**SULTANATE OF OMAN**
**MINISTRY OF HEALTH**
**DIRECTORATE GENERAL OF MEDICAL SUPPLIES**

# QUALITY REPORTING FORM FOR SURGICAL CONSUMABLES / DISPOSABLES

**Hospital : ……..** **Region :……..** **Date :……**

**Name of the Department : ……..**

1. **Item Computer Code & Description**: ……..
2. **Cat. No.**: ……**Lot No./ Batch No.**:……
3. **Manufacturer**: ……

4. Detailed description of the problem encountered:
……
……
……
……

5. Is it batch related problem: Yes ☐ No ☐

6. How frequent?
(a) With every piece ☐ (b) Most of the time ☐ (c) Very sporadic ☐

7. Your experience with the item in question:
(a) Long time experience ☐ (b) Short time ☐ (c) First time (new arrival) ☐
Please indicate date of receiving: ……..

8. Was the item used for indicated purpose: Yes ☐ No ☐

9. Do you expect the above problem encountered by other users: Yes ☐ No ☐ No Idea ☐

10. Could the problem be related to:
a) Availability of New Devices ☐
b) Change of Techniques, Procedure ☐
c) Change of Equipment, Instrument ☐

11. Do you recommend a suitable alternative? Yes ☐ No ☐
If yes, give description : ……..
……..

**Name of the reporter :** ……..…**Designation :** ……
**Signature :** ……..…. **Date :** ……

Comment of The Head of Department: ……
……..
Name : …… Signature & Date : ……

Comment of Pharmacist In-charge : ……
……..
Name : ……..
Signature & Date : ……

**Hospital Stamp**

**NOTE: This form to be filled by the Physician, Pharmacist/ Assistant Pharmacist or Nursing Staff concerned and forwarded through the Director / Supdt. / Head of Pharmacy & Medical Stores, to The Director of Medical Stores, DGMS. Fax No: 24601593/24603236**