Instructions: *Maintain a separate set of records for both systems in a duplex PSA plant and all three systems in a triplex PSA plant. Customize this form to your PSA plant. Electronic copies of this form are available at: www.bhioxygen.org*

Build Health International

Repair Log

	Manufacturer	Model	Serial Number
Air Compressor			
PSA Plant			
Oxygen Booster Compressor			

Component *What part requires repair? Include part number(s)*	**Hours** *How many hours was the part in use?*	**Date** *Date repair work is performed*	**Repair Person/Contact** *Who performed the repair? Service provider, plant operator, biomedical engineer? Include name and contact.*	**Repair Made (Detailed Narrative of Repair)** *Describe when and how the repair need was identified. Who was contacted? What was done to resolve the issue? What parts were replaced? What other issues were uncovered during the repair? Was the repair successful? Will follow-up attention be needed?*	**Initials** *The plant operator completing this form must sign.*
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