

MAINTENANCE AND INVESTMENT POLICY OF MEDICAL EQUIPMENT CONSIDERING HEALTH CRISES: A MULTI-CRITERIA DECISION FRAMEWORK.

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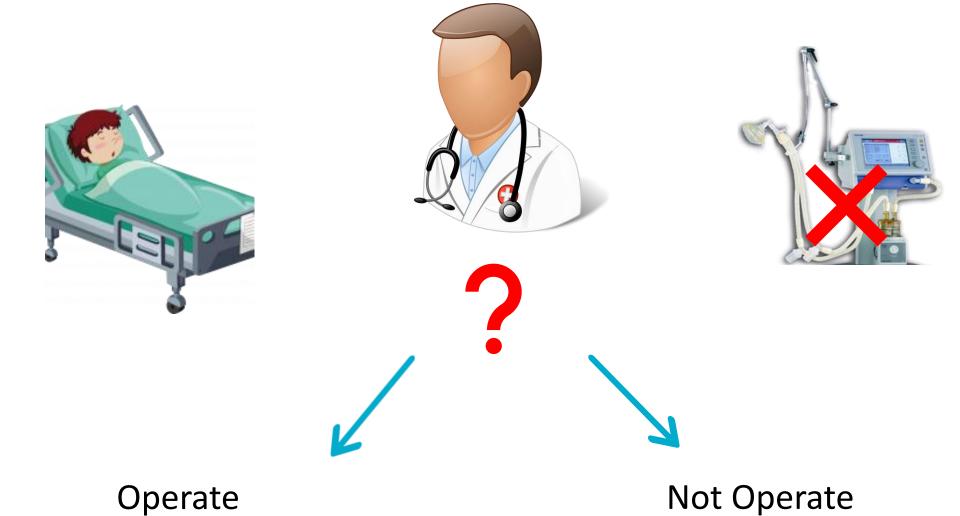
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Question





Crisis Context Definition

What is a crisis?

An **abnormal** or extraordinary **event** or situation that **threatens** an **organization** or community and **requires** a strategic, adaptive and timely **response**.

Hospitals are considered the most important responder to emergencies and crises whether it was a health emergency or an accident or a conflict.

During covid, the availability of the essential medical equipment was globally limited because of:



Number of patients



Unavailable / unready equipment

Types of Crisis

Health crisis



Natural disasters



Wars and conflicts

Cybersecurity and technological crisis



Financial crisis ...



Management of Medical Equipment

In this context, there are 3 main parts of medical equipment management that are considered in the research:

The investment Policy

- Investment in maintenance
- Investment in **new equipment**
- Investment in ressources

Maintenance

- Preventive maintenance
- Conditional maintenance
- Corrective maintenance
- Maintenance modes

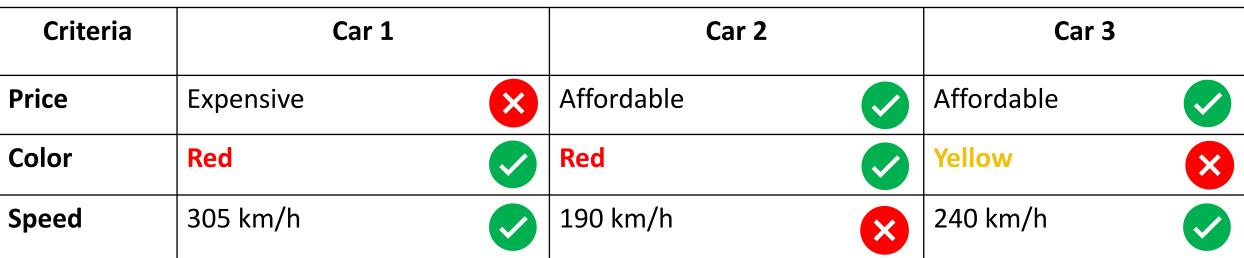
Decommissioning

- **Dispose** of non reliable equipment
- Recycle equipment and use it for spare parts
- Donate reusable equipment

Multi-criteria Decision Aiding

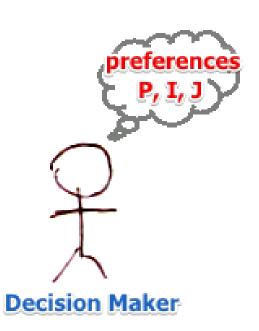






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Multicriteria Decision Aiding

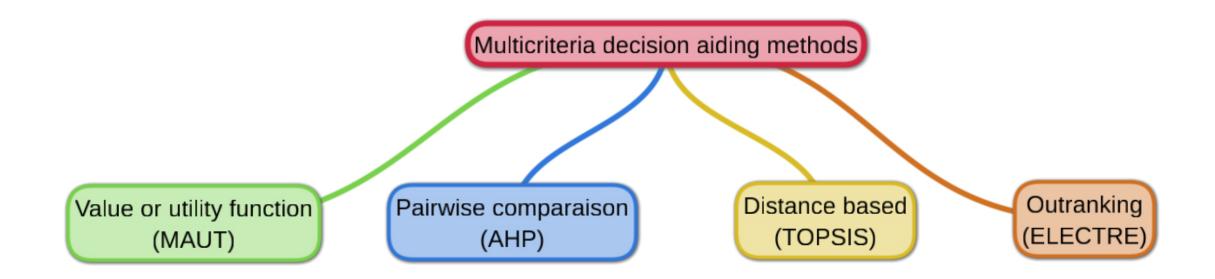


A multicriteria process consists in:

- comparing, ranking or sorting m actions/alternatives
- using different points of view simultaneously
- These are individually described by n criteria
- each with a qualitative or quantitative expressions

Multi criteria decision making methods

There are different multicriteria decision making methods:





Application: Medical Ventilators Case

A hospital with P=100 ventilators that needs:

N=80 ventilators for normal use

R=20 ventilators in stock

C= 120 ventilators in emergencies and crisis.

The Medical Ventilators Case: The Alternatives

Alternative A:

Investment policy: 5% of new equipment each year

Maintenance policy: CM & PM, and PM for 50% of

stock equipment.

Decommissioning policy: Disposal of equipment

Alternative B:

Investment policy: 10% of new equipment each

year

Maintenance policy: CM & PM, and PM for 90% of

stock equipment.

Decommissioning policy: Disposal of equipment

Alternative C:

Investment policy: 10% of new equipment each year and buying the extra needed during the crisis

Maintenance policy: CM & PM, and PM for 90% of stock equipment.

Decommissioning policy: Donate equipment

Alternative D:

Investment policy: 10% of new equipment each year + ordering more than the required number of new equipment at the crises.

Maintenance policy: CM & PM, and PM for 90% of stock equipment.

Decommissioning policy: Donate equipment

The Families of criteria:



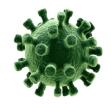
Cost

Patients Safety

Staff/user related

Criteria

Technical



Performance during Crisis

Environmental



Criteria	Description	Source
Machine cate- gory	Describes the importance of a machine for the pro- duction process performance. Categories include A (bottleneck), B, C, and D.	Katarzyna A. and R. M.C. Ratnayake [13]
Exchange time	Expected time needed to exchange the spare part in case of its defect, divided into three periods: up to 2 hrs, 2-8 hrs, over 8 hrs.	Katarzyna A. and R. M.C. Ratnayake
Complexity of exchange pro- cess	Complexity of the spare part exchange process, im- pacting total time of defect removal. Categories include Easy, Medium, and Difficult.	Katarzyna A. and R. M.C. Ratnayake
Failure type	Determines if failures are accidental or chronic. Accidental failures are more critical as they are harder to foresee.	Katarzyna A. and R. M.C. Ratnayake
Failure fre- quency	Frequency of failures, categorized as up to 8 per year, 8-16 per year, and over 16 per year. Higher frequency indicates higher criticality.	Katarzyna A. and R. M.C. Ratnayake
Employee quali- fications	Level of qualifications required for exchanging a part, categorized as Low, Medium (special permis- sions), or Outsourcing.	Katarzyna A. and R. M.C. Ratnayake
Part cost	Estimated cost of the spare part purchase and in- wentory, categorized as Low, Medium, or High.	Katarzyna A. and R. M.C. Ratnayake
Lead time	Time required for delivery of the spare part, cat- egorized as Short (up to 48 hrs), Medium (48 hrs to 7 days), Long (over 7 days).	Katarzyna A. and R. M.C. Ratnayake
Storage condi- tions	Conditions required for storing the spare part, cat- egorized by specific needs such as temperature and humidity control.	Katarzyna A. and R. M.C. Ratnayake
Number of po- tential suppliers	Number of suppliers for the spare part, categorized as Only 1, 1-4, or more than 4. Fewer suppliers indicate higher criticality.	Katarzyna A. and R. M.C. Ratnayako
Criticality Anal- ysis	Evaluation of the importance and impact of spare parts on operations.	Katarzyna A. and R. M.C. Ratnayake
Machine cate- gory	Describes the importance of a machine for the pro- duction process performance. Categories include A (bottleneck), B, C, and D.	Katarzyna A. and R. M.C. Ratnayake
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Criteria	Description	Source		
Cost	Total cost of maintenance, including direct and in- direct costs.	Youssouf N [14]		
Safety/Risk	Evaluation of safety concerns and associated risks, including potential hazards and failure impacts.	Youssouf N [14]		
Applicability/ Feasibility	Practicality of implementing a maintenance policy, considering resources and constraints.	Youssouf N [14]		
Operating con- ditions	Conditions under which the equipment operates, including environmental and usage factors.	Youssouf N [14]		
Quality	Quality standards and requirements for the main- tenance process or spare part.	Youssouf N [14]		
Availability	Availability of spare parts and resources needed for maintenance.	Youssouf N [14]		
Reliability	Reliability of the equipment or spare part, influ- encing the maintenance schedule.	Youssouf N [14]		
Operational Per- formance	Effectiveness of maintenance actions to ensure con- tinuous operation.	Youssouf N [14]		
PM require- ments	Preventive maintenance requirements specific to the equipment.	Hassana Mah- foud & al. [15]		
Probability of failure	Likelihood of equipment failure, influencing main- tenance frequency.	Hassana Mah- foud & al. [15]		
Environmental use	Conditions of the environment where the equip- ment is used, impacting maintenance needs.	Hassana Mah- foud & al. [15]		
Mission critical- ity	Importance of the equipment to the mission or op- eration, influencing maintenance priority.	Hassana Mah- foud & al. [15]		
Equipment func- tion	The function of the equipment in the healthcare setting, determining its criticality.	Hassana Mah- foud & al. [15]		
Preventive Maintenance Optimization	Strategies for optimizing preventive maintenance schedules.	H. Mahfoud & al. 2016 [16]		
Dependability	Assurance of reliable operation over the equip- ment's lifecycle.	Hassana Mah- foud & al. [15]		
Service quality	Quality of service provided through maintenance activities.	H. Mahfoud & al. 2016 [16]		
Maintenance ef- ficiency	Efficiency of maintenance processes, including time and resource optimization.	H. Mahfoud & al. 2016 [16]		
Resource alloca- tion	Allocation of resources for maintenance tasks, in- cluding manpower and equipment.	H. Mahfood & al. 2016 [16]		

riteria	Description	Source	
echnical Fac- ors	Estimated useful life and failure rate of the equipment.	Waleed Altalabi [8]	
afety Factors	Risk associated with the equipment.	Waleed Altalabi	
inancial Fac- ors	Costs involved with replacement and maintenance,	Waleed Altalabi	
quipment unction	Functional capabilities of the equipment.	Waleed Altalabi	
quipment Ser- ice and Sup- ort	Availability of service and support for the equipment.	Waleed Altalabi	
Cost Benefits	Economic advantages of replacing the equipment.	Waleed Altalabi	
linical Efficacy	Effectiveness of the equipment in clinical settings.	Waleed Altalabi	
lazards and llerts	rards and Potential hazards and safety alerts associated with		
seful Life Ratio	eful Life Ratio Ratio of the equipment's current age to its ex- pected useful life.		
endor Support	dor Support Support provided by the equipment vendor.		
faintenance atio			
lown Time Ra-	Ratio of equipment downtime due to failures.	Waleed Altalabi	
ige Ratio	Ratio of the equipment's age to its expected lifes- pan.	Waleed Altalabi	
sage Ratio	Ratio of equipment usage to its capacity.	Waleed Altalabi	
edundancy Ra- o			
fe Support Importance of the equipment in life-support sce- narios.		Waleed Altalabi	
echnological Disolescence	Degree to which the equipment is outdated.	Waleed Altalabi	

Criteria	Description	Source David Mutia A	
Technological Assessment and Selection	essment and trol, performance, cost, reliability, and spare parts section availability.		
Procurement and Logistics	Effectiveness of procurement processes and logistic management in acquiring equipment.	David Mutia &	
Installation and Commissioning	Procedures for proper installation and commis- sioning of equipment.	David Mutia & al. [18]	
Training and Skill Develop- ment	Training programs for equipment users and main- tenance managers to reduce equipment downtime.	David Mutia & al. [18]	
Operation and Safety	Ensuring equipment safety and proper operation through inspections and compliance with stan- dards.	David Mutia & al. [18]	
Maintenance and Repair	Maintenance impact on equipment safety, effec- tiveness, and economic benefits, including increas- ing equipment lifespan.	David Mutin & al. [18]	
Decommissioning and Disposal	Proper procedures for decommissioning and dis- posing of equipment, considering safety and recy- cling.	David Mutin & al. [18]	
Technology level			
Reliability			
Lifetime ratio	Evaluates the degree of deterioration of a ventila- tor according to the ratio of its age and expected lifetime.	Pinho & al. [19] Margarida Pinho & al. [19]	
Utilization:	Measures the amount of use a piece of equipment had, influencing wear and service.	Margarida Pinho & al. [19]	
Visual condition	Considers the visual condition of the medical de- vice.	Margarida Pinho & al. [19]	
Preventive maintenance commitment	Extent of the commitment of the hospital to a pre- ventive maintenance strategy.	Margarida Pinho & al. [19]	
Adaptability	Examines the ability of the ventilator to adjust to the hospital's various needs.	Margarida Pinho & al. [19]	
Safety			
Professionals' satisfaction	Includes health professionals' perspective on the suitability and performance of the medical equip- ment.	Margarida Pinho & al. [19]	
User friendliness	Appraises the overall user friendliness of the med- ical equipment.	Margarida Pinho & al. [19]	
Maintenance costs	Includes the cost associated with repairing a ven- tilator, buying parts or adding new functionalities.	Margarida Pinho & al. [19]	
Environmental sustainability	Measures the contribution of the equipment to the hospital's environmental sustainability.	Margarida Pinbo & al. [19]	

Criteria	Source Sharareh			
Function	which it is to be used. Categories include 'Life sup- port', 'Therapeutic', 'Patient diagnostic', 'Ana- lytical', and 'Miscellaneous'.			
Mission Critical- ity	Divided into "Utilization" and "Availability of al- ternative devices". It reflects the importance of the device's function in the hospital's mission and the availability of backup devices.	Sharareh. Taghipour		
Age	The age of the device, which impacts its reliability and maintenance needs.	Sharareh. Taghipour		
Risk	Assesses the risk associated with device failure, in- cluding frequency, detectability, and consequence of failure.	Sharareh. Taghipour		
Recalls and Haz- ard Alerts	The number and class of recalls and the number of hazard alerts that may occur for a device. Cat- egorized by the U.S. FDA guidelines.	Sharareh. Taghipour	Ī	
Maintenance Requirements	enance Equipment that is predominantly mechanical,			
Downtime	Total waiting time during which the device is not operational	Sharareh. Taghipour	Ī	
Safety and Envi- ronment	Impact of device failure on safety and the environ- ment, including potential for injury or inappropri- ate theraps:	Sharareh. Taghipour		
Cost of Repair	Total repair costs associated with the device	Sharareh. Taghipour	Ī	
Priority Score	A metric used to determine the criticality and maintenance priority of equipment.	Sharareh. Taghipour		
Preventive Maintenance Index	A value used to prioritize preventive maintenance tasks.	Sharareh. Taghipour		
Risk Classifica- tion Score	A score used to classify the risk level of different medical equipment.	Sharareh. Taghipour	Ī	
Criticality Score	A measure used to determine the importance of equipment based on various factors such as sever- ity, probability, and detectability of failure.	Shararch. Taghipour		

Criteria	description	Source	
Financial	Assessment of the cost-effectiveness of the performance	Ernesto Iadanzo & al & al [21] Ernesto Iadanzo	
Technological	chnological Assessment of the operational performance of the equipment in terms of its reliability and availabil- ity		
Organizational	Related to internal processes and staff productivity	Ernesto Iadanza & al	
Compliance with Ethical Standards	Ensuring the maintenance practices adhere to eth- ical standards, avoiding conflict of interest	Ernesto Iadanza & al	
Technological development level	Categorizes medical device spare part groups based on their technological development: high, middle, low, and simple technology groups.	Guven Bekte- mur & al. [22]	
Cost ratios	The cost ratios for high, middle, low, and simple technology groups.	Guven Bekte- mur & al.	
Inventory cost	The ratio between the spare part and total inven- tory costs.	Guven Bekte- mur & al.	
Biomedical de- vice associated costs	Operating costs of medical devices are classi- fied into biomedical device associated consumption costs, service and maintenance costs, and other costs.	Guven Bekte- mur & al.	
Service and maintenance requirements	Medical devices are categorized into high, medium, low, and simple technology groups based on technological development level and service- maintenance requirements.	Guven Bekte- mur & al.	
Cost of spare parts	The expenditure analysis and budget planning for medical device spare parts in PHUs can be predicted more accurately by considering the ex- posted rate.	Guven Bekte- mur & al.	
Clinical Engi- neering Service Units (CESU)	CESUs play a crucial role in managing the medical device technologies, including maintenance-repair- calibration and planning processes of medical de- vices.	Guven Bekte mur & al.	
Sustainable healthcare ser- vices	Aiming to provide sustainable healthcare services by managing the medical device technologies effec- tively.	Guven Bekte- mur & al.	
Traceability and controllability	CESUs are responsible for the financial manage- ment and cost planning of medical devices based on traceability and controllability of operation costs.	Guven Bekte- mur & al.	

Criteria	Description	Source
Age	Reliability of a medical device is a function of the	Afshin Jamshidi
	age of a device or system.	& al. 2015 [10]
Daily utilization	Rate of device utilization per day.	Afshin Jamshidi
rate		& al. 2015 [10]
Modified OEE	Overall Equipment Effectiveness modified for med-	Afshin Jamshidi
	ical devices.	& al. 2015 [10]
Number of re-	Frequency and classes of recalls associated with a	Afshin Jamshidi
calls	device.	& al. 2015 [10]
Method of fail-	Degree of automation in the failure detection pro-	Afshin Jamshidi
ure detection	0088.	& al. 2015 [10]
Mean time be-	Expected time between two failures for a re-	Afshin Jamshidi
tween failures	pairable system.	& al. 2015 [10]
Repeatability	Frequency of occurrence of failure due to the same	Afshin Jamshidi
	source within a specified time.	& al. 2015 [10]
Visibility of fail-	Whether the failure is visible to the maintenance	Afshin Jamshidi
ures	experts.	& al. 2015 [10]
Probability of	Rate of detection of device failures.	Afshin Jamshidi
non-detection		& al. 2015 [10]
Potential risk for	Potential failure or malfunction in a component or	Afshin Jamshidi
the device oper-	device can result in injury or death.	& al. 2015 [10]
ator		
Mean time to re-	Average time required to perform corrective main-	Afshin Jamshidi
pair	tenance.	& al. 2015 [10]
Economic loss	Combination of maintenance cost and the hourly	Afshin Jamshidi
	loss associated with delaying treatment.	& al. 2015 [10]

typically performing well at an early age and de- grading over time. Technology Age Indicates the state of technological advancement Ai of the equipment since its manufacturing. Za Manufacturer The name of the company that produced the Ai	mzam & 21 [23] zat I mzam &	Hilmi al.
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Type Specifies the category or class of the medical equip— Ai	zat I	Hilmi
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ing the equipment. 20		
Service Inten- The intended use of the equipment in healthcare Ai	cat I	lilmi
tion delivery, including life support, therapeutic, diag-	meann &	al.
nostic, and analytical functions. 20	21	
Performance Activities and tasks to ensure that the equipment Ai	cat I	
and Safety Test functions correctly and safely. Za	mezem &	al.
20	21	
Inspection Regular checks to ensure the equipment is in good Ai	zat I	
working condition. Za	mzam &	al.
20	21	
Calibration The process of adjusting the equipment to ensure Ai	zat I	
accurate measurements. Za	mesum &	al.
20	21	
Efficiency Measurement of how well the equipment performs Ai	sat I	
	mzam &	al.
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downs. Za	amzam &	al
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Useful Life The expected operational lifespan of the equipment. The actual time period the equipment remains Air	zat I mzam & 21 zat I mzam &	al.

Dangers	Risks associated with using the equipment, includ- ing failure probability and consequences.	Aizat Hilmi Zamzam & al. 2021
Alternative and Backup	Availability of substitute equipment or backup op- tions in case of failure.	Aizat Hilmi Zamzam & al. 2021
Clinical Accept- ability	The degree to which the equipment meets clinical requirements and standards.	Aizat Hilmi Zamzam & al. 2021
Device and Ser- vice Criticality	The importance of the equipment and its services to healthcare delivery.	Aizat Hilmi Zamzam & al. 2021
Operations	The day-to-day use and handling of the equipment.	Aizat Hilmi Zamzam & al. 2021
Location and Environment	The physical setting where the equipment is used and its environmental conditions.	Aizat Hilmi Zamzam & al. 2021
Maintenance Cost	Expenses associated with keeping the equipment operational.	Aizat Hilmi Zamzam & al. 2021
Environmental Factors	External elements that can impact the equip- ment's performance, such as temperature and hu- midity.	Aizat Hilmi Zamzam & al. 2021
Functionality/ Condition/ Quality	Evaluates the overall functionality, condition, and quality of the medical device.	Hamad Albadr 2018 2018 [11]
Equipment Age/ Useful Life Ratio	Assesses the age of the equipment and its useful life ratio.	Hamad Albadr 2018 2018 [11]
Medical Device Recalls	Analysis and classification of medical device re- calls, focusing on software failures.	Z Bliznakov & al. [24]
Economic Crite- ria	Annual costs associated with each suggested alter- native, including maintenance and financial costs.	M. C. Carnero and A. Gómez
Function	The function performed by the spare part in the production process, categorized into auxiliary, safety, and indispensable functions.	Catarina Teix- eira & al. [9]
Impact on Pro- duction	Impact of the spare part failure on the production process, ranging from no impact to sudden stop.	Catarina Teix- eira & al.

Risks associated with using the equipment, including failure probability and consequences. Aizat Hilmi Zamzam & al. 2021	Criteria	Description	Source
Ing failure probability and consequences. Zamzam & al. 2021	Dangers	_	Aizat Hilmi
Alternative and Backup tions in case of failure. Clinical Acceptability requirements and standards. Clinical Acceptability requirements and standards. Device and Service Criticality to healthcare delivery. Operations The day-to-day use and handling of the equipment. Location and Environment and its environmental conditions. Maintenance Expenses associated with keeping the equipment and and its environmental conditions. Environmental External elements that can impact the equipment and and its performance, such as temperature and humidity. Equipment Age/ Useful Life Ratio Medical Device Analysis and classification of medical device re-Recalls Eunotion Criteria and If Function performed by the spare part in the production process, categorized into auxiliary, safety, and indispensable functions. Device and Servical Aizat Hilmi Zamzam & al. 2021 External elements that can impact the equipment Aizat Hilmi Zamzam & al. 2021 Expenses associated with keeping the equipment Aizat Hilmi Zamzam & al. 2021 Expenses associated with seeping the equipment Aizat Hilmi Zamzam & al. 2021 External elements that can impact the equipment Aizat Hilmi Zamzam & al. 2021 Expense associated with keeping the equipment Aizat Hilmi Zamzam & al. 2021 Expense associated with keeping the equipment Aizat Hilmi Zamzam & al. 2021 External elements that can impact the equipment Aizat Hilmi Zamzam & al. 2021 Expense associated with keeping the equipment Aizat Hilmi Zamzam & al. 2021 Expense associated with keeping the equipment Aizat Hilmi Zamzam & al. 2021 External elements that can impact the equipment Aizat Hilmi Zamzam & al. 2021 External elements that can impact the equipment Aizat Hilmi Zamzam & al. 2021 External elements that can impact the equipment Aizat Hilmi Zamzam & al. 2021 External elements that can impact the equipment Aizat Hilmi Zamzam & al. 2021 External elements that can impact Aizat			Zamzam & al.
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Clinical Acceptability	Alternative and	Availability of substitute equipment or backup op-	Aizat Hilmi
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	duction	process, ranging from no impact to sudden stop.	eira & al.

Criteria Evaluation

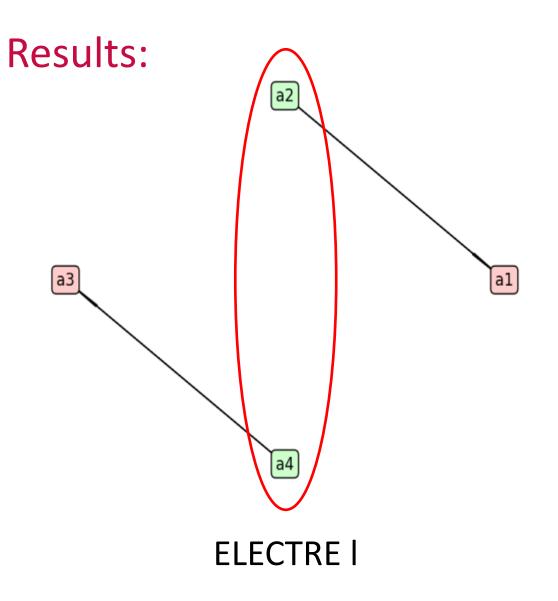
Scores assigning:

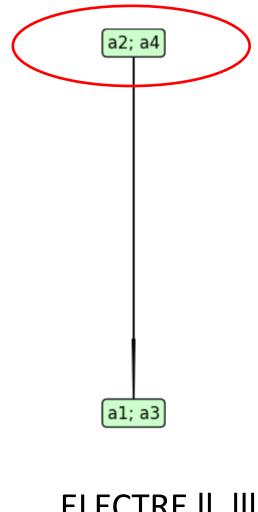
The score description table of the treatment delays sub criteria				
Score	Description			
<2	The crisis presents no effect on the use of other medical equipment and no treatment delays for patients			
3	The crisis affects the use of other medical equipment and causes treatment disruptions for patients			
4	The crisis affects the use of other medical equipment and causes treatment disruptions and delays for patients			
5	The crisis requires the use of other medical equipment and causes treatment delays for patients			

Application:

Criteria	Cost (€/8years)	Safety	Criticality	Crisis reliability	Environmental sustainability
Alternative A	4206080	3	5	1	3
Alternative B	4398712	5	5	3	2
Alternative C	5332576	7	4	4	4
Alternative D	5441616	8	3	5	5

max/min	-1	1	-1	1	1
Weight	0.2	0.25	0.18	0.22	0.15
Veto	1000000	2	2	2	2





ELECTRE II, III

The Medical Ventilators Case: The Alternatives

Alternative A:

Investment policy: 5% of new equipment each year

Maintenance policy: CM & PM, and PM for 50% of

stock equipment.

Decommissioning policy: Disposal of equipment

Alternative B:

Investment policy: 10% of new equipment each year

Maintenance policy: CM & PM, and PM for 90% of stock equipment.

Decommissioning policy: Disposal of equipment

Alternative C:

Investment policy: 10% of new equipment each year and buying the extra needed **during the crisis**

Maintenance policy: CM & PM, and PM for 90% of stock equipment.

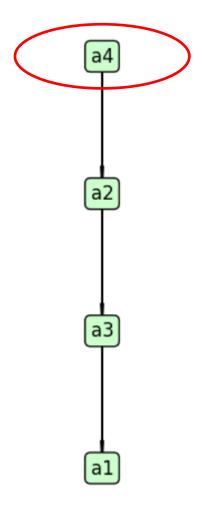
Decommissioning policy: Donate equipment

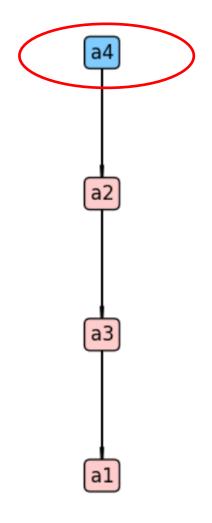
Alternative D:

Investment policy: 10% of new equipment each year + ordering **more** than the required number of new equipment at the crises.

Maintenance policy: CM & PM, and PM for 90% of stock equipment.

Decommissioning policy: Donate equipment





MACBETH

PROMETHEE

The Medical Ventilators Case: The Alternatives

Alternative A:

Investment policy: 5% of new equipment each year

Maintenance policy: CM & PM, and PM for 50% of

stock equipment.

Decommissioning policy: Disposal of equipment

Alternative B:

Investment policy: 10% of new equipment each

year

Maintenance policy: CM & PM, and PM for 90% of

stock equipment.

Decommissioning policy: Disposal of equipment

Alternative C:

Investment policy: 10% of new equipment each year and buying the extra needed during the crisis

Maintenance policy: CM & PM, and PM for 90% of stock equipment.

Decommissioning policy: Donate equipment

Alternative D:

Investment policy: 10% of new equipment each year + ordering more than the required number of new equipment at the crises.

Maintenance policy: CM & PM, and PM for 90% of stock equipment.

Decommissioning policy: Donate equipment

Conclusion & Perspectives

Conclusion:

• Different methods suggest different results but they converge to preferring the alternative D which translates the weight of safety criteria inserted into the model.



The MCDA model only suggests the ranking of the alternatives, but the decision maker is the one responsible to choose and make the decision

Perspectives:

- The next steps are to add more criteria to the model and compare the results
- Recieve more data from the hospital in order to obtain a more realistic view of the situation and be able to create the adequate investment and maintenance policy.





CMMO.

University of Mons

Ziękuję!

Thank you for you attention



Questions - Answers



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Machine Design and Production Engineering Lab



