev .No. 00	
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Purpose: Documented procedure for Addresses medical Equipment recall.

Responsibility:

Biomedical Maintenance Department, Purchase Department, user department.

Scope: MGM Medical College and Hospital

Procedure:

- Biomedical Equipment installed in Hospital According to requirement at various Departments.
- After installation if any equipment under breakdown continuously, we shall recall same equipment for replacement from the company.
- If we receive Letter of Hazard notice from manufacturer, immediately we Will contact to respective department of Hospital to stop the use of same machine.
- We Shall put Label of DONOT USE & Date on the Respective Machine.
- We will informed to management through Information Letter with Manufacturer Letter.
- Machine Will sent back to respective Company.


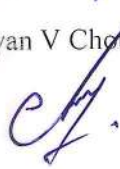
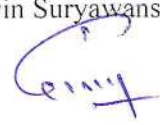
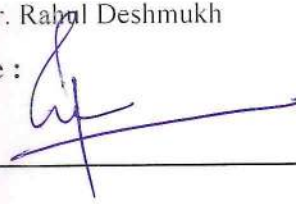
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References:

- IPHS guideline 2012
- WWW.NABH.com

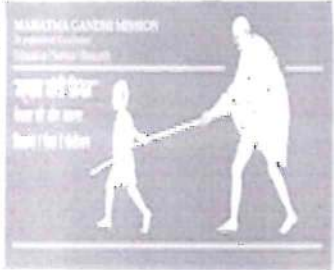


MGM MEDICAL COLLEGE AND HOSPITAL
N-6 CIDCO
Aurangabad – 431001.

Document Name. :	POLICIES & PROCEDURES ON FACILITY MANAGEMENT AND SAFETY
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Date Created :	23/12/2020
Date of Implementation :	23/12/2020
Prepared By :	Designation :HOD Name :Mr. Mohan Jadhav Signature :  Designation: Biomedical Engineer Name: Narayan V Choudhari Signature: 
Approved By :	Designation :CEO Name :Dr. Pravin Suryawanshi Signature : 
Responsibility of Updating :	Designation : NABH Coordinator Name : Mr. Rahul Deshmukh Signature : 

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Purpose:

Document procedure to monitor Response time from reporting to inspection and implementation of corrective actions

Responsibilities:

HOD Biomedical along with Biomedical Engineer, Biomedical Technician, Clerk

Procedure:

- Biomedical Engineering Department is responsible to reduce down time and maintenance cost
- Concern department inform to Biomedical Engineering Department about any breakdown related to Biomedical Equipment through Complaint slip OR Telephonic for Emergency Breakdown
- Biomedical Engineering Department receive complaint slip ,mention the date and time of call
- Biomedical In charge allocate job to Biomedical engineer or Biomedical technician
- Biomedical Engineer/Technician attend call to rectify problem and Mention Call attended time For Response time on Complaint Slip
- After completion of job ,take sign of end user with Date and time
- Biomedical clerk enters all data in Breakdown call Excel sheet in computer
- Response time monitored with respect to time of receipt of complaint and Call Attend Time
- If any major Breakdown ,Biomedical engineer inform to Management through a Information letter

File name: MGM/BME/COMPL/01



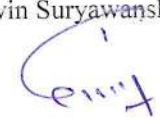
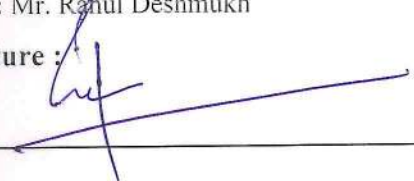
References:

- IPHS guideline 2012
- WWW.NABH.com




MGM MEDICAL COLLEGE AND HOSPITAL

N-6 CIDCO
Aurangabad – 431001.

Document Name. :	POLICIES & PROCEDURES ON FACILITY MANAGEMENT AND SAFETY
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MEDICAL GAS, VACUUM AND COMPRESS AIR

Purpose: To ensure Procurement, handling, storage, distribution, usage and replenishment of medical gases vacuum and compress air are done in a safe manner.

Responsibility: Biomedical maintenance department, Store department

Policy:

MGM hospital has a defined policy and procedure for procurement, handing, storage and uses of medical gases, vacuum and compressed air. The procedure address the safety issue at all level.

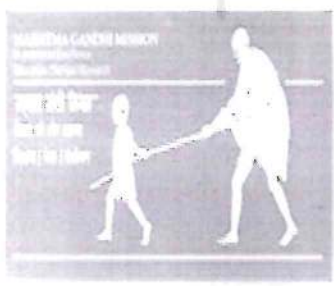
Alternate arrangement and testing of this arrangement on regular basis.

Preventive maintenance done according to manufacture recommendation on regular basis for the medical gases manifold, vacuums and compressed air. .

Standardize Pipeline Color coding is applied all over the hospital. Proper signages are used.

Procedure:

- Daily checking of plant and manifold for proper functioning and delivering appropriate pressure of medical gases. Also ensure in round right supply of right medical gases Oxygen, nitrous oxide, Air and vacuum is provided to user departments.
- Regular Preventive maintenance of all equipment, plant including distribution network. so as to maintain optimum operational efficiency at all time without break.
- Checking and ensuring optimum level of cleanliness and pollution free environment in the storage area on regular basis.
- Taking all actions to ensure prevention of all possible hazards such as fire, explosion or contamination of gases supplied at manifold area. Checking of alarm unit, valve boxes, terminal units and pin indexed outlets on regular basis.

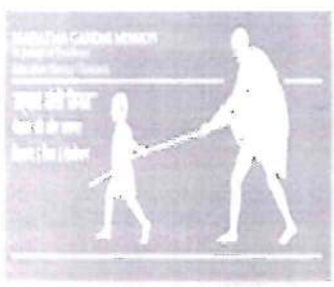
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Procurement & Replenishment Procedure:

- Medical gases are procured in a hospital from Contracted Vendour for cylinder and liquid oxygen from Linde India Pvt Ltd in a safe and secure manner.
- Daily consumption of medical gases are maintained in daily log book.
- When the Liquid Oxygen stock level reduces, duty maintenance staff inform (through telephone) vendor OR Vendor Continuously Monitor Stock Level through GPRS System. When Level reaches between 1300 to 900 Cubic meter, Vendor send required quantity of Gas
- When the Oxygen/N2O Cylinder (In Manifold) stock level reduces, duty maintenance staff inform (through telephone) vendor and order the specified quantity of cylinders. Work order is prepared for the same.
- The cylinders are supplied from the vendor within 12 hours from order date.
- Once the full cylinders are received as per the order from vendor, empty cylinders will be returned back to the vendor at the same time based on the Gate pass entries, duly approved by HOD and entered in biomedical dept.
- After receiving the stock it is entered in the Delivery Challan (DC) book immediately.

Handling Procedure

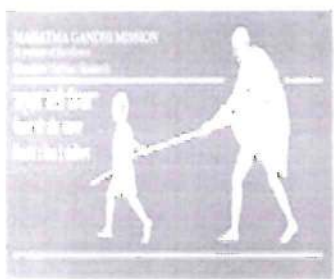
- Qualified and trained staff is handing and distributed the cylinder in a safe manner. Separate manifold is made available for all type of cylinder supply.
- Safety guideline for handling is followed.
- Most cylinder are heavy, bulky & can cause personal injury or damage to property (including Cylinder) if mishandled. Following precautions should be taken:
- Cylinder must always be secured by chain during transportation & use.
- Trolleys of adequate strength shall be used when moving the cylinders.

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- Sliding, dropping or playing with cylinders is prohibited.
- No oil or similar lubricant should be used on the valves or other fittings of this cylinder.
- While receiving the cylinder ensure that the cylinder is full & gauge indicates 150 Kg/cm.
- While receiving the cylinder the valve must be partially opened momentarily to blow away any grit or foreign matter which may have accumulated in the valve gas outlet.
- Ensure no leaks are present at the junction between the cylinder valve spindle & gland nut of FA Valve. If in doubt, use a soapy water solution to detect leaks & wiped it off after checking.
- When the cylinder is not being used, the cylinder valve should be closed.

Storage Procedure

- Separate storages are identified for empty and full cylinders.
- Cylinders are stored in a cool, dry, well ventilated place and & storage shall be easily accessible.
- Cylinders are kept in an upright position so that they cannot be knocked over.
- Empty cylinders are stored in separate place and ensure for valves are tightly shut.
- Safety signages are displayed near Liquid medical oxygen. , Compressed Gases Cylinder.
- No smoking zone is created and signage is displayed for the same in storage area. .
- Fire extinguishers and sand / water buckets are made available.
- The vessel and storage area are well maintained for cleanliness and prevention of oil spillage.

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Distribution Procedure

- Centralize gas pipeline all over the hospital to distribute the medical gases.
- Manifold is arranged for the same.
- B Type Cylinder for Patient Shifting and Emergency Handling.

Medical Gasses Safety:

- Only technically trained persons are handling all medical gases cylinders, filled or empty. The medical gases come in authorized cylinders with safety valves and pin index system.
- Air purity is checked for compressed air once in a year.
- Purity certificates are checked for liquid oxygen.

SAFETY MEASURES FOR LIQUID OXYGEN HANDLING:

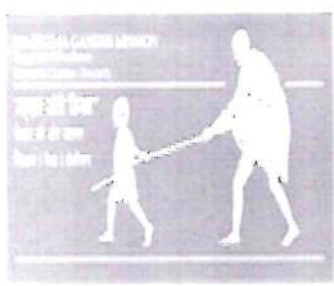
Potential Hazards:

Potential hazards associated with Liquid Oxygen include:

- Extreme cold which can freeze human tissue and brittle the materials such as carbon steel, and rubber.
- Extreme pressure which can result in a violent explosion due to vaporization of liquid Oxygen resulting from heat leaking into the containment system.

Personnel Protection:

- Personnel handling cryogenic liquids should be fully aware of the properties of the materials and equipment being used.
- Rapidly warm the affected area by immersion in water not exceeding a temperature of 40°C (105°F), or with body heat, or exposure to warm air. In the event of massive exposure, affected clothing should be removed and victim given a warm shower. Affected areas of the victim should be maintained at normal body temperature until professional help is administered.
- Keep victim calm and avoid aggravation of the injury such as walking on frostbitten feet.

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- Prevent infection by cleaning the affected area with a mild soap and applying dressings if the skin has been abraded.
- If eyes have been affected, flush with warm water for at least 15 minutes.

Personnel protective equipment includes the following:

- Eye protection -goggles
- Hand protection -loose, easy to remove, heavy, non-asbestos gloves such as leather-welding gloves without gauntlets should be used.
- Body protection -boots which extend over the boots should be worn.

In Emergencies following step has to be followed:-

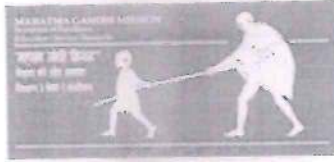
- Inform to Biomedical Engineering Dept. if any leakage found. In case of excessive leakages or Fire close the Isolation valves and start the alternate arrangement.
- If any fire emergency occur in Liquid oxygen plant Sand bucket and Fire extinguisher provided to control fire.
- If any fire emergency occur in Air/Vacuum generation plant fire extinguisher as well as fire exit Window provided.

File name:

1. MGM/BME/CLOM/12
2. MGM/BME/CLOMAVSM/13
3. MGM/BME/CYLGP/21


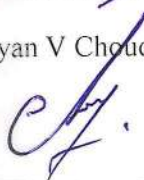
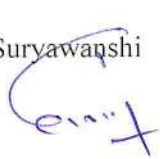
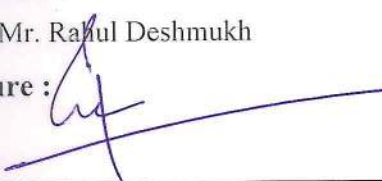
Reference:

1. NABH 4th edition revised
2. IPHS guiedline2012
3. NABH Website, www.nabh.com



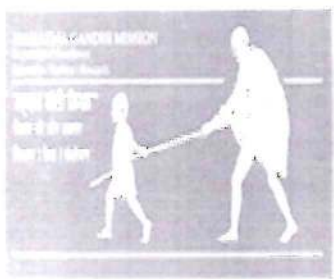
MGM MEDICAL COLLEGE AND HOSPITAL

N-6 CIDCO
Aurangabad – 431001.

Document Name. :	POLICIES & PROCEDURES ON FACILITY MANAGEMENT AND SAFETY
Document No. :	MGM /FMS/ BME/02
NABH Reference :	NABH/FMS/5D
No. of Pages :	1 To 6
Date Created :	30/12/2020
Date of Implementation :	30/12/2020
Prepared By :	Designation :HOD Name :Mr. Mohan Jadhav Signature :  Designation: Biomedical Engineer Name: Narayan V Choudhari Signature: 
Approved By :	Designation :CEO Name :Dr. Pravin Suryawanshi Signature : 
Responsibility of Updating :	Designation : NABH Coordinator Name : Mr. Rahul Deshmukh Signature : 

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Sr.no.	Topics
1.0	Purpose
2.0	Responsibility
3.0	Policy
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5.0	References

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		NABH Reference	NABH/FMS/5D
	POLICY & PROCEDURE ON FACILITY MANAGEMENT AND SAFETY	Issue No.	01
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Purpose:

To ensure system of alternate arrangement for Medical gases, Vacuum and Compressed Air

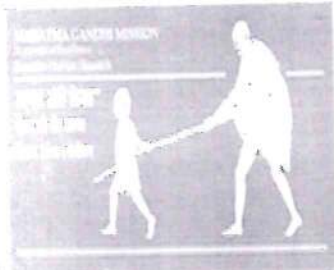
Policy:

MGM Hospital established a standard operating procedure for arrangement of alternate sources for medical gases, vacuum and Compressed air.

Responsibility: Biomedical HOD along with Biomedical Engineer and Technician

Procedure:

- The primary source of supply for the medical oxygen is the liquid oxygen vessel installed in the hospital premises
- The vessel is installed in an area satisfying the safety regulations pertaining to the particular tank capacity
- Liquid oxygen vessel storage capacities is 11000 Liter.
- The liquid oxygen vessel tank is filled by the vendor named m/s Linde India Ltd. as per the order issued from Biomedical maintenance department
- The liquid oxygen goes through vaporizer & then goes through copper pipe .the color code for oxygen supply pipe line is yellow With White Ring as per color coding standard (IS 2379:1990)
- For maintenance point of view we have isolation valve at receptive Floor/Department

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➤ **Devices Availability In Medical Gas Plant Manifold Room**

➤ The medical gas plant manifold room at MGM Hospital ,Aurangabad is located at the ground floor .

➤ The following arrangements are available at the manifold room.

- 2× 12 OXYGEN MANIFOLD
- 2 × 2 N2O MANIFOLD

➤ Alternate Sources for Medical gases & vacuum pump, Air Compressor, Oxygen Manifold, Nitrous Manifold

➤ The plant is provided with two oxygen banks of each capacity of 12 cylinders (2 × 12). During operational one bank is kept as automatically standby and other bank in functional state.

➤ Nitrous Oxide Manifold (N2O): The plant provided with two N2O Banks, each capacity 2 cylinders (2×2). During operational one bank is kept as standby and the other bank in functional state.

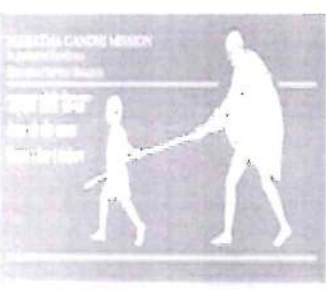
Air Compressor:

➤ The plant is provided with four air compressor

- ❖ Compressor A-15HP
- ❖ Compressor C-15HP
- ❖ Compressor B-10HP
- ❖ Compressor D-10HP

➤ Pair of (AB & CD) compressor is operational condition of 4 hours alternately.

In any instant two compressors is kept on standby.

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Vacuum Pumps:

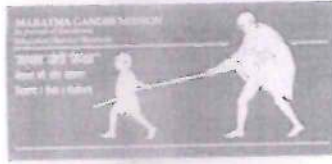
- The plant is provided with 3 vacuum pumps each of
 - ❖ Vacuum Pump A-10HP
 - ❖ Vacuum Pump B-10HP
 - ❖ Vacuum Pump C-10HP

- The Pair (AB ,BC & AC)of vacuum pump Operated 4hrs alternately.
- In any instant one vacuum pump in kept on standby.
- All ICU/OT are provided with Suction Machines can be used when Vacuum pumps fails
- Testing of Alternate Source: All the above mentioned equipment's / manifolds are tested and documented as per the preventive maintenance schedule.

Name OF File: MGM/BME/CLOMAVSM/13



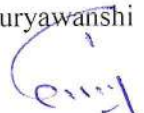
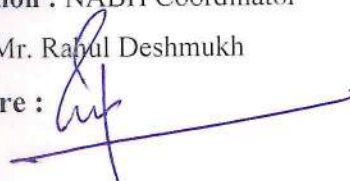
References:

- NABH Website
- IPHS Guideline 2012



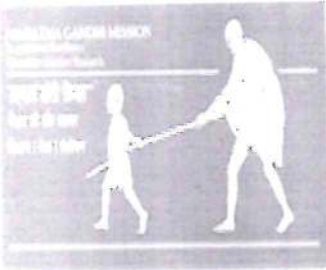
MGM MEDICAL COLLEGE AND HOSPITAL

N-6 CIDCO
Aurangabad – 431001.

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Purpose: There is Operational, Inspection, testing Maintenance plan for Piped medical Gas, Compressed air & Vacuum installation

Responsibility: Biomedical Engineering In charge along with Biomedical Engineer/Technician

Policy:

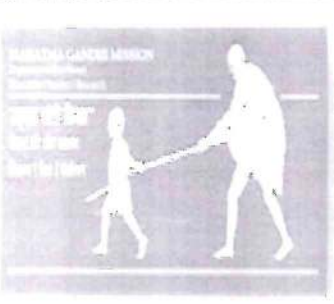
MGM hospital has a defined policy and procedure for procurement, handing, storage and uses of medical gases, vacuum and compressed air. The procedure address the safety issue at all level. Alternate arrangement and testing of this arrangement on regular basis.

Preventive maintenance done according to manufacture recommendation on regular basis for the medical gases manifold, vacuums and compressed air. .

Standardize Pipeline Color coding(IS 2379:1990) is applied all over the hospital. Proper signage's are used.

Procedure:

- Daily checking of plant and manifold for proper functioning and delivering appropriate pressure of medical gases. Also ensure in round right supply of right medical gases (Oxygen, nitrous oxide) air and vacuum is provided to user departments.
- Regular Preventive maintenance of all equipment, plant including distribution network, so as to maintain optimum operational efficiency at all time without break.
- Checking and ensuring optimum level of cleanliness and pollution free environment in the storage area on regular basis.
- Taking all actions to ensure prevention of all possible hazards such as fire, explosion or contamination of gases supplied at manifold area. Checking of alarm unit, valve boxes, terminal units and pin indexed outlets on regular basis.
- At the time of monthly preventive maintenance, we check all Air/Vac/Oxygen outlets& all MGPS Plant

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- We Flush Oxygen manifold Cylinders once in three Month's

Preventative Maintenance Plan for Piped Medical Gas Compressed Air, Vacuum & N₂O.

Sr. No.	Services	Frequency
1.	Air & Vacuum Compressor Liquid Oxygen & Manifold System, N ₂ O Manifold System with Backup (In-house)	Monthly
2.	Medical Gas Pipeline System Pressure Gauge Monitoring (In-house)	Monthly
3.	Air / Vacuum Compressor (Third Party)	Yearly
4.	Medical Air, O ₂ & N ₂ O Outlet Purity Testing (Third Party)	Yearly

File Name:

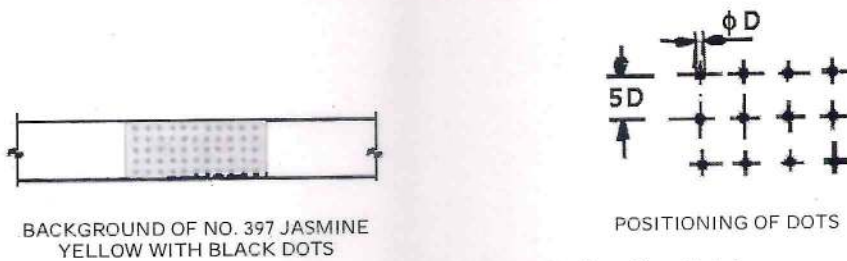
1. MGM/BME/CLOMAVSM/13
2. MGM/BME/MGSSITO/22

Reference:

- 1.NABH 4th edition revised
- 2.IPHS guiedline2012
- 3.NABH Website, www.nabh.com

Table 5 Colour Code for Medical Gases
(7.5 9.1)

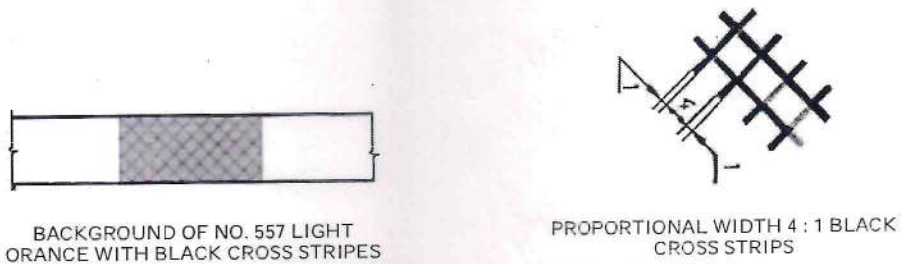
Gas	Ground Colour Band	First Colour Band	Second Colour Band
Air	Sky blue	White	Black
Cyclopropane	Canary yellow	Light orange	—
Carbon dioxide	Canary yellow	Light grey	—
Ethylene	Canary yellow	Dark yellow	Signal red
Helium	Canary yellow	Light brown	—
Oxygen	Canary yellow	White	—
Oxygen and carbon dioxide mixture	Canary yellow	White	Light grey
Oxygen and helium mixture	Canary yellow	White	Light brown
Nitrous oxide	Canary yellow	French blue	Signal red
Nitrogen	Canary yellow	Black	—
Vacuum	Sky blue	Black	—



BACKGROUND OF NO. 397 JASMINE YELLOW WITH BLACK DOTS

POSITIONING OF DOTS

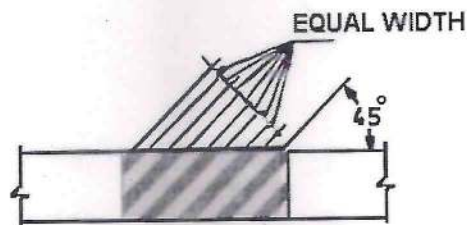
4A Hazard Marking for Slightly Radioactive Fluids



BACKGROUND OF NO. 557 LIGHT ORANGE WITH BLACK CROSS STRIPES

PROPORTIONAL WIDTH 4 : 1 BLACK CROSS STRIPES


4B Hazard Marking for Highly Radioactive Fluids



STRIPES OF BLACK AND NO. 356 GOLDEN YELLOW

4C Hazard Marking for Other Kind of Hazards

FIG. 4 DETAILS OF HAZARD MARKING


MGM Medical College & Hospital, Aurangabad
Biomedical Engineering Department
Medical Gas System Daily Check List

Date- / /

Central Medical Air System

Equipment Name	Time	Working Status	Water Drain	Remark	Time	Working Status	Water Drain	Remark
Air Compressor-A								
Air Compressor-B								
Air Compressor-C								
Air compressor-D								

Central Vacuum System

Equipment Name	Time	Working Status	Oil Status	Remark	Time	Working Status	Oil Status	Remark
Vacuum Pump-A								
Vacuum Pump-B								
Vacuum Pump-C								

Electrical Panel

LED Indication	Time	Working Status	Remark	Time	Working Status	Remark
Mains						
Air Compressor						
Vacuum Compressor						

Central Liquied Oxygen Tank

Parameter	Time	Working Status	Remark	Time	Working Status	Remark
Liquid Level In M3						
Tank Pressure						
Ice killing						
Line Pressure						
Leakage observe						
Fire Equipment						
Alarm Panel						

Central Oxygen Manifold Control panel (12*12)

Parameter	Time	Reading	Remark	Time	Reading	Remark
Pressure						
Cylinders						
Control panel						

Central Nitrous oxide Manifold (2*2)

Parameter	Time	Reading	Remark	Time	Reading	Remark
Pressure						
Cylinders						
Control panel						

Standby Oxygen/Nitrous Cylinder Status

Cylinders	Time	Reading	Remark	Time	Reading	Remark
Standby O2 Cylinder						
Empty O2 Cylinders						
Standby N2O Cylinder						
Empty N2O Cylinders						

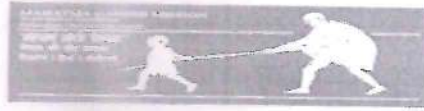
Central Oxygen Manifold Room Leakage test

Parameter	Time	Left Bank	Right Bank	Remark	Time	Left Bank	Right Bank	Remark
Oxygen Manifold								
Nitrous Oxide Manifold								

Biomedical Engineer / Technician
MGMMCHA

HOD
Biomedical Engg. Department

MS
MGMMCHA



**MGM Medical College & Hospital, Aurangabad
Biomedical Engineering Department
Medical Gas System Monthly Check list**

Date- / /

**Alternate Sources Checking Format for MGPS
Air Compressor A/B/C/D**

Functional Check	Comp-A	Comp-B	Comp-C	Comp-D
Working				
LED Indication on main Panel				
Power supply				
Gauge				
Power cable				
Drain Valve				
Abnormal Sound				

Vacuum Pump A/B/C

Functional Check	Vacuum Pump-A	Vacuum Pump-B	Vacuum Pump-C
Working			
LED Indication on main Panel			
Power supply			
Gauge			
Power cable			
Drain Valve			
Abnormal Sound			

Dryer

Functional Check	Dryer-A	Dryer-B
Bacteria Filter		
Power supply		
Drain		

Main Control Panel

All LED	
Switch over Timing	
Emergency Switch	
Power supply	
Alternate Power Source	

**Manifold Room Oxygen
Cylinder Bank A/B**

Parameter	Bank-A	Bank-B
Number of cylinder Connected in Bank		
Leakage Test		
Bank Pressure		
Safety Chain		

**Manifold Room Nitrogen
Cylinder Bank A/B**

Parameter	Bank-A	Bank-B
Number of cylinder Connected in Bank		
Leakage Test		
Bank Pressure		
Safety Chain		

**Biomedical Engineer/Technician
Biomedical Engg. Department**

**Incharge
Biomedical Engg. Department**

Measurement report

According to Europäischem Arzneibuch

Measured Gas Nitrous Oxide [N₂O]

Customer MGM Hospital
Aurangabad

Projekt

Customer No.

Order No. NA

Date 2020-01-11

Location of Measurement OT Complex
OT-06

Inspector Mr.Sandip Andhale

Residue	Specified Value	Actual Value	Test Device
H ₂ O water vapor	≤ 67 ppm	40 ppm 30 mg/m ³	Batch No.: tube H ₂ O 20/a-P ARKM-1441
CO ₂ carbon dioxide	≤ 300 ppm	0 ppm	Batch No.: tube CO ₂ 100/a-P ARKL-1921
CO carbon monoxide	≤ 5 ppm	0 ppm	Batch No.: tube CO 5/a-P ARLA-1421
NO + NO ₂ nitrogen oxides	≤ 2 ppm	0 ppm	Batch No.: tube NO _x 0,2/a ARLA-0321

The measurement task has been properly and fully executed.
Acquired measured values of the extracted Nitrous Oxide sample

correspond

the requirements of the European Pharmacopoeia.

Dräger

Mr.Sandip Andhale

MedGas Quality Version 2015-07-01 R005

Please note that the confirmation of the nonhazardous application of the medicinal product (medical gas) can be given by the responsible staff of the hospital operator only and that this measurement result does not constitute or substitute such confirmation.

Measurement report

According to Europäische Arzneibuch

Measured Gas Oxygen [O₂]

Customer MGM Hospital
Aurangabad
0 Aurangabad Projekt

Customer No.

Order No. NA Date 2020-01-11

Location of Measurement OT Complex
OT-06 Inspector Mr.Sandip Andhale

Residue	Specified Value	Actual Value	Test Device
H ₂ O water vapor	≤ 67 ppm	0 ppm 0 mg/m ³	Batch No.: tube H ₂ O 20/a-P ARKM-1441
CO ₂ carbon dioxide	≤ 300 ppm	0 ppm	Batch No.: tube CO ₂ 100/a-P ARKL-1921
CO carbon monoxide	≤ 5 ppm	0 ppm	Batch No.: tube CO 5/a-P ARLA-1421

The measurement task has been properly and fully executed.
Acquired measured values of the extracted Oxygen sample

correspond

the requirements of the European Pharmacopoeia.

Dräger

Mr Sandip Andhale

MedGas Quality Version 2015-07-01 R105

Please note that the confirmation of the nonhazardous application of the medicinal product (medical gas) can be given by the responsible staff of the hospital operator only and that this measurement result does not constitute or substitute such confirmation.

Measurement report

According to **Europäischem Arzneibuch**

Measured Gas **Medical Air**

Customer **MGM Hospital
Aurangabad
0 Aurangabad** Projekt

Customer No.

Order No. **NA** Date **2020-01-11**

Location of Measurement **OT Complex
OT-06** Inspector **Mr.Sandip Andhale**

Residue	Specified Value	Actual Value	Test Device
H₂O water vapor	≤ 67 ppm	27 ppm 20 mg/m ³	tube H ₂ O 20/a-P Batch No.: ARKM-1441
Öl (Oil) Oil content	≤ 0.1 mg/m ³	0 mg/m ³	tube oil 10/a-P Batch No.: ARKL-1721
CO₂ carbon dioxide	≤ 500 ppm	0 ppm	tube CO ₂ 100/a-P Batch No.: ARKL-1921
CO carbon monoxide	≤ 5 ppm	0 ppm	tube CO 5/a-P Batch No.: ARLA-1421
SO₂ sulfur dioxide	≤ 1 ppm	0 ppm	tube SO ₂ 0,5/a Batch No.: ARKJ-0791
NO + NO₂ nitrogen oxides	≤ 2 ppm	0 ppm	tube NO _x 0,2/a Batch No.: ARLA-0321
O₂ oxygen	21 ^{+0,4 -0,6} Vol %	21.1 Vol %	gauge type: MX 300-i

The measurement task has been properly and fully executed.
Acquired measured values of the extracted compressed air sample

correspond

the requirements of the European Pharmacopoeia.

Dräger



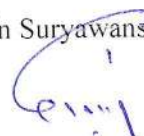
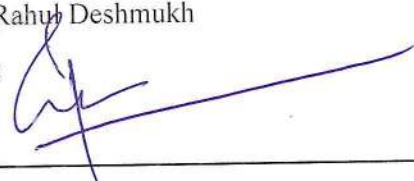
Mr.Sandip Andhale

MedGas Quality Version 2015-07-01: R005

Please note that the confirmation of the nonhazardous application of the medicinal product (medical gas) can be given by the responsible staff of the hospital operator only and that this measurement result does not constitute or substitute such confirmation.




MGM MEDICAL COLLEGE AND HOSPITAL
N-6 CIDCO
Aurangabad – 431001.

Document Name. :	POLICIES & PROCEDURES ON FACILITY MANAGEMENT AND SAFETY
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		Rev .No. 00
		Date 23.12.2020
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Purpose: To establish uniform procedure for management of mercury spill

Scope: MGM Medical College and hospital

Procedure:

- User responsible for cleanup of minor mercury spill
- Always wear gloves when cleaning up spill
- Clean up broken glass using tongs or heavy towel ,don't pick up broken glass by hand
- Gather all mercury and debris with dry paper and place into bag along with paper
- Label bag with label hazardous waste mercury and date of spill along with department name
- Do not dispose mercury in general refuse, neither is it given to landfill disposal as it is against the environmental balance. thus spill mercury will be collected in an airtight seal able container, label it mercury Hazardous and contact hazardous waste collection

Note:

- Keep unbroken thermo meter separate from the broken thermometers in case of unbroken thermometer
- Place it in to black bag and label the bag with the word Hazardous waste. Send this bag to Biomedical Department.




MGM NEW BOMBAY OF COLLEGE OF NURSING

5th Floor, MGM Educational Campus, Plot No. 1 & 2, Sector-1
Kamothe, Navi Mumbai – 410 209.

STANDARD OPERATING PROCEDURE (SOP) MAINTENANCE OF CAMPUS FACILITY

1. **PURPOSE** : To describe the policy and Procedure for the maintenance of physical facilities.
2. **SCOPE** : Applies to maintenance of all physical facility of the institution.
3. **RESPONSIBILITY** : Office Superintendent and all Faculties and other stakeholders
4. **POLICY**

SL. No	POLICY
4.1	Adequate Physical resources are provided to support the vision, mission, values, scope and objectives of all the programmes it offers.
4.2	The Office Superintendent receives the demand requests for requirements from the regular staff working in the institution.
4.3.	The Office Superintendent plans purchasing, condemnation and controlling of physical resources under the guidance of the Head of the institution.
4.4	Periodic environment safety measures are followed as per statutory requirements.
4.5	Regular preventive maintenance measures are followed by the concerned department.
4.6	Periodic inventories checks are conducted to ensure appropriate use of resources by all stakeholders.
4.7	Annual audit is conducted for stock verification, library and laboratories by the assigned teaching / non teaching staff deputed for this purpose.
4.8	Inventory registers are maintained, signed by the concerned person and counter, signed by the Coordinator, Programme Coordinator of concerned stock and the Director.


24/1/2022





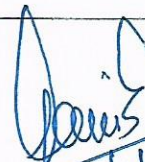
MGM NEW BOMBAY OF COLLEGE OF NURSING

5th Floor, MGM Educational Campus, Plot No. 1 & 2, Sector-1
Kamothe, Navi Mumbai – 410 209.

MAINTENANCE OF CAMPUS FACILITY

5. PROCEDURE

Sl. No.	STANDARD PROCEDURE
5.1	All rooms including Administrative office, Director Office, Faculty office, store rooms, Class rooms, Laboratories, Library, Computer Laboratory, Corridors and wash rooms are cleaned daily by dry and wet mopping before the official timing.
5.2	The laboratories are kept locked when not in use and the keys are kept in the administrative office.
5.3	Spray of pesticides in all rooms is done every two weeks. Treatment for rodents at every two weeks
5.4	Monthly inventory is maintained by the laboratory in charges.
5.5	Any damage / missing of articles or furniture is informed to the Director through Office Superintendent for further action.
5.6	All electrical appliances like fans, electrical points and tube lights are checked for preventive maintenance by electrician periodically.
5.7	AMC of water coolers, aquaguards and lift is maintained.
5.8	Water sample of over head tank is sent for testing half yearly
5.9	Every staff keeps their Table, Chair, and Cupboard clean and checks the cleanliness of their office.
5.10	Fire extinguishers are maintained yearly by filling with materials by the concerned security department.
5.11	Cleaning of water tank is done on monthly basis with the help site office.
5.12	Computer Technician regularly maintains the Computers in the Laboratory.
5.13	Maintenance of building is done regularly by the site office.
5.14	Repair and maintenance of bus is done regularly.


24/1/2022





MGM Institute of Health Sciences

(Deemed University u/s 3 of UGC Act, 1956)

Grade 'A' Accredited by NAAC

MGM School of Physiotherapy

N-6 CIDCO, Aurangabad-431003

Tel No. 0240-6482000, (Ext. 2912/2913), E-mail: mgmsop@themgmgroup.com


STANDARD OPERATING PROCEDURE (SOP) FOR LABORATORIES

1. OBJECTIVE:

1.1. To practice the practical's given in the course curriculum.

2. PROCEDURE FOR LABORATORIES:

- 2.1 At 9:00 am, teachers must be sign & enter laboratory as per the academic schedule.
- 2.2 Attendance is taken at the start of every practical.
- 2.3 Any equipment lost, it will be student's responsibility.
- 2.4 Students / Staff members are not permitted to leave the department building without authorization from an administrator (except for lunch).
- 2.5 Student should not do any mischievous activity or else strict action will be taken.
- 2.6 Every laboratory has stock register which maintained by the laboratory incharges.
- 2.7 They check the stock weekly and update the laboratory.
- 2.8 Laboratories are used for the practical demonstrations in the curricular aspect.
- 2.9 Student should come with clean lab coat to the laboratory.
- 2.10 Once the student will enter the lab, phones will be switched off and stowed away, and he/she will place his/her books/backpack under or to the side of your desk.
- 2.11 All students are expected to be in the appropriate PT uniform. No wearing of jewelry of any type will be allowed in the PT uniform.
- 2.12 Practical Lesson plans must be submitted to your respective administrator/ principle every week. Completed practical lesson plans include the following: the teaching points, lesson procedure, and homework assignment.
- 2.13 The teaching points are to be written on the board/ power point projection everyday for every subject. Students must be directed to write the teaching points in their journals.
- 2.14 Student centric methods are following in the laboratory e.g. seminars, case discussions, quiz & question-answers.
- 2.15 All instructional interventions must be documented and maintained in the teachers' /students professional records.


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STANDARD OPERATING PROCEDURE (SOP) FOR MUSEUM

1. OBJECTIVE:

1.1. To visit and explore through the available specimens in the museum.

2. PROCEDURE FOR MUSEUM:

2.1 At the entry in the museum students must sign & enter the museum.


2.2 Once the student will enter the museum, phones will be switched off and stowed away, and he/she will place his/her books/backpack under or to the side of the room.

2.3 All students are expected to be in the appropriate PT uniform.

2.4 All instructional interventions must be documented and maintained in the museum.

2.5 Student should not touch any of the specimen in the Museum.

2.6 Student should maintain decency in the museum.


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STANDARD OPERATING PROCEDURE (SOP) FOR CLASS ROOM

1. OBJECTIVE:

1.1. To deliver the course curriculum

2. PROCEDURE FOR CLASS ROOM:

- 2.1 At 9:00 am, teachers must be signed & enter to class room as per the academic schedule.
- 2.2 Attendance taken at the start of every class.
- 2.3 Student/Staff members are not permitted to leave the college building without authorization from an administrator (except for lunch).
- 2.4 Once the student will enter the classroom, phones will be off and stowed away, and he/she will place his/her books/backpack under or to the side of your desk.
- 2.5 Absent regular classroom day-if student are absent on a regular classroom day, he/she will notify the instructor of that immediately upon returning to college.
- 2.6 A medical certificate is required when a student absence due to illness.
- 2.7 Students will raise their hand when needing to speak and will only speak when directed to by a teacher.
- 2.8 All students are expected to be in the appropriate PT uniform. No wearing of jewelry of any type will be allowed in the PT uniform.
- 2.9 Lesson plans must be submitted to your respective administrator/ principle on every week. Complete lesson plans include the following: the teaching point, lesson procedure, and homework assignment.
- 2.10 The teaching point is to be written on the board/ power point projection everyday for every subject. Students must be directed to write the teaching point in their notebooks.
- 2.11 Student centric methods are following in the class room e.g. seminars, case discussions, quiz & question-answers.
- 2.12 All instructional interventions must be documented and maintained in the teachers' / students professional records.
- 2.13 When students are late to first class, they will mark a "late" to enter their scheduled class.
- 2.14 Gum, candy, sunflower seeds, nuts, etc. are not allowed in the classrooms. The consumption of food or beverages is restricted to the students' dining hall, teachers' lounges.


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STANDARD OPERATING PROCEDURE (SOP) FOR DEPARTMENT

1. OBJECTIVE:

1.1. To practice the practicals in the course curriculum

2. PROCEDURE FOR DEPARTMENT:

- 2.1 At 9:00 am, teachers must be sign & enter the respective department as per the academic schedule.
- 2.2 Once the student will enter the department, phones will be switched off and stowed away, and he/ she will place his / her books/backpack under or to the side of your desk or in the corridor near the department.
- 2.3 Every student will follow the instructions of every department.
- 2.4 Every staff should follow the respective posting according to the daily roster.
- 2.5 We have specialized musculoskeletal, Neuro, cardio, community and sport rehabilitation departments. Each department has its own OPD schedules, Staff is posted according to their posting schedules.
- 2.6 All the staff does the regular posting on each specialized OPD day on alternate day wise.
- 2.7 Likewise staff students are also posted in each specialized OPD for clinical practice.
- 2.8 Any equipment lost, it will be student's responsibility.
- 2.9 Students are requested to switch off the lights and fans after their practicals.
- 2.10 Student should maintain cleanliness and hygiene in every department they are doing the practice.
- 2.11 Student should not do any mischievous activity in any of the department or strict action will be taken
- 2.12 If students are absent on a regular basis day, he/she will notify the instructor of that immediately upon returning to the department.
- 2.13 All students are expected to be in the appropriate PT uniform. No wearing of jewelry of any type will be allowed in the PT uniform.
- 2.14 Practical Lesson plans must be submitted to your respective administrator/ principle every week. Completed practical lesson plans include the following: the teaching points, lesson procedure, and homework assignment.
- 2.15 Student centric methods are following in the department e.g. seminars, case discussions, quiz & question-answers.
- 2.16 Student should enter the details of patients in the register as well as in their log book and should also enter the details in the patient card for record.


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STANDARD OPERATING PROCEDURE (SOP) FOR DIGITAL LIBRARY

1. OBJECTIVE:

1.1 To visit the digital library and use the computers for educational purpose.

2. PROCEDURE FOR DIGITAL LIBRARY:

2.1 At the entry in the digital library students must sign & enter the library.

2.2 Once the students will enter the digital library, phones will be switched off and stowed away, and he/ she will place his/her books/backpack under or to the side of the room

2.3 All students are expected to be in the appropriate PT uniform

2.4 All the students are informed that they should not misuse the computer other than any educational purpose.


2.5 No photos should be uploaded downloaded other than educational purpose.

2.6 Any illegal political use of social media should be strictly not done in the digital library.

2.7 Misuse of pan drive in the digital library should be avoided.

2.8 Discipline should be maintained in the digital library to avoid any strict action.

2.9 Above instructions should be obeyed, silence in the digital library should be maintained.


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