



24/7 SOFTWARE MAINTENANCE & SUPPORT

1. Name of Office*:		2. Date & Time of Incident*: ____/____/____; ____			
3. Contact Details*:		4. Reference # & Bug ID:*			
5. CATEGORY*					
<input type="checkbox"/> HIS (Hospital Information System)		<input type="checkbox"/> DMS (Document Management System)			
<input type="checkbox"/> EHR (Electronic Health Record)		<input type="checkbox"/> ENGAS(Electronic New Government Accounting System)			
<input type="checkbox"/> DTR (Daily Time Record)		<input type="checkbox"/> IDTOMIS			
<input type="checkbox"/> WRIS (Inventory System)		<input type="checkbox"/> SSD/ In- House : _____			
<input type="checkbox"/> PACS(Picture Archiving Communication System)		<input type="checkbox"/> Integration/ Others: _____			
<input type="checkbox"/> LIS (Laboratory Information System)		<input type="checkbox"/> Data Center: _____			
6. Type of Error*					
<input type="checkbox"/> User Error : _____		<input type="checkbox"/> System Error: _____			
7. SUMMARY OF INCIDENT* (Use separate sheet if necessary)					
8. User Action/ Process Flow* (Module)					
9. User Findings/ Impact* (Attach supporting documents; Use back page if necessary)					
10. REPORTED BY*:			11. NOTED BY*:		
_____			_____		
Name and Signature of Employee			Name and Signature of Department Head		
To be completed by IHOMP Staff/ Service Provider					
12. Technical Findings/ Impact* (Use back page if necessary)					
13. Corrective Action/s * <input type="checkbox"/> Data Fixed <input type="checkbox"/> Program Fixed <input type="checkbox"/> Others					
14. Preventive Action/ Recommendation*					
DATE	TIME	ACTIONS TAKEN	ACTION OFFICER	SIGNATURE	Remarks/ Status
		<input type="checkbox"/> Receive/ Review			
		<input type="checkbox"/> Approval			
		<input type="checkbox"/> Development/ Break and Fix/ Configuration			
		<input type="checkbox"/> Quality Assurance/ Code Review			
		<input type="checkbox"/> Deployment/ Implementation			
		<input type="checkbox"/> Client Verification & Final Acceptance			
		<input type="checkbox"/> Post Implementation Review			
15. Noted By:					
_____		_____	_____	_____	
Signature Over Printed Name of IHOMP Head		Position	Date		



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