

**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	Prividuram
2	Name of Hospital	GH Neyyattinkara
3	Name of Equipment with Make, Model and Serial Number	Dialysis machine B. Braun Dialog + 200175
4	Equipment ID & Barcode	72243 , 0112852
5	Date of purchase / Year of manufacture / Installation Date	19/01/2015
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)	30.9.2023
9	Action taken	Checked the machine and found Motor board, valves, snaps and pumps damaged
10	Present status of the equipment (Fully damaged / partially damaged)	Fully damaged
11	Recommendations for repair (required service details)	Motor board, valves, snaps and pumps damaged. Replacing these spares economically not possible
12	Cost of spares (specify parts and cost)	5,47,165 / -

13	Asset Value	506,667 506,667
14	# Percentage value of the cost of spares with respect to Cost of Purchase/ Asset Value	$\frac{547,165}{506,667} \times 100 = 107.9\%$ Repair Cost is High
15	Abstract of Service Report provided by the OEM/ Authorized Service Provider/ CYRIX (Attached or Not)	<ul style="list-style-type: none"> * OEM Report * Quotation * Service report
16	Reasons for recommending the equipment as BER	Mother board, SMPS, Valve and pumps are damaged. Cannot be repaired economically. So recommending for condemnation
17	Name & Signature of CYRIX Authority	Ajith George <i>[Signature]</i>

*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:
 Mother board, SMPS ~~etc~~, Valve needs damaged.
 Quotation verified. can be RBER.
 Call date : 31.09.2023
 Submitted date : 14-11-2023
[Signature]
 14-11-2023
MANEESHA MOHAN M.R.
 Junior Consultant (Biomedical)
 National Health Mission
 Thiruvananthapuram
 Signature of JC BM (NHM)

Date

[Signature]
 Signature of Superintendent / Medical Officer (i/c)
 NEYYATTINKARA





**BIOMEDICAL EQUIPMENT
MAINTENANCE PROGRAMME
UNDER
NATIONAL HEALTH MISSION**



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

CYRIX
HEALTHCARE PVT LTD

No. : 154388

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 <i>SH Meyyathiruvayal</i>	Call Registration Date : <i>30.9.2023</i>
Address <i>921 Venclacum</i>	Caller ID : <i>72243</i>
Ph : <i>9544872124</i>	Date of Visit : <i>28.10.2023</i>
	Asset No. : <i>0112852</i>
	EQPT Name : <i>Dialysis machine</i>
	Manufacture <i>B. Braun</i> Model : <i>Dialog +</i>
	S. No. <i>200175</i> Dept. <i>Dialysis</i>

Service Classification : Breakdown Call PMS Calibration Cust. Training

Problem Identified : *Not working*

Action Taken : *checked the machine found that the motor board, stops, valves and pump clogged. So its recommended for beyond economical repair (BER)*

Completed Date : Time : Spare Required

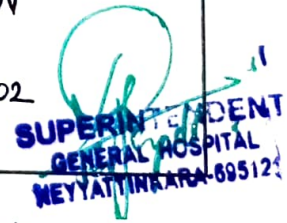
Spare Replaced Requested

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

Cyrix Engineer	Date	Start Time	End Time
<i>Ajit George</i>	<i>28.10.2023</i>	<i>11:00</i>	<i>12:00</i>

Customer Remark Completed Pending

Service Engineer Name : <i>Ajit George</i>	Customer Name : <i>Somathe. VN</i>
Signature : <i>A</i>	Signature : <i>[Signature]</i>
Date : <i>28.10.2023</i>	Date : <i>28.10.2023</i>
Contact Number : <i>759284711</i>	Contact Number : <i>9445284102</i>





27568

Service report

Service ETS Request No.

Date of Visit : 20/12/2021

Installation

PMS / TSC

Break Down

Customer Name : <u>General Hospital</u>		Service Request Category:	
Customer Address : <u>Neyyattinkara</u>		Installation <input type="checkbox"/> Y <input type="checkbox"/> N	
Contact Number : _____		User Training checklist signed: <input type="checkbox"/> Y <input type="checkbox"/> N	
Division BA <input checked="" type="checkbox"/> HC <input type="checkbox"/> AE <input type="checkbox"/>		Installation checklist signed: <input type="checkbox"/> Y <input type="checkbox"/> N	
Service Place Onsite <input checked="" type="checkbox"/> Workshop <input type="checkbox"/> Office <input type="checkbox"/>		Warranty End Date: _____	
Model : <u>210200N</u>		TSC cum PMS	
Serial Number: <u>200175</u>		If Yes PM KIT replacement date: <input type="checkbox"/> Y <input type="checkbox"/> N	
Software version: <u>9.12</u> Working hours: _____		User Training: <input type="checkbox"/> Y <input type="checkbox"/> N	
Observations :		User Training checklist signed: <input type="checkbox"/> Y <input type="checkbox"/> N	
RO TDS: <u>6</u> (0-10 PPM Acceptable limits) <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA		Breakdown call	
Neutral to Earth Voltage: <u>1</u> (0-2 Volt)		Software: <input type="checkbox"/> Y <input type="checkbox"/> N	
Use of UPS / Stabilizer: _____ (recommended 3KVA per machine in Dialog model) <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA		Electrical Hardware: <input type="checkbox"/> Y <input type="checkbox"/> N	
Bicarb mixer: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA		Mechanical Hardware: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
Reported Problem: <u>Machine not getting on, white display on screen, DF Flow detector error.</u>		Trend backup: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	
Observed Problem: _____		50% Citric Disinfection after each Therapy: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	
Service Resolution: <u>Checked and found SMPS, Motherboard, EP pump defective and Acid pump defective due to no usage for long time. Defective SMPS, motherboard, EP pump and acid pump need to be replaced for smooth functioning of equipment.</u>		50% Citric Disinfection after end of day: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	
Following spareparts are:		Service Type	
Replaced: <input type="checkbox"/> Y <input type="checkbox"/> N		Warranty / Extended warranty: <input type="checkbox"/>	
To be replaced: <input type="checkbox"/> Y <input type="checkbox"/> N		CAMC: <input type="checkbox"/>	
To be quoted: <input type="checkbox"/> Y <input type="checkbox"/> N		AMC: <input type="checkbox"/>	
SN		Oncall & Chargeable: <input checked="" type="checkbox"/>	
Article number		Article Name	
Quantity			
Date		Start time	
End time		Labour Hours Spent:	
This is to certify that above mentioned spareparts of BiBraun machine are consumed / to be consumed on our in hospital for satisfactory working of machine.			
Status of Service request:		Completed: <input type="checkbox"/> Y <input type="checkbox"/> N	
Under Observation: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA		Followup Date: _____	
Contact person: <u>Praveen P.S.</u>		Signature with Date & Time: <u>[Signature] 20/12/23</u>	
Customer remark / Feedback: _____		Stamp: _____	
Engineer name & Signature: <u>Praveesh K</u>		Engineer Contact No.: <u>6282604935</u>	

B. Braun Medical India Pvt Ltd.

To,
Cyrix Healthcare
Cochin

Sub: - Quotation for Spare Parts

Our Ref.BB/BA-W-020/24 Date: 15.01.2024

Dear Sir/ Madam,

Greetings from BBraun Medical India Pvt. Ltd.

Kindly find our most competitive rate for Spare part for Hemodialysis machine.

Art. No.	Description	Qty	Unit price (Excl. Tax)	Total Price (Excl. Tax)
3461076	Switch Mode Power Supply-MC 110/240 V	1	189,332	189,332
34560610	MOTHERBOARD LX 800	1	115,895	115,895
34560319	GEAR PUMP WITH MAGNET (MICROPUMP V2)	1	73,633	73,633
34560602	PUMP BODY	1	40,191	40,191
3456055B	MOTOR FOR PISTON PUMP	1	17,507	17,507
34561471	BELL JOINT FOR HALL SENSOR	1	18,431	18,431
34561480	HALL SENSOR	1	8,710	8,710
			Total:	463,699
			GST: 18%	83,466
			Total Amount:	547,165

Terms & Conditions:

1. Taxes : As per GST Rate w.r.t. HSN code of spare part.
2. Payment : 100% Advance Cheque/DD in Favour of M/s B.Braun Medical (I) PvtLtd.
3. Delivery : Within 2-3 weeks from PO.
4. Quotation : Validity 30 days

Thanking you,

Yours faithfully,

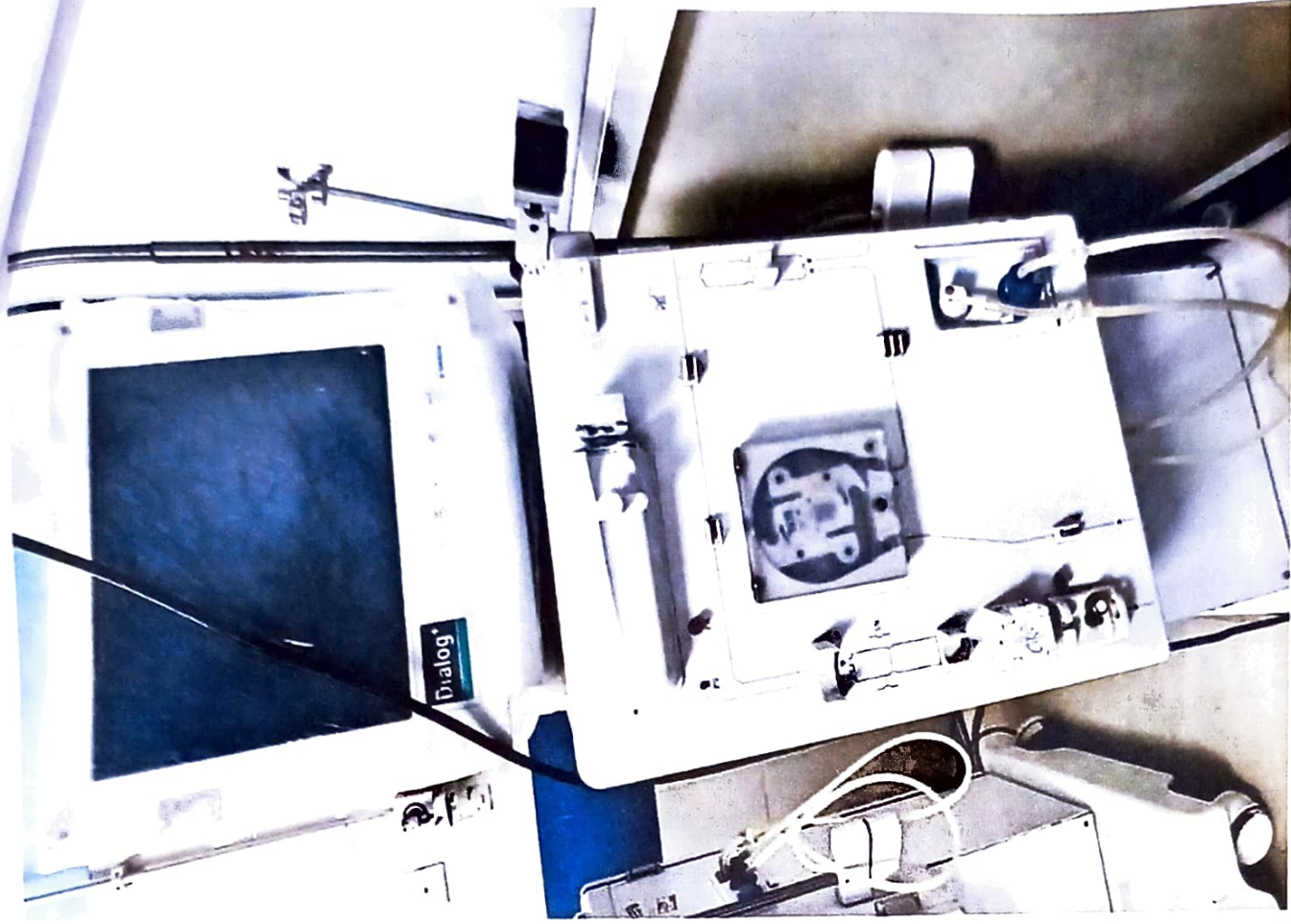
For B|Braun Medical (India) Pvt Ltd.



SUSMEETA PANDEY
Senior Executive - Technical Service
E Mail ~ susmeeta.mazumdar@bbraun.com
Phone No: 022 66682205






BABU MURUGESAN
Manager -Training & Quality
E Mail ~ babu.murugesan@bbraun.com
Mob No: 9884450417



Dialog +
 Aparelho para Hemodiálise

REF	710200N
SN	200175
Bj	2013
VA	2500
V	230~
Hz	50/60
IP	21
CE	0123

Manufacturer/Fabricado por:
B. Braun Avitum AG
 34208 Melsungen, Germany
 Made in Germany

Importado e Distribuído por: B. Braun
 Laboratórios B. Braun S.A.
 Rua Engenheiro Almeida nº. 2.013/200, 00.000

Not to be used in presence of
 flammable anaesthetic gases

