بسمه تعالي

مركز بهداشت شهرستان ........................ شماره فرم: MEE\_FO\_07

**فرم برنامه ريزي نگهداري و تعميرات پيشگيرانه((PM**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **جدول برنامه ريزي PM واحدها** | | | | | | | | | | | | | |
|  | **فروردين** | **ارديبهشت** | **خرداد** | **تير** | **مرداد** | **شهريور** | **مهر** | **ابان** | **اذر** | **دي** | **بهمن** | **اسفند** |
| **نام واحد** |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **نام دستگاه** | | **دوره PM** | | **نام دستگاه** | | **دوره PM** | | **نام دستگاه** | | **دوره PM** | | |
|  | |  | |  | |  | |  | |  | | |
|  | |  | |  | |  | |  | |  | | |
|  | |  | |  | |  | |  | |  | | |
|  | |  | |  | |  | |  | |  | | |
|  | |  | |  | |  | |  | |  | | |
|  | |  | |  | |  | |  | |  | | |
|  | |  | |  | |  | |  | |  | | |
|  | |  | |  | |  | |  | |  | | |

**رابط تجهيزات پزشكي مسئول مديريت شبكه**