


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

**Recommendations for Beyond Economic Repair (BER)**

**PROFORMA**

<b>Sl. No</b>	<b>Particulars</b>	<b>Details</b>
1	Name of District	KOZHIKODE
2	Name of Hospital	PHC PUTHIYAPPA
3	Name of Equipment with Make, Model and Serial Number	Equipment : Digital BP Apparatus Make : Lifecare Model : NA SN : NA
4	Equipment ID & Barcode	96068 & 1142588
5	Date of purchase / Year of manufacture /Installation Date	10- 10- 2019
6	Warranty details (Yes/No)	No warranty
7	*AMC/ CAMC Period agreed at the time of purchase	No AMC/CMC
8	Date of breakdown(Date of registration of complaint through email/ Toll free)	14/02/2024(Toll free)
9	Action taken	Checked and found display and main board defective need to replace these spares for further checking working condition of the equipment.enquired OEM for spares
10	Present status of the equipment (Fully damaged / partially damaged)	Fully damaged
11	Recommendations for repair (required service details)	Not recommending for repair
12	Cost of spares (specify parts and cost)	NA



13	Asset Value	2200
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 (Attached or Not)	Cyrix service report attached
16	Reasons for recommending the equipment as BER	Checked and found display and main board defective need to replace these spares for further checking and working condition of the equipment. Equipment installed on 10/10/2019 aged up to 4 years 4 months. Enquired OEM for spares. Its a low cost equipment and spares are not available in the market So recommending the equipment for condemnation
17	Name & Signature of CYRIX Authority	ATHUL RAJ V 

\*Not mandatory

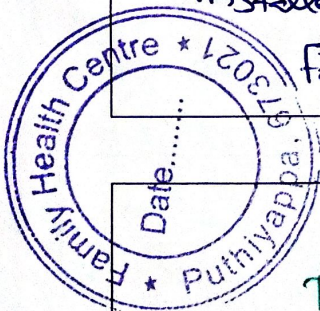
#Based on the period of life and value as per the BER guidelines

\* Attach Photograph

Remarks and Recommendations of Junior Consultant (Biomedical) NHM:

Checked & found display and main board defective & need to replace the same. Machine installed on 10/10/2019. So recommended for condemnation

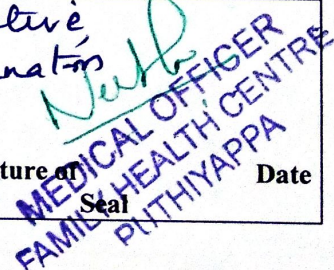
Signature of JCBM (NHM)  
Consultant Bio Medical Engineer  
National Health Mission  
Kozhikode



Since the machine is defective it may be taken up for condemnation  
DK. Neethu K.A.  
Assistant surgeon.

Superintendent / Medical Officer (i/c)

Signature of  Date







# BIOMEDICAL EQUIPMENT MAINTENANCE PROGRAMME UNDER NATIONAL HEALTH MISSION



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

# CYRIX

HEALTHCARE PVT LTD

**No. :** 180967

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 Puthiyappa</u></p> <p>Address <u>Puthiyappa</u> <u>Kochi</u> <u>Kode</u></p> <p>Ph : <u>9946 856243</u></p>	<p>Call Registration Date : <u>14-02-2024</u></p> <p>Caller ID : <u>96068</u></p> <p>Date of Visit : <u>15-02-2024</u></p> <p>Asset No. : <u>1142588</u></p> <p>EQPT Name : <u>BP Apparatus</u></p> <p>Manufacture <u>Lifecare</u> Model : <u>NA</u></p> <p>S. No. <u>NA</u> Dept. <u>Sub Centre</u></p>
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**Service Classification :** Breakdown Call  PMS  Calibration  Cust. Training

**Problem Identified :** Machine not getting on.

**Action Taken :** Checked the machine and found that display and main board are defective, need to replace those spares. For further checking working condition of the equipment, enquired OEM for spares.

Completed  Date : 15/2/24 Time : 2:00 pm Spare Required

Spare Replaced  Requested

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

Cyrix Engineer	Date	Start Time	End Time
<u>Athul Rajiv</u>	<u>15/2/24</u>	<u>12:00 pm</u>	<u>2:00 pm</u>

**Customer Remark**  Completed  Pending

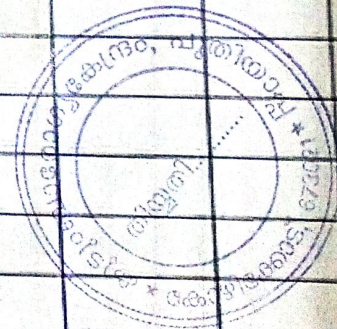
<p><b>Service Engineer Name :</b> <u>Athul Rajiv</u></p> <p><b>Signature :</b> </p> <p><b>Date :</b> <u>15/2/24</u></p> <p><b>Contact Number :</b> <u>9072522059</u></p>	<p><b>Customer Name :</b> <u>DR. Neetha</u></p> <p><b>Signature :</b> </p> <p><b>Date :</b> <u>15/2/24</u></p> <p><b>Contact Number :</b> <u>9946856243</u></p> <p><b>Designation :</b> <u>Surgeon</u></p> <p><b>Hospital Seal :</b> </p>
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# STOCK BOOK OF

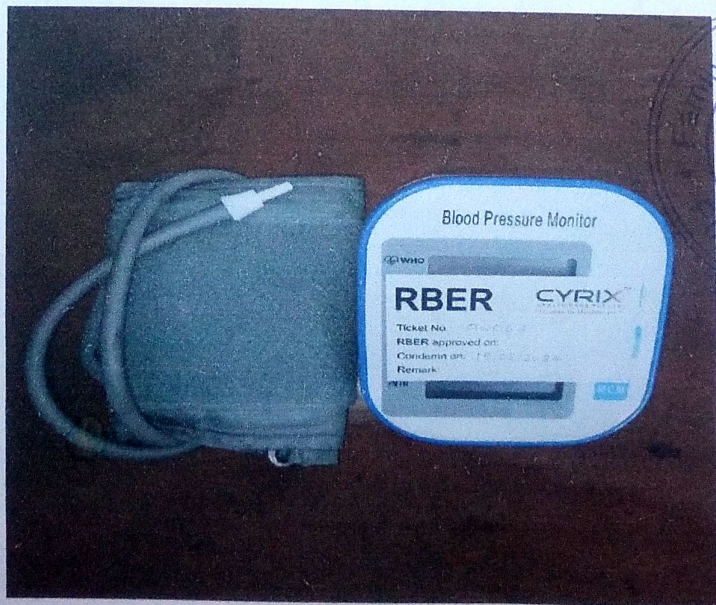
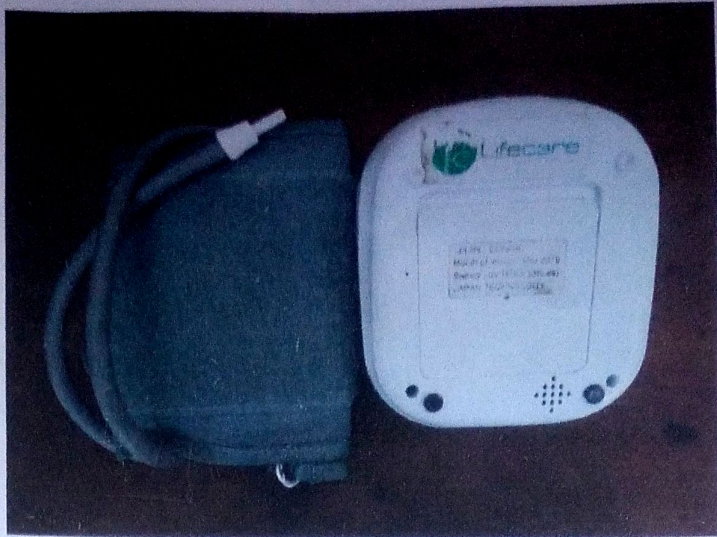
Name of article Subcentre kit

Date	Invoice No.	From whom received or in whom issued	Receipt	Issued	Balance	Batch No Exp. Date Mfg Date	Price per Unit/MFG	Remarks
		Brought Forward						
10.10.17		Received from Fik. Puthiyappa.	1		1			
		Each kit contains						
1		BP Apparatus	1					
		Digital (Life line)						
2.		Dust Bin (Black)	1					
3		Dust Bin (Red)	1					
4.		Dust Bin (Yellow)	1					
5.		Examination Table	1					
6.		Fetoscope.	1					
7.		Culoves Stenile	1 pair.					
8.		Culcometer steps	1 pair.					
9.		Culcometer (Low call. plus).	1					
10.		Haemometer Test Steps	50					
11.		Haemometer (Type 4b)	1					
12		Hub cultis	1.					
13.		Infantometer	1					
14		Kit for testing Residual Chlorine.	1					
15.		harriet.	1 pack					
16		measuring tape.	1					
17		Nebulizer (high)	1					
18		Salt testing kit	1					
19.		Stadiometer	1					
20		Stethoscope	1					
21		Thermometer (Digital)	1					



*Handwritten signature*  
**MEDICAL OFFICER**  
**FAMILY HEALTH CENTRE**  
**PUTHIYAPPA**





*[Handwritten Signature]*  
29/3/24  
MEDICAL OFFICER  
FAMILY HEALTH CENTRE  
PITHIYAPPA

Family Health Centre  
Date.....  
Pithiyappa, 673021