



INDIAN MEDICAL ASSOCIATION TAMILNADU STATE  
NURSING HOME BOARD



**Calibration of Instruments - Data Sheet**

Doctor Name :

NHB No. :

Hospital Name :

Address :

Contact No. :

E-mail ID :

Sl. No	Equipment	Qty	Equipment		Remarks
			Functioning	Not Functioning	
1	BP Apparatus				
2	ECG Machine				
3	Pulse Oximeter				
4	Patient Monitor System				
5	Ventilator				
6	Defibrillator				
7	Infusion Pump				
8	Surgical Diathermy				
9	Syringe Pump				
10	X-Ray				
11	Lab Equipments				
12	Others				