

Diamond

W07 WORKING (mercury
Leakage)
LCAV

W!

B

INSTRUMENTS AND DIAGNOSTICS
Calibration
Maintenance
Repair

MSCL
25-7669
06-0610631

(4 14)88(254)06(2 1)0759

21/12/23



BIOMEDICAL EQUIPMENT MAINTENANCE PROGRAMME UNDER NATIONAL HEALTH MISSION



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

CYRIX

HEALTHCARE PVT LTD

No. : 129259

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

Health Facility Dh. Veluppi
Address Cheruthoni
Veluppi
Ph : 9447589269

Call Registration Date : 15/12/2023
Caller ID : 855752
Date of Visit : 16/12/2023
Asset No. : 0610681
EQPT Name : Bp Apparatus
Manufacture Anika Model : NA
S. No. NA Dept. Voluntary Ward

Service Classification : Breakdown Call PMS Calibration Cust.Training

Problem Identified : Murcury fully loss

Action Taken : check the Machine Panel that Machine Mercury fully loss. r/s Service not possible

Completed Date : 19/12/23 Time : 12:45 pm Spare Required

Spare Replaced Requested

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

Cyrix Engineer	Date	Start Time	End Time
<u>Murali Krishna ID</u>	<u>19/12/23</u>	<u>12:48 pm</u>	<u>12:45 pm</u>

Customer Remark Completed Pending



[Signature]
SUDESH VARGHESE
SUPERINTENDENT
DISTRICT HOSPITAL

Service Engineer Name : Murali Krishna ID
Signature : [Signature]
Date : 19/12/23
Contact Number : 9847798098

Customer Name : [Signature]
Signature : [Signature]
Date : 19/12/23
Contact Number : 9447589269
Designation : NA
Hospital Seal : [Signature]

**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	Lalukki
2	Name of Hospital	DH Lalukki
3	Name of Equipment with Make, Model and Serial Number	Bp Apparatus Anita industries Model: NA SN : NA
4	Equipment ID & Barcode	85752 / 0610621
5	Date of purchase / Year of manufacture / Installation Date	26/2/2011
6	Warranty details (Yes/No)	No
7	*AMC/ CAMC Period agreed at the time of purchase	One Year
8	Date of breakdown (Date of registration of complaint through email/ Toll free)	15/12/2023
9	Action taken	try to service
10	Present status of the equipment (Fully damaged / partially damaged)	fully damaged
11	Recommendations for repair (required service details)	check the machine, found that machine already fully loss so its repair not possible
12	Cost of spares (specify parts and cost)	Nil

13	Asset Value	
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 attached
16	Reasons for recommending the equipment as BER	Check the Machine, Found that Machine Mercury fully loss So it's repair not possible. So we are recommended for RBER
17	Name & Signature of CYRIX Authority	Mural Krishna T D MAD

*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:

Consultant Biomedical Engineer
National Health Mission
Arogyakeralam
Idukki-685603

R. Jha
21/12/23

Signature of JC BM (NHM)

Date



Signature of
Superintendent / Medical Officer (i/c)

Dr. Suresh Varghese
DR. SURESH VARGHESE
SUPERINTENDENT
DISTRICT HOSPITAL
IDUKKI