24/7 SOFTWARE MAINTENANCE & SUPPORT

1. Name of Office*:	2. Date & Time of Incident*:____/____/____; _____
3. Contact Details*:	4. Reference # & Bug ID:* _____

5.CATEGORY*

[ ] HIS (Hospital Information System)   [ ] DMS (Document Management System)
[ ] EHR (Electronic Health Record)   [ ] ENGAS(Electronic New Government Accounting System)
[ ] DTR (Daily Time Record)   [ ] IDTOMIS
[ ] WRIS (Inventory System)   [ ] SSD/ In- House : _____
[ ] PACS(Picture Archiving Communication System)   [ ] Integration/ Others: _____
[ ] LIS (Laboratory Information System)   [ ] Data Center: _____

6. Type of Error*

[ ] User Error : _____   [ ] 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 *   [ ] Data Fixed   [ ] Program Fixed   [ ] Others

_____

14. Preventive Action/ Recommendation*

_____

DATE	TIME	ACTIONS TAKEN	ACTION OFFICER	SIGNATURE	Remarks/ Status
		[ ] Receive/ Review			
		[ ] Approval			
		[ ] Development/ Break and Fix/ Configuration			
		[ ] Quality Assurance/ Code Review			
		[ ] Deployment/ Implementation			
		[ ] Client Verification & Final Acceptance			
		[ ] Post Implementation Review			

15. Noted By:

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Signature Over Printed Name of IHOMP Head   Position   Date

*Note: * indicates required field*