



SULTANATE OF OMAN
MINISTRY OF HEALTH
DIRECTORATE GENERAL OF MEDICAL SUPPLIES

SURGICAL CONSUMABLES / DISPOSABLES
QUALITY REPORTING FORM

Health Unit : Governorate :

Name of the Department :

1. Item Description: Code.....

2. Cat. No.: Lot No./ Batch No.:

3. Manufacturer:

4. Detailed description of the problem encountered:

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.....
.....

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 :

.....

Reporter's name : Designation :

Signature :

Date :

Health Unit Stamp

Note: To be filled in by the staff concerned and forwarded through the Director / Supdt. / Head of Pharmacy & Medical Stores to **The Head of Quality Management & Medicines Safety, DG Office, DGMS, MOH, Muscat, Fax: 24607124 / 24601593** with a copy to the Director of Medical Stores, DGMS.