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ALL INDIA INSTITUTE OF MEDICAL SCIENCES
ANSARI NAGAR, NEW DELHI-110029

No.F.35/Store/2025-Estt.(H) Dated : 08.10.2025

Sub.: Reporting format for issues related to hospital stores – reg.

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Numerous complaints regarding the quality of drugs and medical devices are circulating on WhatsApp. In order to document and Institute necessary administrative/corrective measures, all concerned are requested to provide details in the enclosed format to the office of the Medical Superintendent.

8/10/25
(Prof. Nirupam Madaan)
Medical Superintendent

Distribution :

1) Chief of all Centre(s)
2) Heads of all Department(s)
3) PIC-Procurement
4) All Sr. Stores Officer(s)/Store Officer(s)/Asstt. Store Officer(s)
5) Sr. FA/FA
6) Chief Nursing Officer/All NS/DNS/ANS/Nursing Staff
7) PIC(CF) - with the request to kindly upload it on the AIIMS content provider

Copy to: Nodal Officer - Patient Safety/Quality

C.C.: Director/ADA AIIMS - for information please.

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ALL INDIA INSTITUTE OF MEDICAL SCIENCES
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Quality & Patient Safety Cell

Incident Reporting Form

Note:

- The process is strictly non-punitive to encourage transparent and timely reporting for continuous improvement.
- The purpose of incident reporting is for system improvement and enhancing patient safety and quality of care.

Date of Incident : Time of Incident :

Location of Incident (Ward/Department) :

Brief description of incident :
(Provide a detailed summary of what occurred, including the sequence of events)

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Drug*		**Medical Device/Equipment***	
Quality related issues	☐	Device Malfunction	☐
Packaging issues	☐	Leakage	☐
Expired drugs	☐	Obstruction/Occlusion	☐
Others:	☐	Dislodgment	☐
		Others:	☐

*Supporting Sample/Item :
(*Please submit any relevant sample/item related to the incident*)

Name of item/drug/device	Model/Serial No./Batch No., Mfg. and Exp. Date	Name of manufacturer & address

Supporting Documents/Photos (optional) :
(*Please attach any relevant documents related to the incident*)

Name, Designation and Signature of the healthcare personnel reporting the incident (*Optional*):
Place :
Date :