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

Recommendations for Beyond Economic Repair (BER)

PROFORMA

SI. No	Particulars ;	Details
1	Name of District	Kottayam
2	Name of Hospital	PHC Meenadom
3	Name of Equipment with Make, Model and Serial Number	Weighing Machine make: SAMSO (Adult) Model: NA Sl no: NA
4	Equipment ID & Barcode	0544195
5	Date of purchase / Year of manufacture /Installation Date	13-07-2020
6	Warranty details (Yes/No)	No
7	*AMC/ CAMC Period agreed at the time of purchase	No
8	Date of breakdown(Date of registration of complaint through email/ Toll free)	14/10/2023, IVRS: 74756
9	Action taken	checked card found is irreparable.
10	Present status of the equipment (Fully damaged / partially damaged)	Fully damaged.
11	Recommendations for repair (required service details)	checked card found equipment showing wrong Valve. try to repair the card found is irreparable.
12	Cost of spares (specify parts and cost)	Spare parts not available,

Date _____




Signature of Superintendent / Medical Officer (I/c)



Write to _____

Signature of JC BM (NHM)




Remarks and Recommendations of Junior Consultant (Biomedical) NHM:

Asset Value - 1300/-
 cost of spares = Spares not available
 The period - 3 year
 The RBER guidelines are immediately
 AS per the RBER as RBER

* Attach Photograph

*Not mandatory

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

17	Name & Signature of CYRIX Authority	 Sarish Bhanu
16	Reasons for recommending the equipment as BER	The equipment is irreparable and hence recommending the equipment as BER
15	Abstract of Service Report provided by the OEM/ Authorized Service Provider/ CYRIX (Attached or Not)	Report report attached. The equipment as BER
14	Percentage value of the cost of spares with respect to Cost of Purchase/ Asset Value	Spares parts not available to purchase
13	Asset Value	1300/-

KOTTAYAM
 MEENADOM - 686 816
 PRIMARY HEALTH CENTRE
 MEDICAL OFFICER



BIOMEDICAL EQUIPMENT MAINTENANCE PROGRAMME UNDER NATIONAL HEALTH MISSION



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

CYRIX

HEALTHCARE PVT LTD

No. : 148898

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 : <u>PHC</u></p> <p>Address : <u>PHC Meenadom</u> <u>Kottayam</u></p> <p>Ph : <u>7907686491</u></p>	<p>Call Registration Date : <u>16/10/2023</u></p> <p>Caller ID : <u>74756</u></p> <p>Date of Visit : <u>16/10/2023</u></p> <p>Asset No. : <u>0544195</u></p> <p>EQPT Name : <u>weighing Machine</u></p> <p>Manufacture : <u>SAMSO</u> Model : <u>-</u></p> <p>S. No. : <u>-</u> Dept. : <u>OPD</u></p>
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Service Classification : Breakdown Call PMS Calibration Cust.Training

Problem Identified : Weighing Machine not showing accurate value.

Action Taken : checked card found as irreparable. Hence recommended the equipment as BER

Completed Date : Time : Spare Required

Spare Replaced Requested

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

Cyrix Engineer	Date	Start Time	End Time
<u>Sarish Ivan</u>	<u>16/10/23</u>	<u>1:00pm</u>	<u>1:30pm</u>

Customer Remark Completed Pending



Service Engineer Name : Sarish Ivan
Signature : [Signature]
Date : 16/10/2023
Contact Number : 994666571

Customer Name : X
Signature : [Signature]
Date :
Contact Number :
Designation :
Hospital Seal : MEENADOM - 686 516 KOTTAYAM

Contact Number: 011 261 2112
 Date: 19/01/2011
 Signature: [Signature]
 Service Engineer Name: [Signature]
 Hospital Name: [Signature]
 Designation: [Signature]
 Contact Number: [Signature]
 Signature: [Signature]
 Customer Name: [Signature]



MAINTENANCE
 CENTRE
 HEALTH SERVICES
 175 025 - 025
 175 025 - 025

Customer Remark: [Blank]
 Description: [Blank]

Service Engineer: [Signature]
 Date: 19/01/2011
 Start Time: 1:30 PM
 End Time: 3:30 PM

Sl. No.	Description	Qty	Part Number	PR Number
1				
2				
3				

Spare Requested Requested
 Completed Date: [Blank] Time: [Blank] Spare Requested

Action Taken: [Signature]
 Remarks: [Signature]

Problem Identified: [Signature]

Service Classification: Breakdown Call EMS Calibration Servicing

PR: [Signature]
 Address: [Signature]
 Health Facility: [Signature]
 Call ID: [Signature]
 Call Registration Date: [Signature]
 Date of Visit: [Signature]
 Asses No: [Signature]
 Equip Name: [Signature]
 Maintenance: [Signature]
 No. of [Signature]

Service Report by: [Signature]

HEALTHCARE BATTIC
CYBIX

NATIONAL HEALTH MISSION
 UNDER
 MAINTENANCE PROGRAMME
 BIOMEDICAL EQUIPMENT



