



BIOMEDICAL EQUIPMENT MAINTENANCE PROGRAMME UNDER NATIONAL HEALTH MISSION



SERVICE PROVIDER
Tender No. WO-37/2021-2022/698

CYRIX

HEALTHCARE PVT LTD

No. : 155280

ISO 13485 : 2012 & ISO 9001-2008 CERTIFIED COMPANY | AERB Approved Service Agency

Service Report

30/64 1 B, Petta Junction, Poonithura, Kochi - 682 038, Kerala
Ph : 98472 99500 Website : www.cyrix.com | E-mail : bemp.kl@cyrix.in

<p>Health Facility F.H.C. CHERUTHURU.....</p> <p>Address KANNUR.....</p> <p>Ph : 9744001943.....</p>	<p>Call Registration Date : 01-12-23.....</p> <p>Caller ID : 83360.....</p> <p>Date of Visit : 02-12-23.....</p> <p>Asset No. : 1340681.....</p> <p>EQPT Name : SEMI AUTO BIOCHEMISTRY ANALYSER</p> <p>Manufacture ROBINIX..... Model : PR12657 TOUCH</p> <p>S. No. AT.261.0814.R0X Dept. LABORATORY.....</p>
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Service Classification : Breakdown Call PMS Calibration Cust.Training

Problem Identified : Equipment showing blue display.....

Action Taken : Checked the machine and found that blue display showing, found problem with main board, enquired OEM for quotation.....

Completed Date : 02-12-23.. Time : 12:00..... Spare Required

Spare Replaced Requested

Description	Qty.	Part Number	PR Number
1.			
2.			
3.			

Cyrix Engineer	Date	Start Time	End Time
Jineshkumar	02-12-23	10am	12pm

Customer Remark Completed Pending

<p>Service Engineer Name : Jineshkumar</p> <p>Signature : </p> <p>Date : 02-12-23</p> <p>Contact Number : 9072495435</p>	<p>Customer Name : Aswathi P </p> <p>Signature : </p> <p>Date : 2/12/2023</p> <p>Contact Number : 9744001943</p> <p>Designation : Laboratory Technician</p> <p>Hospital Seal : </p>
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MEDICAL OFFICER
F.H.C. CHERUTHURU
PILATHURU

**REPAIR OF BIOMEDICAL EQUIPMENTS UNDER BIOMEDICAL EQUIPMENT
MAINTENANCE PROGRAM (BEMP)**

Recommendations for Beyond Economic Repair (BER)

PROFORMA

Sl. No	Particulars	Details
1	Name of District	KANNUR
2	Name of Hospital	PHC CHERUTHAZHAM
3	Name of Equipment with Make, Model and Serial Number	SEMI AUTOBIOCHEMISTRY ANLYZER Make: ROBONIK Model: PRIETEST TOUCH SN: AT2610914RBK
4	Equipment ID/ Barcode	1340681 #83360
5	Date of purchase/ Year of manufacture/Installation Date	29-12-2014
6	Warranty details (Yes/No)	No warranty
7	*AMC/ CAMC Period agreed at the time of purchase	No AMC/CAMC
8	Date of breakdown (Date of registration of complaint through email/ Toll free)	Toll free 01-12-2023
9	Action taken	Checked the machine and found that Blue display showing found problem with mainboard, enquired OEM for quotation
10	Present status of the equipment (Fully damaged / partially damaged)	Fully damaged
11	Recommendations for repair (required service details)	No recommendations
12	Cost of spares (specify parts and cost)	

13	Asset Value	64760/-
14	* Percentage value of the cost of spares with respect to Cost of Purchase/ Asset Value	
15	Abstract of Service Report provided by the OEM/ Authorized Service Provider/ CYRIX (Attached or Not)	Cyrix Service report & OEM End of life letter attached
16	Reasons for recommending the equipment as BER	Checked the machine and found that Blue display showing found problem with mainboard, Enquired oem for quotation. Equipment installed on 29-12-2014 aged up to 9 years oem informed that this machine is obsolete model, end of life letter issued. As per tender clause 5.3.14.2 we recommending the equipment for condemnation.
17	Name & Signature of CYRIX Authority	SARANG K M 

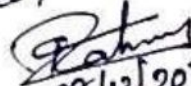
*Not mandatory

#Based on the period of life and value as per the BER guidelines

* Attach Photograph

Remarks and Recommendations of Junior Consultant (Biomedical) NHM:

checked & identified that display faulty, main board issue. Aged up to 9 years. OEM reported as obsolete model. So recommended for BER as per BER Protocol.



28/12/2023

CONSULTANT BIOMEDICAL Signature of JC BM (NHM)
NATIONAL HEALTH MISSION
TANNUR - 670002

Date:




Signature of
Superintendent/Medical Officer (I/c)

MEDICAL OFFICER
F H GHERUTHAZHAM
(P O) PILATHARA - 670504

Date: 16th December 2023

Dear Valued Customer,

Thank you for choosing **Robonik (India) Pvt Ltd**. We appreciate the opportunity to support our business. This letter is to inform you regarding the EOL (End of Life) of the instrument Semi Automated Biochemistry Analyser (Model: Prietest Touch) having **Serial No. AT2610914RBK**.

As required, we stated herewith that the said instrument Semi Automated Biochemistry Analyser (Model: Prietest Touch) having **Serial No. AT2610914RBK** as **End of Life (EOL) Notified**. (Duration from installation is 09 Years).

Thank you in advance for your understanding and your cooperation. If you have any questions, please contact our Customer Care Department at Toll Free No. 18005727977.

Yours faithfully,

For **ROBONIK INDIA PVT LTD**

P o o n a m





AUTHORIZED SIGNATORY



Mue

MEDICAL OFFICER
H. C. CHERUTHAZHAM
P. O. PILLATHARA - 676509

KERALA MEDICAL SERVICES CORPORATION LTD INSTALLATION CERTIFICATE

Floor CODE / Hospital name: KADAPPY DHC - chechirayal		SVC. CODE / Name of the Equip. Mfg. Co.: ROBONIK (INDIA) PVT. LTD.,	
EQUIP CODE / Name of the Equipment: Serum Electrolyte Analyzer		Model: pritest TOUGH	Serial No.: AT2610814R3
Original Equipment Manufacturer: ROBONIK		Installation Date: 29-12-2014	Service Er. Name / ID No: HAREESH.T
Installed by: HAREESH.T		Mobile No: 9056008399	
Service center address: MEDITECH BIOMEDICALS		Mob. No.: 91745810449	
Service Centre Manger's name: RAMESH.P		Project Name:	
Installation location / Department / Room No.: LAB		Purchase Order No.: 412/2014/108	Dated: 22.08.2014
		Value:	
Comprehensive Warranty Period	From: 29-12-2014	To: 28-12-2017	
Whether the sticker (as per cl 5.5.4 of the tender doc) affixed on all the key components of the equipment or on a conspicuous place in the installed room/storage area? YES/NO (tick one)			
Whether a digital Photograph of the installed equipment taken after affixing the sticker in the presence of the hospital personnel? YES/NO (tick one)			
Accessories Supplied			
Item	Qty.	Serial No.	Remarks
Power Cord	01	NA	
Thermal Paper Roll	02	NA	
Peper Roll Rod	01	NA	
Dust Cover	01	NA	
Tubing (2 Feet)	01	NA	
Stylus	03	NA	
Flow cell cleaning wire (1 feet)	01	NA	
Waste Bottle	01	NA	
Sine Wave UPS (30 Minutes Back Up)	01	NA	
Halogen Lamp	01	NA	
User Manual	01	NA	
Urea Med	01	NA	500 ml
Creatinine	01	NA	500 ml
Bilirubin T & D	01	NA	500 ml
Glucose	01	NA	500 ml
Cholesterol	01	NA	500 ml
Q. C. Abnormal	01	NA	5 ml
Q. C. Normal	01	NA	5 ml
Whether the Demonstration of the equipment with accessories on the Technical Specification/key features was conducted to the satisfaction at the time of installation? YES/NO (tick one)			
Whether training was conducted to the satisfaction at the time of installation? YES/NO (tick one)			
Short supply items, if any:			
Preventive Maintenance Schedule	Year 1 2/4 visits	Year 2 2/4 visits	Year 3 2/4 visits
Remarks of Hospital Authorities:			
Recommend to release 60% payment YES <input type="checkbox"/> NO <input type="checkbox"/>		The equipment is working satisfactorily YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
Signature of Service Er.  Name: Hareesh.T ID No.	Signature of End User Rajima.V Name: Rajima.V Department: Lab Technician	Signature of BME Name: Organization:	Signature of the Supdt.  Name: MEDICAL OFFICER
Date:	Date:	Date:	Date:
Seal of Supplier: Should be Sealed	Hospital Seal: 