

India Disaster Resource Network 15-16
Online inventory of resources for disaster response preparedness

Activity Name – Health services		Category Name-Equipments
Enter details of items under this category on form 2-A		
201	Stretcher normal	56
205	First aid kits	566
208	Portable oxygen cylinders	112
213	Portable suction unit	56
219	Mobile Hospital	7 (In only for tribal areas)
224	Bronchodilators	Permanent available
225	Vaccines	Permanent available
226	Anti snake venom	Permanent available 560 vails
229	General physician	175
235	Paramedics	705 (ANM,MPW,HA)
236	Lab technicians	44 (In only for tribal areas PHC Hq.)
238	Medical first responders	566
252	4 wheel drive vehicle	PHC Vehicle - 56 Rental – 0 bharari pathahak 17
257	Bus	1 (18 seater)

Form – 1

Department or Agency Details

(The Fields mark with (*) are mandatory)

➤ Dept.Name / Agency Name	Health Department,Z.P.Amravati
➤ Dept.Name/Agency Address	Health Department, Zilla Parishad,Amravati
➤ Contact Person Name	Dr. S.N.Mane
➤ Telephone Number 1	0721 / 2662591 (Office)
Telephone Number 2	(House)
Telephone Number 3	—
Mobile/Pager Number	9423803692
Fax Number	0721 / 2662591
Email ID	dhozpamt @ gmail.com
Source :	Govt.

IDRN Data Collection Format

Form 2-A

Please enter in the table below the details of items you have checked as available in FORM-1
(All the fields are mandatory)

Item Code	Item Name	Item Description	Item Quantity and Unit	Specify location if not present at the department	Availability month (Specify)	Transportation mode (Road, Train, Air, Water or NA)	Operator Provided (Yes/No/NA)
201	Stretcher Normal	-	56 +	At PHC Level only	Permanent	Road	Y
205	First aid Kit	-	566	At PHC/PHU/ AllOP/ AYUVED DISP./,Sub-Center	Do	Do	Y
208	Portable oxygen cylinder	-	112	At PHC Level (Each two)	Do	Road	Y
213	Portable Suction Unit	-	56	At PHC Level	Do	Do	Y
219	Mobile Hosp.	-	Nil				
	Mobile Disp	-	06	(only in tribal area)	Do	Do	Y
252	Vehicle	PHC	56	PHC	Permanent	Road	Y
		-	2	DHO. Hq.	--“--	Road	
257	Bus	-	1	DHO. Hq.	--“--	Road	Y

IDRN Data Collection Format
Form 2 –B

Please enter in the table below the details of items you have checked as available in FORM – 1
(All the fields mark with * are mandatory)

Item Code	Item (Skill) Name	No.of person Available	Availability month (Specify)	Prior experience in emergency response (Y/N)	Prior training in emergency response (Y/N)	Description (If team enter composition)
229	General Physician at PHC / PHU	67	-	Y	Y	
229	General Physician At Hop/ Ayu Disp/Allo.Disp	110	-	Y	Y	
235	Paramedical-MPW /ANM/HA/HV	772		Y	Y	
236	Labo. Technician	44	-	Y	Y	
238	First aid responders MO/AMO	110	-	Y	Y	
	Sub-centme -ANM	331	-	Y	Y	

IDRN Data Collection Format
Form 2 –C

**Please enter in the table below the details of items you have checked as available in FORM – 1
(All the fields mark with * are mandatory)**

Item Code	Item Name	Quantity available and Unit	Specify Item Location	Availability month (Specify)	Transportation Mode (Road, Train, Air, Water or NA)	Item Description
224	Branchodilator	25000/-	300-400 Bottles	Permanent	Road	
225	Vaccine		Do	Permanent	--“--	
226	Anti snake venom	560 vials	PHC Level	Permanent	--“--	
227	Chlorine tab/Medicholr	100000	Do	April to Oct.	--“--	

Item Code	Item Name	Item Description	Item Quantity and Unit	Specify location if not present at the department	Availability month (Specify)	Transportation mode (Road, Train, Air, Water or NA)	Operator Provided (Yes/No/NA)
224	Bronchodilators	-	-	-	Permanent available	-	-
225	Vaccines	-	-	-	Permanent available	-	-
226	Anti snake venom	-	-	-	Permanent available 380 vails	-	-
229	General physician	-	-	-	175	-	-
235	Paramedics	-	-	-	772	-	-
236	Lab technicians	-	-	-	11 (In only for tribal areas PHC Hq.)	-	-
238	Medical first responders	-	-	-	566	-	-
252	Vehicle	PHC - 56 Renteal - 13	PHC	Permanent	Road		-
		2	DHO. Hq.	--“--	Road		
257	Bus	1	DHO. Hq.	--“--	Road	-	-