



BIOMEDICAL EQUIPMENT MAINTENANCE PROGRAMME UNDER NATIONAL HEALTH MISSION



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

CYRIX

HEALTHCARE PVT LTD

No. : **157150**

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 <u>P.H.C</u> Address <u>Thondemady</u> <u>Wayanad, Kerala</u> Ph : <u>8086010834</u>	Call Registration Date : <u>13/11/2023</u> Caller ID : <u>79862</u> Date of Visit : <u>5/1/2024</u> Asset No. : <u>1241103</u> EQPT Name : <u>Pharmacy Refrigerator</u> Manufacture <u>Electrolux</u> Model : <u>CFC free</u> S. No. <u>N/A</u> Dept. <u>Lab.</u>
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Service Classification : Breakdown Call PMS Calibration Cust.Training

Problem Identified : No cooling


Action Taken : checked and found Compressor, cooling coil Drater and the Condensor Complaint. Need to replace these spares

Completed Date : 5/1/24 Time : 4:30pm Spare Required

Spare Replaced Requested

Description	Qty.	Part Number	PR Number
1. Compressor	01		
2. Cooling coil	01		
3. Condensor Drater	01		

Cyrix Engineer	Date	Start Time	End Time
<u>NIYAS HADI</u>	<u>5/1/24</u>	<u>2:00pm</u>	<u>4:30pm</u>

Customer Name: VEENA.C PHARMACEIST
 Signature: [Signature]
 Date: 5/1/24
 Contact Number: 8086010834
 Designation: നൊർമസിസ് കൂടുമ്പൊരോഗ്യകേന്ദ്രം തൊണ്ടർനാട്
 Hospital Seal: 

Service Engineer Name : NIYAS HADI
Signature : [Signature]
Date : 5/1/2024
Contact Number : 7698847171

CUSTOMER OFFICER
MEDICAL OFFICER
FAMILY HEALTH CENTRE
THONDERNAD
WAYANAD

Completed Pending

**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	WAYANAD
2	Name of Hospital	PHC THONDARNAD
3	Name of Equipment with Make, Model and Serial Number	PHARMACY REFRIGERATOR ELCTOLUX
4	Equipment ID/ Barcode	1241103
5	Date of purchase/ Year of manufacture/Installation Date	31/05/2007
6	Warranty details (Yes/No)	NO
7	*AMC/ CAMC Period agreed at the time of purchase	NIL
8	Date of breakdown (Date of registration of complaint through email/ Toll free)	13/112023
9	Action taken	CHECKED, FOUND COMPRESSOR UNIT NOT WORKING
10	Present status of the equipment (Fully damaged / partially damaged)	FULLY DAMAGED
11	Recommendations for repair (required service details)	NO RECOMMENDATION
12	Cost of spares (specify parts and cost)	Compressor-5250/- Cooling coil-2850/- Draier-380/- Condenser-1500/- Gas 134A-2850/- Transporting-1700/- Repairing charge-1500/- Total=16030/-

13	Asset Value	26494
14	* Percentage value of the cost of spares with respect to Cost of Purchase/ Asset Value	60.5%
15	Abstract of Service Report provided by the OEM/ Authorized Service Provider/ CYRIX (Attached or Not)	CYRIX SERVICE REPORT AND QUOTATION FROM LOCAL VENDOR
16	Reasons for recommending the equipment as BER	Refrigerator has 16 year old, repairing cost more than 60% of asset value AS PER TENDOR CONDITION 5.3.14.1 WE RECOMMEND THE REFRIGERATOR FOR CONDEMNATION

*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:

Refrigerator is more than 15 yrs old. repeated complaints reported. Service done many more times. Repair is not worth

Signature of ~~Biomedical Engineer~~ CONSULTANT
National Health Mission
(Arogyakeralam)
Wayanad-673122

Recommended for Condemnation

Date: 5/1/24.



Do Deepa K A.

Signature of Superintendent/Medical Officer (I/c)

MEDICAL OFFICER
FAMILY HEALTH CENTRE
THONDERNAD
P.O. THONDERNAD, WAYANAD

COOLCARE REFRIGERATION & HOME APPLIANCE SERVICE

Manandavady, Wayanad, Contact: 6282255690

Email: coolcareservice@gmail.com

To

CYRIX HEALTHCARE PVT LTD
POONITHURA
ERANAKULAM
7593847171

Sub: Estimate for fridge Repairing.

Sir,

We are pleased to submit our best rates for executing the above work and the details are as follows

• COMPRESSOR		=Rs 5250
• COOLING COIL		=Rs. 2850/unit
• DRAIER		=Rs. 380 /unit
• CONDENSOR		=Rs. 1500/unit
• GAS134		=RS. 2850/UNIT
• TRANSPORTING	850*2	=Rs. 1700
• REPAIRING CHARGE		=Rs. 1500

TOTAL = 16030/-

INWORDS: SIXTEEN THOUSAND AND THIRTY ONLY

For Coolcare Refrigeration Service

Place: Manandavady

Date: 05.01.2024

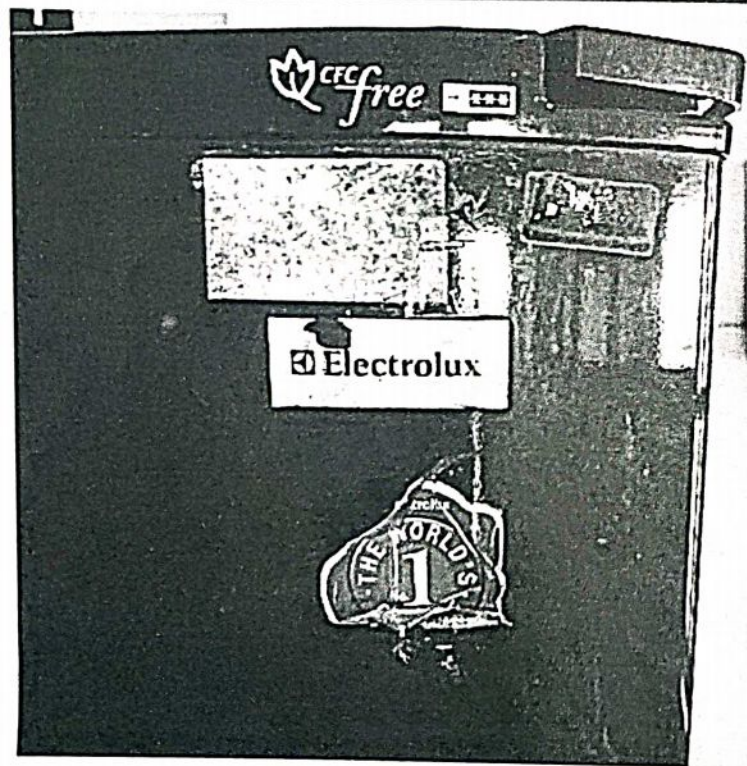
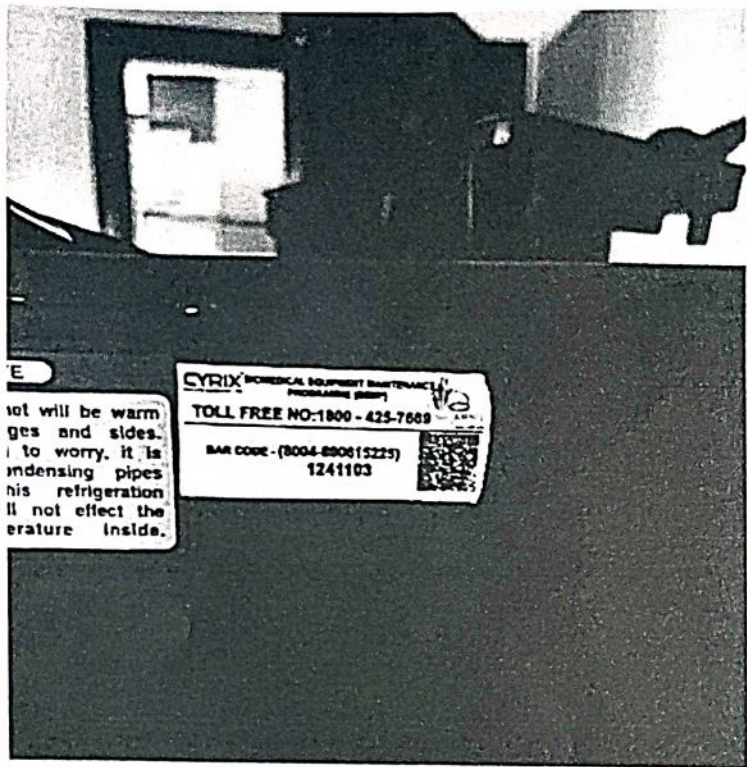
Cool Care Service
Mananthavady

MEDICAL OFFICER
FAMILY HEALTH CENTRE
THONDERNAD
P.O. THONDERNAD, WAYANAD

Dr. Deepu







MEDICAL OFFICER
FAMILY HEALTH CENTRE
THONDERNAD
P.O. THONDERNAD, WAYANAD

KD
D. Deep



FAIR COPY REGISTER

(Vide Paragraph 116, Manual of Office Procedure)

107

Serial number	Number or description	Typist to whom marked	Date of dispatch
1	2	3	4
119	SLAB-WEDGE WOOD		110
120	TEST TUBES		110
121	SPATULA - BELVIS		111
122	TEST TUBE STAND		111
123	MIDWIFERY KIT (VIP)		112
124	PORTABLE STEAM STERILIZER (VIP)		113
	L.P.G. STOVE, RUBBER TUBE, LIGHTER		119
	GAS CYLINDER & REGULATOR		120
	NEEDLE DESTROYER		121
	ELECTRIC STERILIZER		122
	B.P. APPARATUS		122
	STETHOSCOPE		124
	TORCH		125
	NEBULIZER		126
	WATER FILTER		127
	DISP. NEEDLE 23		128
	GLOVES		129
	IUD KIT		118
	Back view 110-1		151
	REFRIGERATOR		148

മെഡിക്കൽ ഓഫീസർ
 ഫാമിലി ഹെൽത്ത് സെന്റർ
 തണ്ടേർനാട്

MEDICAL OFFICER
 FAMILY HEALTH CENTRE
 THONDERNAD
 THONDERNAD, WAYANAD



Handwritten signature and name: D. Deepa

FAIR COPY REGISTER
(Vide Paragraph 116, Manual of Office Procedure)

Serial number	Number or description	Typist to whom marked	Date of despatch
1	2	(NRHM UNTIDE FUND)	4
	<p>R ELECTROLUX REFRIGERATOR 245 LTRS (FROST FREE) double door.</p> <p>(Locally purchased under Govt. Thomsons Associates, Madu. under NRHM-untide fund)</p> <p>Quotation All documents are kept in office: no of clerk.) INVOICE NO: 106 dtd: 31.8.07.</p>		RS: 11547/-
31.8.07.	Receipt: 1 Nos.		1 Nos.
31.8.07.		1 Nos issued to Pharmacy.	AC
			(M)
31.8.07.	V. Guard Voltage Stabilizer.		
	Receipt: 1 Nos		1 Nos. RS: 1156/-
31.8.07		1 Nos issued	AC
31.8.07	Refrigerator	Star	
	Receipt: 1 Nos		1 Nos. RS: 22
31.8.07		1 Nos. issued	

Transfer to New Register 2007 vol - no 1, 2, 3

memorandum

നാർമൽ
കുടുംബാരോഗ്യ കേന്ദ്രം
തൊണ്ടൻനാട്



MEDICAL OFFICER
FAMILY HEALTH CENTRE
THONDERNAD
THONDERNAD, WAYANAD

Handwritten signatures and initials