

Annexure 2 - Indicative Data reporting Format

Parameters for sharing the result of PSA Mock drill (data collection via online survey recommended)				Directions/Instructions	Illustrative data entry	Actual Entry when Mock Drill is Conducted
A	General Details (Facility, Plant)					
1	Which round of mock drill is being conducted?	Enter Round 1 or Round 2		Round 2		
2	Date of assessment (dd-mm-yyyy)			10/2/2022		
3	Email address of the drill in-charge			xyz@gmail.com		
4	Name of Medical Superintendent(GMC)/ Civil Surgeon / Hospital Incharge			Dr Ramesh Kumar		
5	Mobile Number of Medical Superintendent (GMC) / Civil Surgeon / Hospital Incharge			840037XXXX		
6	Email of Medical Superintendent (GMC)/Civil Surgeon /HNO			abc@gmail.com		
7	Name of Health Facilities where PSA Plant is Installed			DH ABC		
8	District			ABC		
9	State			XYZ		
10	Type of Health Facilities where PSA Plant is Located	DH/CH/CHC/GMC/PHC		District Hospital		
11	No. of Oxygen Beds available			50		
12	Funding source of PSA	PMCARES/CSR/State/PSU/Foreign Aid		PMCARES		
13	Enter Implementing Agency Name	DRDO / HITES / CMSS (in case of PMCARES only)		DRDO		
14	Vendor / Manufacturing Company (PMCAres only)	List of 24 vendors in case of PMCARES provided on google form		TASL		
15	Capacity of PSA Plants (in LPM)	If facility was assigned 2000 LPM and has two 1000 LPM plants, then fill 2 separate assessment forms		1000		
16	Vendor name/Manufacturing Company of PSA Plant	Only for Non PMCARES PSA Plants		-		
B	PSA Technician / Training Details					
1	Name of the Designated PSA Plant Technician - 1			None		

2	Contact Number of the Designated PSA Plant Technician - 1		
3	Has PSA Plant Technician - 1 been trained?	Enter "Yes" or "No"	YES
4	Optional Question - Type of training	10 hr or 180 hr	10-hour
5	Name of the Designated PSA Plant Technician - 2		
6	Contact Number of the Designated PSA Plant Technician - 2		No
7	Has PSA Plant Technician - 2 been trained?	Enter "Yes" or "No"	
8	Optional Question - Type of training	10 hr or 180 hr	10-hour
9	Has the training manual and service manual been made available in English and local language (by vendor)?	Enter "Yes" or "No"	

C	PSA Mock Drill Results		
1	Is the facility maintaining records of routine PSA data?	Enter "Yes" or "No"	YES
2	What is the total machine runtime since installation?	PSA plants have total runtime (measured in hours), which can be seen in the central control panel.	1250
3	O2 Purity displayed @ 11:00 AM (in Percentage)	Please don't enter above 100%	91
4	O2 Purity displayed @ 01:00 PM (in Percentage)	Please don't enter above 100%	93
5	O2 Purity displayed @ 03:00 PM (in Percentage)	Please don't enter above 100%	94
6	What is the manifold room pressure?	Range 4-6 bar, depending upon the MGPS infrastructure	5 bar
7	What is the pressure at PSA output? (in Bar)		5 bar
8	What is the pressure at the non-ICU bedside? (in Bar)		5 bar
9	What is the pressure at the ICU bedside? (in Bar)		5 bar
10	Flow generated by the PSA plant (in LPM)	Please run the plant at 100% flow rate, this will ensure the plant is run at max output and indicate the purity, pressure accordingly	600
11	Is there any Zeolite / White Powder Issue?	Please highlight if any filter related issues	
12	Is there any leakage in Manifold room?		NO
13	If YES please provide brief discription of Corrective Measure taken	Mention the issue in detail	

14	Is there any leakage from Manifold to O2 Outlet at Patient Bed		YES	
15	If YES please provide brief description of Corrective Measure taken	<i>Mention the issue in detail</i>	-	
16	Is there any leakage in MGPS line from PSA Plant to Manifold		YES	
17	If YES please provide brief description of Corrective Measure taken	<i>Mention the issue in detail</i>	-	
18	Are back-up oxygen cylinders available at the manifold room?	<i>24 hour back-up should be available, depending upon the hospital infrastructure</i>	YES	
19	Do you have 24 hour electricity backup?		YES	
20	Please provide details on electricity backup.		TBU	
21	Availability of Appropriate and Functional Fire Safety Measures in Hospital	<i>As per IPHS guideline or state health system guidelines. Mention the measures taken</i>	YES	
22	Are Isolation Area Alarm for gas leakages and line pressure installed at every nursing station/floor?	<i>Provide details</i>	NO	