

<b>NAME &amp; ADDRESS OF BLOOD BANK</b>
_____
Licence No.:- _____



### EQUIPMENT BREAKDOWN REGISTER (GD-14)

SR NO.	DATE	NAME OF EQUIPMENT WITH MODEL NO.	SERIAL NO. OF EQUIPMENT	AMC PROVIDER	PHONE NO. OF AMC PROVIDER	PROBLEM NOTED	SERVICE DONE		REMARKS OF ENGINEER	ALTERNATIVE ARRANGEMENT MADE FOR STORAGE *	WORK DONE BY	REMARKS	SIGNATURE OF I/C
							IN HOUSE	OUTSIDE					

\*may include shifting back the units to parent center

