



BIOMEDICAL EQUIPMENT MAINTENANCE PROGRAMME UNDER NATIONAL HEALTH MISSION



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

CYRIX

HEALTHCARE PVT LTD

No. : 177743

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 PERUMBILAVU</u></p> <p>Address <u>PERUMBILAVU</u> <u>THRISSUR</u></p> <p>Ph : <u>9946423230</u></p>	<p>Call Registration Date : <u>08/01/2024</u></p> <p>Caller ID : <u>89543</u></p> <p>Date of Visit : <u>10/01/2024</u></p> <p>Asset No. : <u>0845467</u></p> <p>EQPT Name : <u>Bp apparatus</u></p> <p>Manufacture <u>ELKO</u> Model : <u>LCD</u></p> <p>S. No. <u>NA</u> Dept. <u>OP</u></p>
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Service Classification : Breakdown Call PMS Calibration Cust.Training

Problem Identified : Not working Bp apparatus. Found that the Bp apparatus not working.

Action Taken : When checked the equipment found that Bp apparatus board and display are defective.

Completed Date : 29/01/24 Time : 1:30pm Spare Required

Spare Replaced Requested

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

Cyrux Engineer	Date	Start Time	End Time
<u>SINTO JOY</u>	<u>29/01/24</u>	<u>9:00pm</u>	<u>1:30pm</u>

Customer Remark Completed Pending

Service Engineer Name : SINTO JOY
Signature : [Signature]
Date : 29/01/24
Contact Number : 7907406353




Customer Name : [Signature]
Signature : [Signature]
Date : 29/01/24
Contact Number : [Number]
Designation : MEDICAL OFFICER IN CHARGE
Hospital Seal : FAMILY HEALTH CENTRE
PERUMPILAVU
THIPPILISSERY P.O.
PIN - 680 519

**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	THRISSUR
2	Name of Hospital	PHC PERUMBILAVU
3	Name of Equipment with Make, Model and Serial Number	Bp Apparatus Elko LCD
4	Equipment ID/ Barcode	0845467
5	Date of purchase/ Year of manufacture/Installation Date	10/8/19
6	Warranty details	No Warranty
7	*AMC/ CAMC Period agreed at the time of purchase	No AMC/CMC
8	Date of breakdown/ Date of registration of complaint	8/1/24
9	Action taken	Checked the equipment and found board and display are defective
10	Present status of the equipment (Fully damaged / partially damaged)	Fully Damaged
11	Details of service required (Recommendations for repair)	Not recommending
12	Cost of spares (specify parts and cost)	NA
13	Asset Value	1,500/-


14	# Percentage value of the cost of spares with respect to Cost of Purchase/ Asset Value	NA
15	Abstract of Service Report provided by the OEM/ Authorized Service Provider/ CYRIX.	Cyrix Service report attached
16	Reasons for recommending the equipment as BER	Checked equipment found board and display damaged, equipment installed on 10-08-2019 and covered upto 4+ year, Quotation not submitted since spares are not available in the market. As per tender clause 5.3.14.2 we are highlighting this case as an exceptional case and recommend equipment for condemnation
17	Signature of CYRIX Authority	Ramdas K 

*Not mandatory #Based on the period of life and value as per the BER guidelines

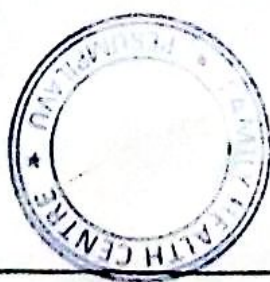
* Attach Photograph

Remarks and Recommendations of Junior Consultant (Biomedical) NHM:

Space not available

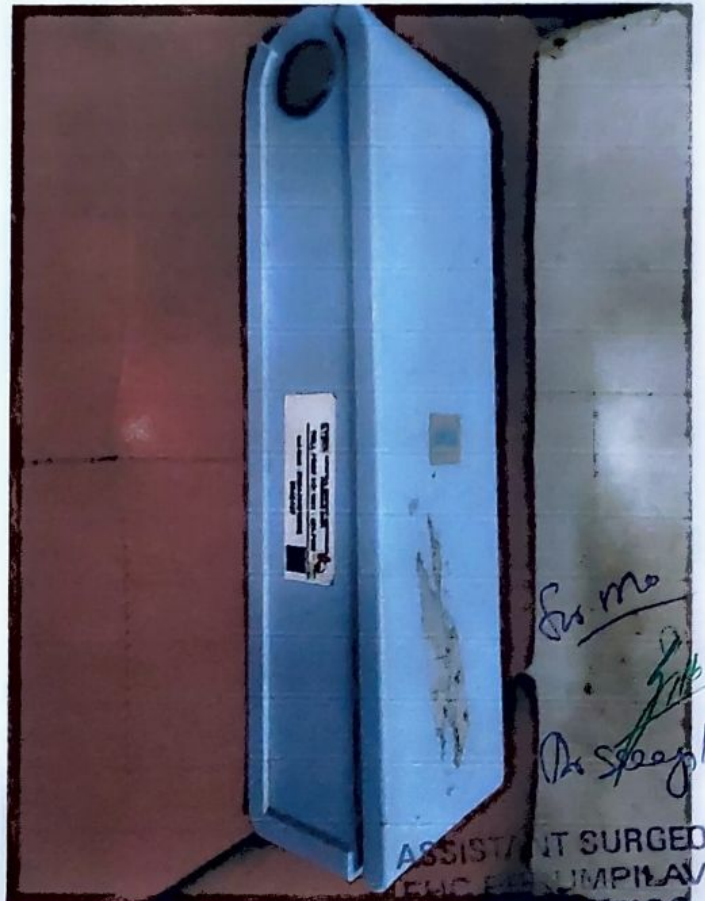

 Signature of JC BM (NHM)
 Jr. Consultant (Bio/Medical)
 NHM, Thrissur

Date



Signature of
 Superintendent/Medical Officer (I/c)
 PERUMPILAVU
 THRISSUR P.O.
 PIN - 680 519

29/07/24



ASSISTANT SURGEON
FMC PERUMPILAVU
THIPPILISSERY P.O.
PIN - 680 519

B.P. APPARAILLS (Non-mercury)

Date	Receipt	Issue	Bank
20-08-19	KL00898/FP/00024/19-20 Received from Local purchase [D119648] B.no: 111, exp 1/28/ mf. Getwell life scheme Rate: 217349/-	2	24
12-01-21	Issued to LH/municipal	01	01
12-2-21	KL00898/FP/00048/20-21 from local purchase B.no: 111, exp: 6/28, Rate 2257.92/-	2	03
30-7-21	KL00898/008/00029/21-22 [present on DMS]	01	02
20-1-22	Issued to JPHN (Municipal)	02	and



Sa
24/01/24

MEDICAL OFFICER IN CHARGE
FAMILY HEALTH CENTRE
THIRUPILISSERY P.O.
PIN - 686 519