

By FAX

**Government of Odisha
Health & Family Welfare Department**

No. 31163 /H, Dtd. 11.12.2014
BT-75/2014

From

Shri. L.Sahoo
FA-cum-Addl. Secretary to Govt

To

The MD. NHM(O), Bhubaneswar
The MD. Odisha State Medical Corporation, Bhubaneswar
The DHS, (O),/DMET (O),/DFW (O)/ Dir. AYUSH,(O)/DPH(O) /Director Nursing (O), /
Drugs Controller, (O)/Dir. SIH &FW(O) Bhubaneswar
The Director, OSACS(O), Bhubaneswar
The MD,OSIC, Cuttack
All Collectors
The Director, AHRCC, Cuttack
The Director Mental Health Institute
SCB M.C, Cuttack.
The Director, RSIC, Cuttack
The Supdt. SCB MC &H, Cuttack / VSS MC &H, Burla/
MKCG MC &H Berhampur
The Dean & Principal SCB MC, Cuttack / VSS MC, Burla /
MKCG MC, Berhampur
The Supdt. Sishu Bhawan, Cuttack
The Principal Dental College, Cuttack
The Director Capital Hospital, Bhubaneswar
The C.M.O., RGH, Rourkela
The Jt. Director,SDMU, Bhubaneswar
All C.D.M.Os

Sub: Guidelines on Rational Procurement Planning and Management of Equipment, Instrument & Furniture (EIF).

Sir,

I am directed to send herewith a copy of the Notification No. 31162/ dt.11.12.2014 regarding "Guidelines on Rational Procurement Planning and Management of Equipment, Instrument & Furniture (EIF)" for favour of information and necessary action.

Yours faithfully,

[Signature]
11/12/14
FA-cum-Addl. Secretary to Govt.

Memo No. 31164 /H, Dt. 11.12.2014

Copy with copy of the "Guidelines on Rational Procurement Planning and Management of Equipment, Instrument & Furniture (EIF)" forwarded to Finance Deptt. for information and necessary action with reference to their UOR No. 253-SSIII dt.17.10.2014.

[Signature]
11/12/14
FA-cum-Addl. Secretary to Govt

Memo No. 31165 /H, Dt. 11.12.2014

Copy forwarded to the Head State Portal Group, IT Centre Secretariate / Sri S.N.Sahu, Dy.Secy.to Govt., I.T.Cell Health & F.W Deptt. with a request post this guidelines in official website. (<http://www.odisha.gov.in/health/portal/Index/html>) for information and necessary action.

[Signature]
11/12/14
FA-cum-Addl. Secretary to Govt

Memo No. 31166 /H, Dt. 11.12.2014

Copy forwarded to ME-I / DC & MA / Ayurvedic / Homoeopathy / Scheme / P & A Section of Health & FW Deptt.for information and necessary action.

[Signature]
11/12/14
FA-cum-Addl. Secretary to Govt

(17)

GOVERNMENT OF ODISHA
HEALTH & FAMILY WELFARE DEPARTMENT

NOTIFICATION

No. 3 1 1 6 2 /SHFW, Dated 11th December, 2014
BT-75/2014

Government after careful consideration have been pleased to bring out guidelines on Rational Procurement Planning and Management of Equipment, Instrument and Furniture (EIF). These are prepared in consultation with a large number of stakeholders. Concurrence of Finance Department has been obtained vide their UOR No.253-SS-III, dt.17.10.2014. The guidelines will be effective from the date of its issue i.e. 11th December, 2014.

Henceforth any proposals for procurement of EIF by any health care institution must follow the pre-procurement, procurement and post-procurement processes outlined in the guidelines.

Kindly note that no single request for equipment shall be entertained in the Department unless the procedure outlined in the guidelines is followed.

Equipment planning is an essential component of public health planning process. The decision to purchase medical equipment should be based on the need, usage of the existing equipment, availability of the technical manpower recurring cost to maintain the equipment, the level of health care being provided to the patients and availability of resources. The indenting officer shall consider the following issues before indenting for any medical equipment.

Need Assessment

The need of purchasing any equipment or indenting any medical equipment for either a new or existing Health facility should be carefully assessed taking into consideration the level of the health facility, flow of patients and maintenance issues. Procurement of equipment without understanding the individual need and constraints at the facility level results in idling of the equipment either due to poor demand, lack of trained manpower or maintenance facility.

Choice of Technology

In recent years, health care industry is witnessing rapid growth in research and development resulting in advent of equipment of latest technology, which have not only additional features, but are more "user friendly". This necessitates purchase of new equipment discarding the old one or in addition to the existing one. The decision will depend upon Cost Benefit Analysis.

Sometimes the same equipment can be upgraded to adapt new technology. This may be cost effective and should be considered while buying the new equipment. The product user (Specialist operating the equipment) can give the feedback about the product and its usage. The Bio-Medical Engineers can take care of analyze the technology up-gradation options.

Manpower Availability

The benefit of any equipment is dependent on the man behind the machine who should be skilled to operate, read and interpret the results without which equipment of any standard will either remain idle or the output will be of poor quality. Inexperienced handling of the equipment is a threat to the reputation of the institution and results in frequent break down of the equipment. It is essential to consider this aspect seriously. It is to be ensured that trained personnel are in position or provision of appropriate training has been made before purchasing any new equipment or upgrading the existing equipment. On site operational training should be mandatory at the time of installation.

Installation Space Availability

Before indenting, the indenting authority should make sure that the site is adequate and ready for the installation of the required equipment. The installation site should have the provision of ancillary requirement like proper power supply, earthing in the room where the equipment is intended to be installed.

Recurring Cost

The consumables required for the equipment i.e. E.C.G. Paper, cartridge for the printer or reagents etc. should be freely available either in open market or with the vendor. If with the vendor, the time required to get the consumable should be ascertained, so that the equipment will not be idle for want of consumables. It is better to procure equipment with open technology i.e. reagents/ consumables of any reputed brand can be used in the equipment instead of any fixed Brand/ Make.

Keeping the above aspects in view, the following guidelines are issued for ensuring rational procurement planning & management for all health facilities at primary, secondary & tertiary levels.

1. PRE-PROCUREMENT PROCESS

1.1. Classification of Hospital Equipment

For better facilitation of indenting, the hospital equipment is classified in the following categories. The individual equipment codes are developed and the category numbering mentioned below will be used as a reference for indenting.

*Equipment Categories	*Equipment Categories
1. Anaesthesia : Operation Theatre & ICU	16. Mental Health
2. Blood Bank	17. Nephrology
3. Burn & Plastic	18. Neurology
4. Cardiology	19. Neuro Surgery
5. Cold Chain Equipment	20. Obst. & Gynaecology
6. Cardio Thoracic & Vascular Surgery	21. Ophthalmology
7. Cardio Pulmonary	22. Orthopaedic, Physical Medicine & Rehabilitation
8. Dental	23. Paediatrics & Neonatology
9. Dermatology	24. Pathology
10. Casualty	25. Pharmacology & Pharmacy
11. Endocrinology	26. Radiology
12. ENT	27. Radiotherapy & Medical Oncology
13. Forensic Medicine & Toxicology	28. Surgery
14. Gastroenterology	29. Urology
15. Laboratory Equipment (Biochemistry, Haematology, Histopathology, Immunology, Microbiology etc.)	30. Waste Management
	31. Hospital Furniture & General Equipment
	32. General Administration (Office Establishment)
	33. Any Other

* There may be interdepartmental overlapping in some items

1.2. State Equipment List (SEL)

For standardization of the indenting process, a **State Level Technical Advisory Committee (STAC)** shall finalize State Equipment List (SEL) for the equipment required at different kind of Institutions.

1.2.1. Composition of STAC

- 1) Special Secretary–Chairman
- 2) Joint Director, SDMU - Convener
- 3) DMET
- 4) FA (H&FW Dept.)
- 5) Director of Health Services
- 6) Principal & Superintendent of Medical Colleges
- 7) Joint Director (Tech.), NHM
- 8) Director & Superintendent (AHRCC/ CH/ IMH/SB)
- 9) Special Invitees as per requirement

1.2.2. Roles & Responsibility of STAC

The **State Level Technical Advisory Committee (STAC)** duly appointed by the department shall finalize the list of equipment centrally and bring out a **State Equipment List** after Govt. approval. All equipment shall have a **unique code** for better facilitation of indenting. The STAC shall take into account the standards set under different regulatory bodies for different levels of health care and determine the requirement & appropriateness of the equipment before putting it in the list.

1.3. Indent Mechanism

1.3.1. The concerned institution shall take into account the following considerations while preparing the indent/requisition for the required items in the **prescribed format** as per **Form-I** annexed.

- a) Justification/rationalisation of the item indented by the indenting officer as per **Form-I** annexed.
- b) Justification for any deviation to standard technical specification, if any as per **Form-II** annexed.

1.3.2. Indent Evaluation and Finalisation

1.3.2.1. After indent is placed by the institutions, the respective **Equipment Management Committee** shall validate the indent and prioritize the same as per **Form-III**. The **Equipment Management Committees** at different levels are as follows:

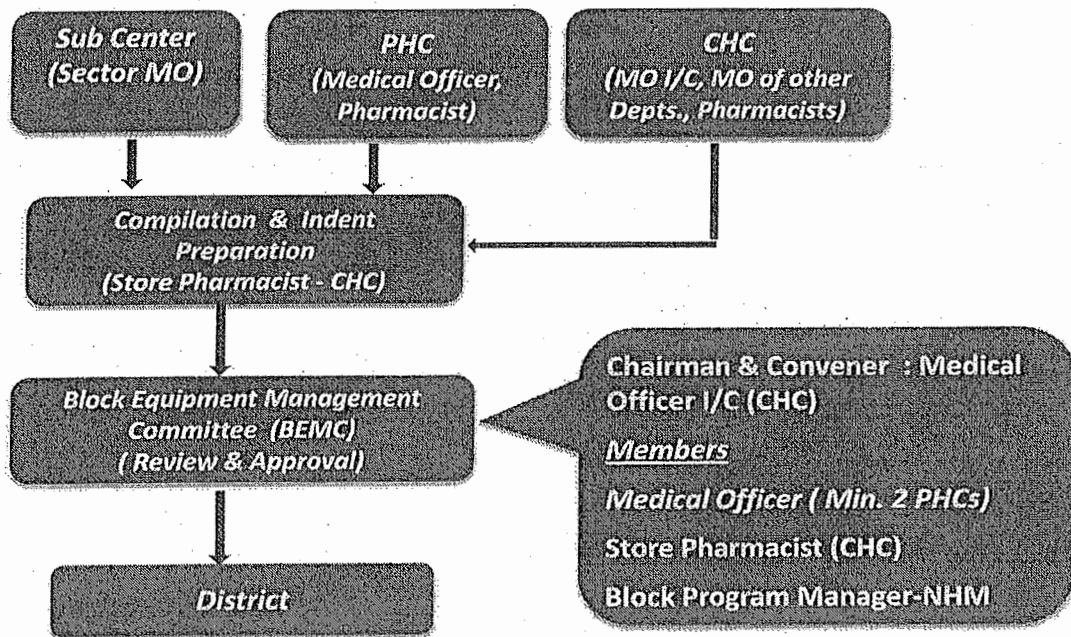
Sl. No.	Equipment Management Committees	Level
1	Block Equipment Management Committee (BEMC)	Level I
2	District Equipment Management Committee (DEMC)	Level II
3	Medical College Equipment Management Committee (MCEMC)	
4	Major Health Institution Equipment Management Committee (MIEMC)	

1.3.2.2. Composition, Roles and Responsibilities of different Equipment Management Committees

a) Block Equipment Management Committee (BEMC)

- i. The concerned doctor of the facility/institution, who shall be primarily responsible for the usage and maintenance of it shall indent for the equipment. The indent shall be submitted in the prescribed format (Form-I & II) annexed with necessary particulars justifying the requirement, availability of staff and its sustainability (operation and maintenance) in long run.
- ii. The BEMC shall take in to consideration the post procurement inspection findings before finalising the indent.
- iii. All the indents received from the facilities (SC/PHC/CHC) shall be compiled, reviewed and approved by the Block Equipment Management Committee (BEMC). The finalized consolidated equipment list approved by BEMC shall be sent to the District.

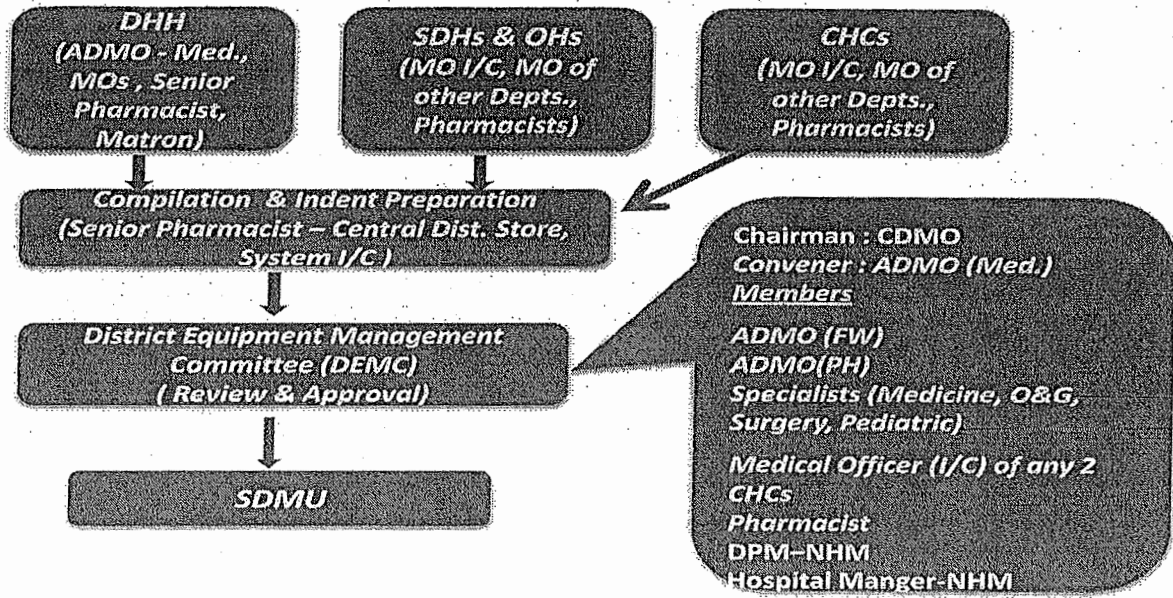
The detail indent flow mechanism is mentioned below :



b) District Equipment Management Committee (DEMC)

- i. The consolidated indents approved by the Block Equipment Management Committees (BEMCs) of the district alongwith the indent of the DHH shall be placed before District Equipment Management Committee (DEMC). The DEMC shall compile all the indents and prioritize in the manner as prescribed in Form III annexed.
- ii. The consolidated list on the basis of priority shall be prepared. In the process, wherever required, the concerned indenting officer shall be consulted before finalizing the consolidated list.
- iii. The DEMC after finalization of the indent (annual or on-demand) shall forward it to State Drug Management Unit (SDMU).

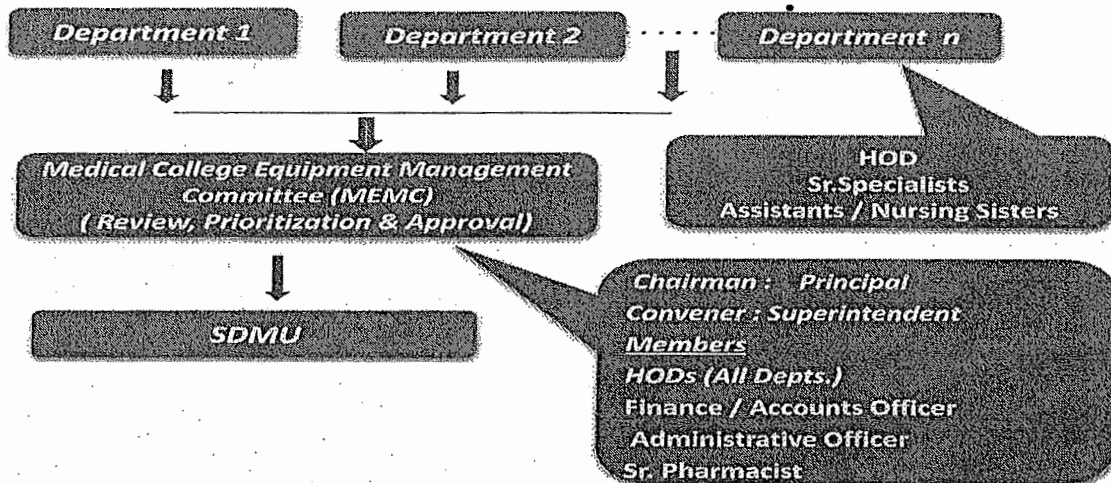
The detail indent flow mechanism is mentioned below :



c) Medical College Management Committee (MCEMC)

- i. Specialist/ Professor of the concerned department of the medical college who shall be primarily responsible for the usage and maintenance of it shall raise the indent.
- ii. All the indents originated from a department shall be routed through the HoD. On receipt of the indent, the HoD of the concerned department shall review the indent and place it before Medical College Equipment Management Committee (MCEMC).
- iii. The indents shall be placed through HoDs of respective departments before the MCEMC for further deliberation and prioritization.
- iv. The MCEMC shall compile all the indent and prioritize it based on the mechanism as prescribed in Form-III annexed.
- v. The consolidated list approved by MCEMC based on the basis of priority shall be forwarded to SDMU to place it before State Level Equipment Management Committee (SEMC).

The detail indent flow mechanism is mentioned below :

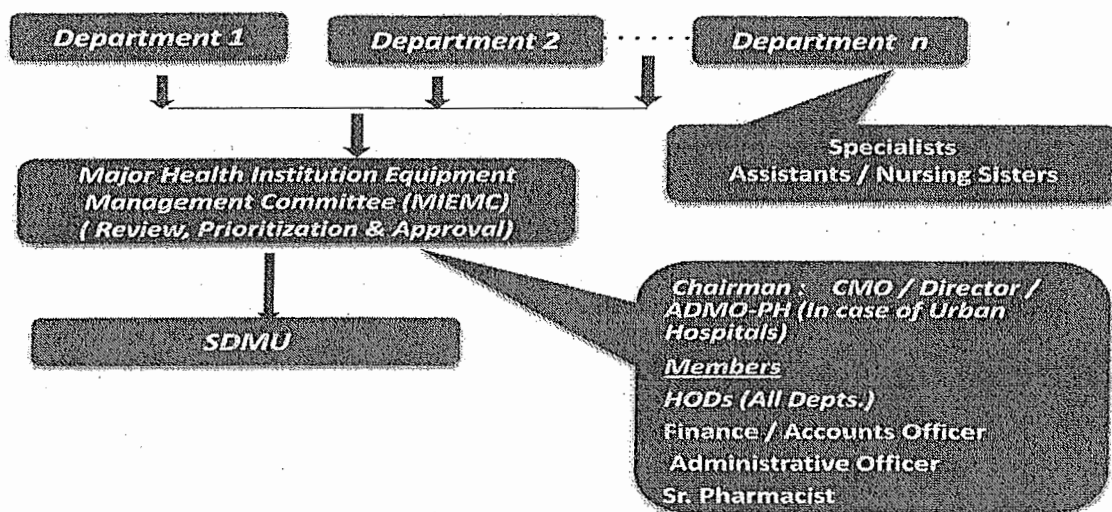


d) Major Health Institution: Equipment Management Committee (MIEMC)

(Capital Hospital / RGH/ Sishu Bhavan / AHRCC/ Urban Hospitals/IMH)

- (i) All major health institutions shall have an Equipment Management Committee (MIEMC) and it shall be responsible to have a procurement plan in advance for institutions.
- (ii) The specialist or doctor concerned, who would be the primarily user and responsible for the day-to-day maintenance of it shall indent for the equipment.
- (iii) All the indents submitted by the doctors or specialists shall be placed before the MIEMC of the institution for review and approval.
- (iv) The MIEMC shall make an independent review of each item indented and prioritize it based on the mechanism as prescribed in Form-III annexed.
- (v) The consolidated list approved by MCEMC based on the basis of priority shall be forwarded to SDMU to place it before State Level Equipment Management Committee (SEMC).

The detail indent flow mechanism is mentioned below :



1.3.2.3. Other roles & responsibilities of Equipment Management Committees

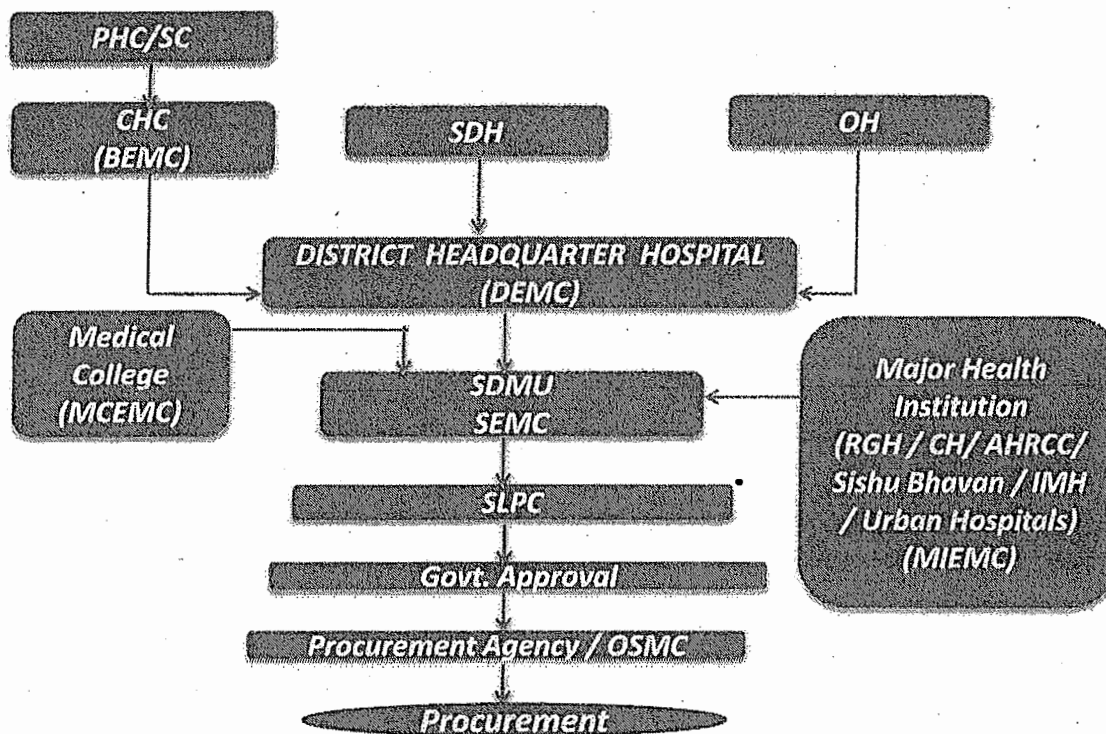
- a) **Utilization of Equipment :** Assess the utilization of medical equipment installed at different health institutions
- b) **Inter institutional transfer / shifting of Equipment:** Recommend shifting of equipment / facility (in case of under utilization of equipment for the lack of manpower/ facility/patient load) to other performing institution.
- c) **Maintenance of Equipment :** Ensure breakdown & preventive maintenance are carried out by the supplier during warranty period and intimate the procurement agency for corrective action in case of non fulfillment of contractual obligations by the supplier.
- d) **Execution of AMC/CMC :** Ensure timely execution of AMC/CMC of the equipment after post warranty period
- e) **Condemnation of Equipment :** Recommend for condemnation of unused & outdated medical equipment that has exceeded its usable life. While proposing for condemnation the committee shall take into consideration the operation & maintenance cost vis-à-vis the cost of replacement. The existing financial delegation and power as per Finance Department circulars will be applicable for condemnation at district/facility level.

- f) **Ensure update of the database** for the equipment available (facility/department wise). Any changes in the status of the equipment due to above has to be updated in the central database. The custodian of the equipment shall be responsible for updation of the same.
- g) Minimum 2/3rd of the Members shall form the quorum. All members present in the meeting shall sign the finalized indent alongwith the scoring sheet for prioritization of item indented.

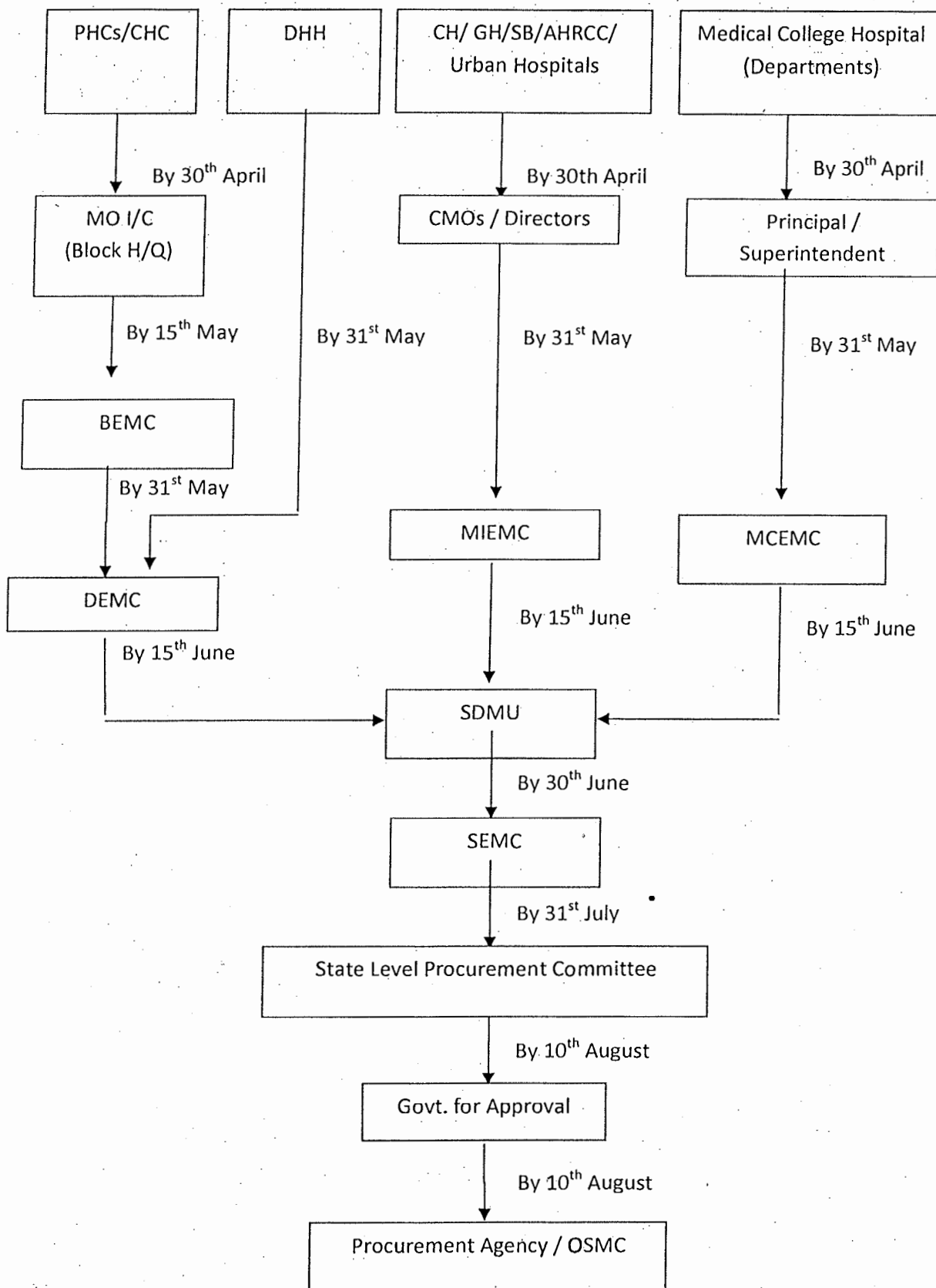
1.3.2.4. Responsibility Matrix for Annual Indent Compilation

Sl.	Category of Institution	Person Responsible
1	Block	MO I/C, Pharmacist
2	SDH/OH	MO (I/C) , Pharmacist
2	District	ADMO (Med.) , Sr. Phrmacist
3	Major Health Institutions	Superintendent / CMO , Sr. Phrmacist
4	Medical College	Store Medical Officer , Sr. Pharmacist

1.3.2.5. Summary of Indent Flow Mechanism



1.3.2.6 Time Line for Indent Finalisation at Different Level



2. POST PROCUREMENT PROCESS

2.1. **Custodian of the Equipment:** Each category of institution shall have a designated officer as the custodian of the equipment, who shall have the following roles and responsibilities:

- a) Receipt of EIF
- b) Ensure proper installation of Equipment
- c) Operationalization & Maintenance of the Equipment (during warranty & AMC/CMC during post warranty period)

The custodian for each category of institution/facility is as described below:

Sl.	Category of Institution	Person Responsible
1	PHC	MO (I/C)
2	CHC	MO (I/C)
3	SDH/OH	MO (I/C)
4	DHH	ADMO (Med.) / Respective Senior Specialist
5	Major Health Institutions	HODs of the respective department
6	Medical College	HODs of the respective department

2.2 **Post procurment inspection** shall be carried out for all *major equipment* procured to ensure that the installion and commissioning of equipment is as per the tender terms and condition. This shall be carried out within 4 weeks of delivery of equipment at the site. The **post procurment inspection sheet** is annexed as Form-IV .

2.3 **Similarly Post installation performance assessments** shall be carried out for all *major equipment* procured to assess that (a) the equipment is utilised as per the estimated case load projected in the indent and (b) the maintenance of it as per Warranty/AMC/CMC and terms are complied by the suppliers .This assessment shall be carried out after 6 months & before one year of installation. The **post installtion assessment sheet** is annexed as Form-V.

3. STATE LEVEL EQUIPMENT MANAGEMENT COMMITTEE (SEMC)

3.1 Roles and Responsibilities

SEMC shall be primarily responsible for finalisation of technical specification and annual procurement plan of equipment based on priority.

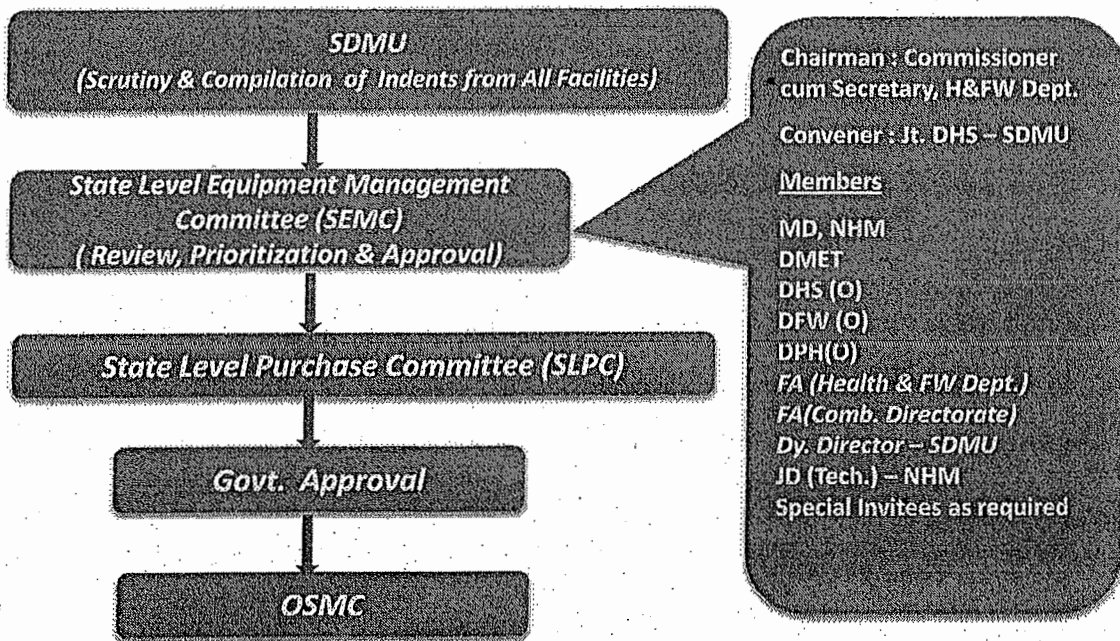
3.1.1 Finalisation of Annual Procurement Plan:

- a) SDMU after collecting the indents from respective districts, medical colleges and major health institutions shall compile and place it before State Level Equipment Management Committee (SEMC) to finalize **annual procurement plan** (draft).
- b) SEMC shall workout the framework of prioritisation. In any case, KBK and other backward districts shall be given priority.
- c) The SEMC shall finalize the **quantity** to be procured against the quantity indented based on the **level of institution and budgetary resource**.
- d) After finalization of Annual Procurement Plan, the total estimated cost of the procurement shall be prepared by SDMU for budget request. The SEMC may revise the Annual Procurement Plan on the basis of **priority** and as per availability of resource.
- e) The annual procurement plan as proposed shall be revised in case of any change in allocation in the State budget. In case the budgetary allocation is less than the proposal then the annual procurement plan shall be revised by the SEMC on the basis of priority.

3.1.2 Finalisation of Technical Specification

- a) The standard specification for commonly used equipment issued by the **Ministry of Health, GoI** shall be adopted with necessary **revision** (updating and customization) if required. While finalizing the standard technical specification; SEMC shall consider the specification of the items **already developed** by the State.
- b) The specification shall be prepared in a **standard template** describing quality standard, technical details, warranty and maintenance (AMC & CMC) conditions.
- c) The standard specification as finalized by the SEMC shall be updated in the central database and disseminated to indenting units for facilitating rational indenting.
- d) In case of items not covered in the list, the technical specification shall be finalized by the SEMC in consultation with technical experts from the relevant field.
- e) In addition to above responsibility, the SEMC shall also be responsible for the following functions:
 - (i) Examine the justification for deviation if any in standard technical specification as furnished by the indenting authority.
 - (ii) Approval of any deviation in technical specification from Standard specification of the item indented.
 - (iii) Finalize specification from **end user** prospective.
- f) In case of minor changes in technical specification as required in pre-bid meeting during the procurement process, then the technical committee of the procurement agency can do such modification provided the change in technical specification does not result in more than 20% increase in the estimated cost. In case the cost likely to exceed 20%, it has to be referred to the SEMC.

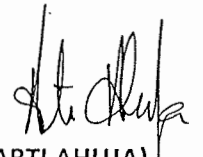
3.1.3 Composition of SEMC and the Process Flow is as mentioned below :



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3.1.4 After the Annual Procurement Plan once finalized and approved by State Level Procurement Committee (SLPC) and Government, it would be communicated to the Procurement Agency / Odisha State Medical Corporation (OSMC) to initiate the tendering process.

The Procurement Agency / OSMC being the nodal agency for procurement of medicine, medical equipment and consumable for the department shall ensure the guidelines and procedures as issued by the Finance Department, Government of Odisha from time to time, along with the provisions under OGFR with respect to procurement are being followed in the tendering process.



(ARTI AHUJA)

COMMISSIONER-CUM-SECRETARY TO GOVT.

FORM - I

Indenting Format for Equipment, Instrument & Furniture (EIF)

Indent No.: _____ Date: _____ Financial Year: _____

A. Type of Institution (PHC /CHC /SDH /OH /DHH / MCH): _____

B. Name of the Institution: _____

C. Name of the District: _____

D. Name of the Department: _____

Sl. No.	Equipment Code (as per SEL)	Name of the EIF	Total available Quantity (Nos.)	Functional Quantity (Nos.)	Non Functional Quantity (Nos.)	Reason of Non Functionality	* New Requirement Quantity (Nos.)	** Deviation from Standard Specification (SEL) (Yes/No)	Consumable / Recurring cost, if any (per year)	*** Expected source of Funding	Availability of Trained manpower (Specify the positions)	Availability of Space for installation (Specify the details)	Purpose of use / Area of application of the equipment	Expected Caseload of the department for the equipment (Monthly)	**** Remarks (Justification for Indent)

* Requirement should be based on need, caseload, availability of infrastructure & trained manpower.
 ** The deviation (if any) with justification & estimated cost implication to be submitted separately in Annexure-II
 *** Expected source of funding: State / NHM / Central Govt./ Any Other (Specify)
 **** Cost effectiveness of the equipment, whether alternative available or not

Signatory 1 with Designation _____ Signatory 2 with Designation _____ Signatory 3 with Designation _____

Note :

	Signatory 1 User (s)	Signatory 2 MO	Signatory 3 MO (I/C)
PHC			
CHC			
SDH/OH			
DHH			
CH/RGH/IMH/SB/AHRCC			
MCH			

NB : User may be Pharmacist / Lab. Technician / Nursing Staff / Ayush Doctor / Radiographer / Doctors etc.

Technical Specification Deviation Statement

Indent Reference No. :

A. Type of Institution (PHC /CHC /SDH /OH /DHH / MCH) :

B. Name of the Institution:

C. Name of the District :

D. Name of the Department :

Sl.	Equipment Code	Name of the ELF	Standard Technical Specification as per SEL (Parameters where changes are proposed)	Revised Technical Specifications (Parameters) as proposed	Justification for deviation	Estimated cost implication due to deviation, if any	Remarks (if any)

Signatory 1 with Designation

Signatory 2 with Designation

Signatory 3 with Designation

Note :

	Signatory 1	Signatory 2	Signatory 3
PHC	User (s)	MO	
CHC	User (s)	MO (I/C)	
SDH/OH	User (s)	Concerned Specialist	SDMO/MO(I/C)
DHH	User (s)	Concerned Specialist	ADMO (Med.)
CH/RGH	User (s)	Dept. Specialist	Director / CMO
MCH	User (s)	2nd Professor / Associate Professor	HOD / 1st Professor

NB: User may be Pharmacist / Lab. Technician / Nursing Staff / Ayush Doctor / Radiographer / Doctors etc.

(4)

FORM III

Prioritization of Indent by Committees (DEMC, MCEMC, MIEMC)

Scoring Sheet for Prioritization of Item Indented

Sl.	Name of the Equipment with Code (as per EEL)	Indent No	Infrastructure Readiness (15)	Manpower Availability (Specialist & support staff) (15)	Availability of the service in the near by locations (Govt./ Pvt.) (10)	Realistic Assessment of the expected caseload (30)	New, Replacement or Up-gradation (10)	If the equipment is required in the facility as per the IPHS norm (10)	Availability of alternate facility /diagnostic for the same equipment (10)	TOTAL SCORE (100)	If the equipment requires hazards / waste management safeguard, if yes, whether adequate precautions has been taken
			1	2	3	4	5	6	7	8	

**Signature of Members
(of the respective Committees)**

Guidelines for Scoring:

S. N	Parameter	Scoring Criteria								
1	Infrastructure Readiness	<p>Priority shall be given to the facility having required infrastructure, wherever required:</p> <table border="1"> <thead> <tr> <th>Status</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>The site is ready</td> <td>15</td> </tr> <tr> <td>Work in Progress, likely to be completed with in 3 months.</td> <td>10</td> </tr> <tr> <td>Site is not ready</td> <td>0</td> </tr> </tbody> </table>	Status	Score	The site is ready	15	Work in Progress, likely to be completed with in 3 months.	10	Site is not ready	0
Status	Score									
The site is ready	15									
Work in Progress, likely to be completed with in 3 months.	10									
Site is not ready	0									
2	Manpower Availability (Specialist & support staff)	<p>Priority shall be given on the basis of manpower availability including MO/Specialist, Operator and support staff:</p> <table border="1"> <thead> <tr> <th>Status</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>Medical Officer/ Specialist available.</td> <td>15</td> </tr> <tr> <td>Operator & Support Staff available</td> <td>10</td> </tr> <tr> <td>Not available</td> <td>0</td> </tr> </tbody> </table>	Status	Score	Medical Officer/ Specialist available.	15	Operator & Support Staff available	10	Not available	0
Status	Score									
Medical Officer/ Specialist available.	15									
Operator & Support Staff available	10									
Not available	0									
3	Availability of the service in the near by locations (Govt.)	<p>Preferences shall be given to the facility in the location where similar service not available in the vicinity.</p> <table border="1"> <thead> <tr> <th>Status</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>Available within 05 Km</td> <td>0</td> </tr> <tr> <td>Available within 10 Km</td> <td>5</td> </tr> <tr> <td>Available within 20 Km</td> <td>10</td> </tr> </tbody> </table>	Status	Score	Available within 05 Km	0	Available within 10 Km	5	Available within 20 Km	10
Status	Score									
Available within 05 Km	0									
Available within 10 Km	5									
Available within 20 Km	10									

4	Realistic Assessment of the expected caseload.	Facility having sufficient caseload shall be given higher priority:	
		Status (Expected Capacity Utilisation)	Score
		More than 50% capacity utilisation	15
		More than 100% capacity utilisation	30
5	New, Replacement or up gradation	Status	Score
		Replacement of old equipment of more than 10 years of old and beyond economical repair.	05
		New equipment that was not earlier available in the facility.	10
6	Availability of alternative facility of the same equipment	Status	Score
		No Alternative facility Available for the same equipment	10
		Alternative facility available for the same equipment	00
7	Item falls under category of minimum essential item for the level of facility as per IPHS / MCI / DCI / INC / Any other regulatory norm as applicable.	If, yes a score of 10 shall be given.	
8	Is there any statutory requirement?	The facility shall submit a detail management plans to meet the requirement as per the statute.	

Note:

1. A Nil score in site readiness and availability of specialist and operator will disqualify the indent
2. If the equipment requires hazards/waste management safeguard the indenting authority (facility) shall submit a detail plan for biomedical waste management in line with the statutory requirement.

2

FORM-IV

POST PROCUREMENT INSPECTION SHEET

NAME OF THE INSTITUTION: _____

CATEGORY OF INSTITUTION : _____

DISTRICT: _____

DATE OF VISIT: _____

Sl.	Indent reference No.	Item code as per EEL	Name of the Equipment	Make & Model	Date of installation	Date of Operation	Number of personnel trained.	Whether the supplied equipment including accessories is confirming to technical specification (yes/No)	Specify the deviation to technical specification if any	Whether user manual and warranty papers submitted (yes/No)	Warrenty Validity Period	Remarks
1												
2												
3												
4												

AUTHORIZED REPRESENTATIVE OF PROCUREMENT AGENCY Signatory 1:	Signatory 2: Custodian of Equipment
Signatory 3: Head of the Institution	

Signatory 3 is applicable only for Medical College, Major Health Institutions and DHH. In case of PHC and CHC there shall be only Signatory 1 & 2.

FORM-V

POST INSTALLTION PERFORMANCE ASSESSMENT SHEET

NAME OF THE INSTITUTION: _____

CATEGORY OF INSTITUITON : _____

DISTRICT: _____

DATE OF VISIT: _____

Sl.	Indent reference	Item code as per EEL	Name of the Equipment	Make & Model	Date of installation & Operation	Whether covered under Warranty /AMC/CMC(Yes/No) If so till what period	Actual case load (as per hospital register)	Projected caseload as per indent	No. of breakdowns during the installation & date of visit	Duration of breakdown (% of downtime)	Response of the suppliertowards Service Call during the installation & date of visit	No. of days the equipment is non operational for reason other than maintenance (i.e. Manpower, Consumables, power supply, infrastructure etc.)	Remarks
1													
2													
3													
4													

<p>AUTHORIZED REPRESENTATIVE OF PROCUREMENT AGENCY Signatory 1:</p>	<p>Signatory 2: Custodian of Equipment</p>
<p>Signatory 3: Head of the Institution</p>	

Signatory 3 is applicable only for Medical College, Major Health Institutions and DHH. In case of PHC and CHC there shall be only Signatory 1 & 2.

DWSR

W H M

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