



Hospital:

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Building:

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Section:

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Unit:

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Room Barcode:

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Operational Manager:

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Persal Number:

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**Use of Register:**

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

**Page A**

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

**Page B** (See Repair of Equipment below)

- 12 Record any repair/servicing/borrowing of equipment on this page. Only enter when the equipment is removed from the unit
- 13 Record allocated number (as per Page A) when entering a piece of equipment sent for repair. It is not necessary
- 14 No faulty/nonfunctional equipment should remain in the unit
- 15 Record Green form number and date sent for repair and date when equipment is received back in unit following repair

**Page C**

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

**Page D** (See Follow up below)

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

**Repair/Servicing of equipment:**

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

**NB If the item is functional and just requires servicing- do not send the equipment. Continue using equipment. Request HTS workshop to arrange for the servicing of equipment to be performed on site (only life support equipment.) or for a loan unit to be provided by the company once approval for servicing has been obtained**

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

**This process should take no longer than 3 months.**

**Follow up:**

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

Contact:

- 1 Local HTS - insert relevant name and email:

- 
- 2 Provincial HTS - Danny Singh [danny.singh@kznhealth.gov.za](mailto:danny.singh@kznhealth.gov.za)
  - 3 Provincial SCM - Kevin Pillay [kevin.pillay2@kznhealth.gov.za](mailto:kevin.pillay2@kznhealth.gov.za)
  - 4 Provincial HTS Manager - Mr N Singh [nishan.singh@kznhealth.gov.za](mailto:nishan.singh@kznhealth.gov.za)

<b>EQUIPMENT REGISTER INDEX</b>					
<b>1 Annual Equipment Requirements/ norm</b>					Page 3 - 4
<b>2 Equipment items</b>					Page 5 on wards
<b>NB. For each Piece of Equipment there are 4 pages:</b>					
A. Identifying numbers and purchase and condemning information					
B. Record of repair/service/borrowing					
C. Monthly stock count					
D. Monthly Follow up					
<b>Equipment Item</b>	<b>Page Number</b>	<b>Equipment Item</b>	<b>Page Number</b>	<b>Equipment Item</b>	<b>Page Number</b>
Bed - Juvenile	12	Heater	9	Spotlight	7
Calulator	8	High flow humidified air	15	Stadiometer	6
Cardiac trolley	12	Infusion pump	14	Stethoscope	11
Chair - mother	11	Locker	12	Suction - portable	9
Cot - large	12	Monitor - Multiparameter	15	Suction unit - wall	14
Cradle	8	Oxygen blender	13	Syringe pump	14
Diagnostic set	5	Oxygen cylinder	9	Torch	7
Dinamap	15	Oxygen flow meter - double	13	Traction	8
Drip stand	11	Patella hammer	5	Vein viewer	7
Fan	9	Peak flow meter	5	X-Ray viewing box - long	7
Feeding pump	14	Pressure gauge - oxygen	9	X-Ray viewing box - short	7
Fridge - immunisation	10	Pulse oximeter	15		
Fridge - medication	10	Scale - Bathroom	6		
Fridge - milk	10	Scale - Electronic infant	6		
Glucometer	5	Scale - Sitting	6		
Haemoglobinometer	5	Screen	8		

<b>KZN EQUIPMENT/FURNITURE/SERVICES REQUIREMENTS:</b> To be completed annually by the DCST team, OM and Assets manager in July/Aug/Sept .								Year:	
BED NUMBERS:	Cubicles:		GC Beds:		Specialised Beds:		HC Beds:		
Required Services-All Hospitals (ICU bed requirements NA for District Hospitals)		General care Beds	Required No.	Specialised Beds	Required No.	HC & "Tiny Tots" Beds	Required N°	Total Required	Present & Functional
Electrical points		1/bed		2/bed		6/bed			
Medical air points						1/bed			
Oxygen points		1/2 beds		1/bed		1/bed			
Suction points		1/2 beds		1/bed		1/bed			

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

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

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

<b>KZN EQUIPMENT/FURNITURE/SERVICES REQUIREMENTS:</b> To be completed annually by the DCST team, OM and Assets manager in August.							Year:		
BED NUMBERS:	Cubicles:		GC Beds:		Specialised Beds:		HC Beds:		
Required Services-All Hospitals (ICU bed requirements NA for District Hospitals)		General care Beds	Required No.	Specilaised Beds	Required No.	HC & "Tiny Tots" Beds	Required N°	Total Required	Present & Functional
Electrical points		1/bed		2/bed		6/bed			
Medical air points						1/bed			
Oxygen points		1/2 beds		1/bed		1/bed			
Suction points		1/2 beds		1/bed		1/bed			

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

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

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











**MONTHLY FOLLOW UP** (To be completed monthly by Operational Manager in liaison with ANM and HOD/Medical Manager) PG N<sup>o</sup>: 5 D

<b>Date Sent for repair/ Servicing:</b>		<b>Green form Number/s:</b>	
<b>Equipment serial N<sup>os</sup></b>			
<b>Follow up</b>	<b>Date:</b>	<b>Person Contacted:</b>	<b>Feedback:</b>
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 months)			
<b>Date Sent for repair/ Servicing:</b>		<b>Green form Number/s:</b>	
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Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
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Provincial SCM			
Provincial Manager (after 3 months)			
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Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 months)			

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PG N<sup>o</sup>: 5 D

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Local HTS			
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Provincial Manager (after 3 months)			
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Provincial Manager (after 3 months)			











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**MONTHLY FOLLOW UP**

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

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Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 months)			
<b>Date Sent for repair/ Servicing:</b>		<b>Green form Number/s:</b>	
<b>Equipment serial N<sup>os</sup></b>			
<b>Follow up</b>	<b>Date:</b>	<b>Person Contacted:</b>	<b>Feedback:</b>
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 months)			











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

**MONTHLY FOLLOW UP** (To be completed monthly by Operational Manager in liaison with ANM and HOD/Medical Manager) PG N°: 10 **D**

<b>Date Sent for repair/ Servicing:</b>		<b>Green form Number/s:</b>	
<b>Equipment serial N<sup>os</sup></b>			
<b>Follow up</b>	<b>Date:</b>	<b>Person Contacted:</b>	<b>Feedback:</b>
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 months)			
<b>Date Sent for repair/ Servicing:</b>		<b>Green form Number/s:</b>	
<b>Equipment serial N<sup>os</sup></b>			
<b>Follow up</b>	<b>Date:</b>	<b>Person Contacted:</b>	<b>Feedback:</b>
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 months)			
<b>Date Sent for repair/ Servicing:</b>		<b>Green form Number/s:</b>	
<b>Equipment serial N<sup>os</sup></b>			
<b>Follow up</b>	<b>Date:</b>	<b>Person Contacted:</b>	<b>Feedback:</b>
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 months)			









<b>Date Sent for repair/ Servicing:</b>		<b>Green form Number/s:</b>	
<b>Equipment serial N<sup>os</sup></b>			
<b>Follow up</b>	<b>Date:</b>	<b>Person Contacted:</b>	<b>Feedback:</b>
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 months)			
<b>Date Sent for repair/ Servicing:</b>		<b>Green form Number/s:</b>	
<b>Equipment serial N<sup>os</sup></b>			
<b>Follow up</b>	<b>Date:</b>	<b>Person Contacted:</b>	<b>Feedback:</b>
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 months)			
<b>Date Sent for repair/ Servicing:</b>		<b>Green form Number/s:</b>	
<b>Equipment serial N<sup>os</sup></b>			
<b>Follow up</b>	<b>Date:</b>	<b>Person Contacted:</b>	<b>Feedback:</b>
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 months)			



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



















<b>Date Sent for repair/ Servicing:</b>		<b>Green form Number/s:</b>	
<b>Equipment serial N<sup>os</sup></b>			
<b>Follow up</b>	<b>Date:</b>	<b>Person Contacted:</b>	<b>Feedback:</b>
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 months)			
<b>Date Sent for repair/ Servicing:</b>		<b>Green form Number/s:</b>	
<b>Equipment serial N<sup>os</sup></b>			
<b>Follow up</b>	<b>Date:</b>	<b>Person Contacted:</b>	<b>Feedback:</b>
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 months)			
<b>Date Sent for repair/ Servicing:</b>		<b>Green form Number/s:</b>	
<b>Equipment serial N<sup>os</sup></b>			
<b>Follow up</b>	<b>Date:</b>	<b>Person Contacted:</b>	<b>Feedback:</b>
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 months)			
<b>Date Sent for repair/ Servicing:</b>		<b>Green form Number/s:</b>	
<b>Equipment serial N<sup>os</sup></b>			
<b>Follow up</b>	<b>Date:</b>	<b>Person Contacted:</b>	<b>Feedback:</b>
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 months)			

**MONTHLY FOLLOW UP** (To be completed monthly by Operational Manager in liaison with ANM and HOD/Medical Manager) PG N<sup>o</sup>: 12 D

<b>Date Sent for repair/ Servicing:</b>		<b>Green form Number/s:</b>	
<b>Equipment serial N<sup>os</sup></b>			
<b>Follow up</b>	<b>Date:</b>	<b>Person Contacted:</b>	<b>Feedback:</b>
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 months)			
<b>Date Sent for repair/ Servicing:</b>		<b>Green form Number/s:</b>	
<b>Equipment serial N<sup>os</sup></b>			
<b>Follow up</b>	<b>Date:</b>	<b>Person Contacted:</b>	<b>Feedback:</b>
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 months)			
<b>Date Sent for repair/ Servicing:</b>		<b>Green form Number/s:</b>	
<b>Equipment serial N<sup>os</sup></b>			
<b>Follow up</b>	<b>Date:</b>	<b>Person Contacted:</b>	<b>Feedback:</b>
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 months)			









<b>Date Sent for repair/ Servicing:</b>		<b>Green form Number/s:</b>	
<b>Equipment serial N<sup>os</sup></b>			
<b>Follow up</b>	<b>Date:</b>	<b>Person Contacted:</b>	<b>Feedback:</b>
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 months)			
<b>Date Sent for repair/ Servicing:</b>		<b>Green form Number/s:</b>	
<b>Equipment serial N<sup>os</sup></b>			
<b>Follow up</b>	<b>Date:</b>	<b>Person Contacted:</b>	<b>Feedback:</b>
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 months)			
<b>Date Sent for repair/ Servicing:</b>		<b>Green form Number/s:</b>	
<b>Equipment serial N<sup>os</sup></b>			
<b>Follow up</b>	<b>Date:</b>	<b>Person Contacted:</b>	<b>Feedback:</b>
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 months)			



<b>Date Sent for repair/ Servicing:</b>		<b>Green form Number/s:</b>	
<b>Equipment serial N<sup>os</sup></b>			
<b>Follow up</b>	<b>Date:</b>	<b>Person Contacted:</b>	<b>Feedback:</b>
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 months)			
<b>Date Sent for repair/ Servicing:</b>		<b>Green form Number/s:</b>	
<b>Equipment serial N<sup>os</sup></b>			
<b>Follow up</b>	<b>Date:</b>	<b>Person Contacted:</b>	<b>Feedback:</b>
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 months)			
<b>Date Sent for repair/ Servicing:</b>		<b>Green form Number/s:</b>	
<b>Equipment serial N<sup>os</sup></b>			
<b>Follow up</b>	<b>Date:</b>	<b>Person Contacted:</b>	<b>Feedback:</b>
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 months)			









<b>Date Sent for repair/ Servicing:</b>		<b>Green form Number/s:</b>	
<b>Equipment serial N<sup>os</sup></b>			
<b>Follow up</b>	<b>Date:</b>	<b>Person Contacted:</b>	<b>Feedback:</b>
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 months)			
<b>Date Sent for repair/ Servicing:</b>		<b>Green form Number/s:</b>	
<b>Equipment serial N<sup>os</sup></b>			
<b>Follow up</b>	<b>Date:</b>	<b>Person Contacted:</b>	<b>Feedback:</b>
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 months)			
<b>Date Sent for repair/ Servicing:</b>		<b>Green form Number/s:</b>	
<b>Equipment serial N<sup>os</sup></b>			
<b>Follow up</b>	<b>Date:</b>	<b>Person Contacted:</b>	<b>Feedback:</b>
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 months)			

<b>Date Sent for repair/ Servicing:</b>		<b>Green form Number/s:</b>	
<b>Equipment serial N<sup>os</sup></b>			
<b>Follow up</b>	<b>Date:</b>	<b>Person Contacted:</b>	<b>Feedback:</b>
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 months)			
<b>Date Sent for repair/ Servicing:</b>		<b>Green form Number/s:</b>	
<b>Equipment serial N<sup>os</sup></b>			
<b>Follow up</b>	<b>Date:</b>	<b>Person Contacted:</b>	<b>Feedback:</b>
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 months)			
<b>Date Sent for repair/ Servicing:</b>		<b>Green form Number/s:</b>	
<b>Equipment serial N<sup>os</sup></b>			
<b>Follow up</b>	<b>Date:</b>	<b>Person Contacted:</b>	<b>Feedback:</b>
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 months)			











<b>Date Sent for repair/ Servicing:</b>		<b>Green form Number/s:</b>	
<b>Equipment serial N<sup>os</sup></b>			
<b>Follow up</b>	<b>Date:</b>	<b>Person Contacted:</b>	<b>Feedback:</b>
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 months)			
<b>Date Sent for repair/ Servicing:</b>		<b>Green form Number/s:</b>	
<b>Equipment serial N<sup>os</sup></b>			
<b>Follow up</b>	<b>Date:</b>	<b>Person Contacted:</b>	<b>Feedback:</b>
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 months)			
<b>Date Sent for repair/ Servicing:</b>		<b>Green form Number/s:</b>	
<b>Equipment serial N<sup>os</sup></b>			
<b>Follow up</b>	<b>Date:</b>	<b>Person Contacted:</b>	<b>Feedback:</b>
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 months)			

<b>Date Sent for repair/ Servicing:</b>		<b>Green form Number/s:</b>	
<b>Equipment serial N<sup>os</sup></b>			
<b>Follow up</b>	<b>Date:</b>	<b>Person Contacted:</b>	<b>Feedback:</b>
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 months)			
<b>Date Sent for repair/ Servicing:</b>		<b>Green form Number/s:</b>	
<b>Equipment serial N<sup>os</sup></b>			
<b>Follow up</b>	<b>Date:</b>	<b>Person Contacted:</b>	<b>Feedback:</b>
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 months)			
<b>Date Sent for repair/ Servicing:</b>		<b>Green form Number/s:</b>	
<b>Equipment serial N<sup>os</sup></b>			
<b>Follow up</b>	<b>Date:</b>	<b>Person Contacted:</b>	<b>Feedback:</b>
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 months)			











<b>Date Sent for repair/ Servicing:</b>		<b>Green form Number/s:</b>	
<b>Equipment serial N<sup>os</sup></b>			
<b>Follow up</b>	<b>Date:</b>	<b>Person Contacted:</b>	<b>Feedback:</b>
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 months)			
<b>Date Sent for repair/ Servicing:</b>		<b>Green form Number/s:</b>	
<b>Equipment serial N<sup>os</sup></b>			
<b>Follow up</b>	<b>Date:</b>	<b>Person Contacted:</b>	<b>Feedback:</b>
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 months)			
<b>Date Sent for repair/ Servicing:</b>		<b>Green form Number/s:</b>	
<b>Equipment serial N<sup>os</sup></b>			
<b>Follow up</b>	<b>Date:</b>	<b>Person Contacted:</b>	<b>Feedback:</b>
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 months)			

**MONTHLY FOLLOW UP**

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

<b>Date Sent for repair/ Servicing:</b>		<b>Green form Number/s:</b>	
<b>Equipment serial N<sup>os</sup></b>			
<b>Follow up</b>	<b>Date:</b>	<b>Person Contacted:</b>	<b>Feedback:</b>
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 months)			
<b>Date Sent for repair/ Servicing:</b>		<b>Green form Number/s:</b>	
<b>Equipment serial N<sup>os</sup></b>			
<b>Follow up</b>	<b>Date:</b>	<b>Person Contacted:</b>	<b>Feedback:</b>
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 months)			
<b>Date Sent for repair/ Servicing:</b>		<b>Green form Number/s:</b>	
<b>Equipment serial N<sup>os</sup></b>			
<b>Follow up</b>	<b>Date:</b>	<b>Person Contacted:</b>	<b>Feedback:</b>
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 months)			









<b>Date Sent for repair/ Servicing:</b>		<b>Green form Number/s:</b>	
<b>Equipment serial N<sup>os</sup></b>			
<b>Follow up</b>	<b>Date:</b>	<b>Person Contacted:</b>	<b>Feedback:</b>
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 months)			
<b>Date Sent for repair/ Servicing:</b>		<b>Green form Number/s:</b>	
<b>Equipment serial N<sup>os</sup></b>			
<b>Follow up</b>	<b>Date:</b>	<b>Person Contacted:</b>	<b>Feedback:</b>
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 months)			
<b>Date Sent for repair/ Servicing:</b>		<b>Green form Number/s:</b>	
<b>Equipment serial N<sup>os</sup></b>			
<b>Follow up</b>	<b>Date:</b>	<b>Person Contacted:</b>	<b>Feedback:</b>
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 months)			
<b>Date Sent for repair/ Servicing:</b>		<b>Green form Number/s:</b>	
<b>Equipment serial N<sup>os</sup></b>			
<b>Follow up</b>	<b>Date:</b>	<b>Person Contacted:</b>	<b>Feedback:</b>
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 months)			



<b>Date Sent for repair/ Servicing:</b>		<b>Green form Number/s:</b>	
<b>Equipment serial N<sup>os</sup></b>			
<b>Follow up</b>	<b>Date:</b>	<b>Person Contacted:</b>	<b>Feedback:</b>
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 months)			
<b>Date Sent for repair/ Servicing:</b>		<b>Green form Number/s:</b>	
<b>Equipment serial N<sup>os</sup></b>			
<b>Follow up</b>	<b>Date:</b>	<b>Person Contacted:</b>	<b>Feedback:</b>
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 months)			
<b>Date Sent for repair/ Servicing:</b>		<b>Green form Number/s:</b>	
<b>Equipment serial N<sup>os</sup></b>			
<b>Follow up</b>	<b>Date:</b>	<b>Person Contacted:</b>	<b>Feedback:</b>
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 months)			









**MONTHLY FOLLOW UP** (To be completed monthly by Operational Manager in liaison with ANM and HOD/Medical Manager) PG N<sup>o</sup>: 18 D

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

<b>Date Sent for repair/ Servicing:</b>		<b>Green form Number/s:</b>	
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Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
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Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
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<b>Follow up</b>	<b>Date:</b>	<b>Person Contacted:</b>	<b>Feedback:</b>
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Local HTS			
Provincial HTS			
Provincial SCM			
Provincial Manager (after 3 months)			