


**GUAM MEMORIAL HOSPITAL AUTHORITY
ADMINISTRATIVE MANUAL**

APPROVED BY:  Peter John D. Camacho, MPH Hospital Administrator/CEO	RESPONSIBILITY: Hospital-wide	EFFECTIVE DATE: February 20, 2018	POLICY NO.: A-EC400	PAGE: 1 of 3
TITLE: REPORTING EQUIPMENT OR UTILITY MALFUNCTION/FAILURE				
LAST REVIEWED/REVISED: 12/2017				
ENDORSED: EOC 12/2017, EMC 12/2017				

PURPOSE:

To provide guidelines on reporting equipment and utility malfunctions.

POLICY:

Each employee is responsible to report all equipment and utility malfunctions as soon as possible.

In the event of equipment or utility malfunctions, the following reporting procedure will be followed.

PROCEDURE:

- I. Report all equipment and utility malfunctions by calling the Facilities Maintenance Department extensions 3-2192 or 3-2224 Monday to Friday from 8:00 a.m. – 5:00 p.m. After 5:00 p.m., weekends, and holidays call the Communication Center to notify the ON-CALL Facilities Maintenance Manager or designee of the failure.
- II. Reporting of equipment or utility malfunctions/failures will be divided into the following three categories:
 - A. Equipment Malfunctions/Failures - Patient Care Equipment:
 1. Double check procedure techniques to ascertain whether there is a true malfunction or a procedural error.
 2. If the malfunction continues to occur, remove equipment from service and call the Biomedical Shop at extension 3-2122 Monday to Friday 8am-5pm to report the malfunction. After 5pm weekends and holidays call the Communication Center to notify the Medical Electronic Superintendent or the ON-CALL Facilities Maintenance Manager or designee.
 3. Complete the Equipment/Utility Failure Report Form and submit to the Facilities Maintenance Department immediately. See Attachment I.
 - B. Equipment Malfunctions/Failures - Non-Patient Care Equipment:
 - a. Complete the Equipment/Utility Failure Report Form and submit to the Facilities Maintenance Department immediately. See Attachment I.
 - b. Call the Facilities Maintenance Department at extension 3-2192 or 3-2224 Monday to Friday 8am-5pm to report the malfunction. After 5pm

weekends and holidays call the Communications Center to notify the ON-CALL Facilities Maintenance Manager.

C. Utility Malfunctions/Failures: Patient or Non-Patient Area

- a. Call the Facilities Maintenance Department at extensions 3-2192 or 3-2224 Monday to Friday from 8:00 a.m. – 5:00 p.m. to report the malfunction. After 5:00 p.m. call the Power Plant at extension 3-2225 or call the Communications Center to notify the ON-CALL Facilities Maintenance Manager.
- b. Complete the Equipment/Utility Failure Report Form and submit to the Facilities Maintenance Department immediately. (*Refer to Attachment I.*)

RESCISSION:

Policy No. 6480-2, Reporting Equipment or Utility Malfunction/Failure, of the Facilities Maintenance Department Manual made effective November 2017.

ATTACHMENT:

- I. [Equipment/Utility Failure Report](#)

ATTACHMENT I

**Guam Memorial Hospital Authority
EQUIPMENT/UTILITY FAILURE REPORT**

When completed, route to Facilities Maintenance Office

EQUIPMENT/UTILITY:	Date of Report:
Date of Failure:	Date Reported to Safety Management Committee:

FOR OPERATOR/USER

A. Person preparing report:	Title:	Department:
B. Describe the problem (include time, duration, location and type of event): _____ _____		
C. What equipment/activities were affected and for how long? _____ _____		
D. 1. Failure occurred: _____ During Use/With Patient _____ Pre-operation Verification		
2. Describe impact to patient care: _____ None, state reason _____ Other, describe		
E. Was appropriate supervisor notified? _____ Yes _____ No Name of Supervisor: _____		
F. 1. Were there any resulting injuries? _____ Yes _____ No ___ Patient ___ Visitor ___ Staff		
2. Type and Severity of Injury? Safety Medical Device Action Report completed? _____ Yes _____ No		
3. Was an Occurrence Summary completed? _____ Yes _____ No		

FOR FACILITIES MAINTENANCE PERSONNEL

A. FM personnel completing Form:	Title:	Department:
B. Date received:	C. Work Order No.:	D. Date Completed:
E. Were interim measures implemented? _____ Yes _____ No if so, what? _____		
F. Parts installed: _____ Yes _____ No Parts Purchased: _____ Yes _____ No _____ Stock		
G. Failure Type: _____ Component Malfunction _____ Calibration _____ Operator Error		
H. Failure analysis and corrective action taken: _____ _____		
I. Describe actions that were taken to prevent future problem recurrence: _____ _____		

Note: Attach additional documentation (correspondence, work orders, etc.) that amplifies the pertinent data contained on this Form.

REVIEWED & SUBMITTED BY : _____ Department/Unit Head/End-User Date	Received by: (please initial and date) cc Facility Maintenance _____ Asst. Admin., Nursing Services _____ Risk Management Officer _____ Infection Control _____	Received by: _____ EOC Chair Date
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