

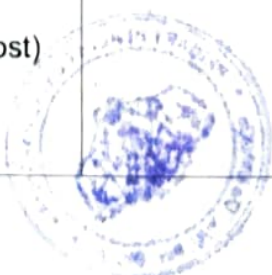
**REPAIR OF BIOMEDICAL EQUIPMENTS UNDER BIOMEDICAL EQUIPMENT
MAINTENANCE PROGRAM (BEMP)**

438

Recommendations for Beyond Economic Repair (BER)

PROFORMA

Sl. No	Particulars	Details
1	Name of District	Thiruvananthapuram
2	Name of Hospital	FHC Paravijan
3	Name of Equipment with Make, Model and Serial Number	BP Apparatus Mercury Electrometer. 464317
4	Equipment ID & Barcode	0144538
5	Date of purchase / Year of manufacture / Installation Date	15/03/17
6	Warranty details (Yes/No)	n/b
7	*AMC/ CAMC Period agreed at the time of purchase	n/b
8	Date of breakdown (Date of registration of complaint through email/ Toll free)	15/03/17 7-01-2024
9	Action taken	Checked the machine. Mercury leak found.
10	Present status of the equipment (Fully damaged / partially damaged)	Fully damaged
11	Recommendations for repair (required service details)	Mercury leak found Cannot be repaired
12	Cost of spares (specify parts and cost)	



GOVERNMENT OF KERALA
DEPARTMENT OF HEALTH
THIRUVANANTHAPURAM

13	Asset Value	1323
14	* Percentage value of the cost of spares with respect to Cost of Purchase/ Asset Value	N/A
15	Abstract of Service Report provided by the OEM/ Authorized Service Provider/ CYRIX (Attached or Not)	Kindly attached copy of Cyrix Service report along with RBER performance.
16	Reasons for recommending the equipment as BER	Mercury leak.
17	Name & Signature of CYRIX Authority	Mohammed Syed M 27-9

*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:

Mercury leak. So RBER

MANEESHA MOHAN M.R.
Junior Consultant (Biomedical)
National Health Mission
Thiruvananthapuram

16-01-2024

Signature of JC BM (NHM)

Date



Signature of
Superintendent / Medical Officer (i/c)
MEDICAL OFFICER IN CHARGE
PH CENTRE PARANIYAM
POOVAR P.O., TVM, Pin : 695525



BIOMEDICAL EQUIPMENT MAINTENANCE PROGRAMME UNDER NATIONAL HEALTH MISSION



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

CYRIX

HEALTHCARE PVT LTD

No. : 161781

ISO 13485 : 2012 & ISO 9001-2008 CERTIFIED COMPANY | AERB Approved Service Agency

30/64 1 B, Petta Junction, Poonithura, Kochi - 682 038, Kerala
Ph : 98472 99500 Website : www.cyrix.com | E-mail : bemp.kl@cyrix.in

Service Report

Health Facility <u>FHE Panayyan</u>	Call Registration Date : <u>7-01-2024</u>
Address <u>Panayyan</u>	Caller ID : <u>92961</u>
<u>Thuvimandapuram, Kerala</u>	Date of Visit : <u>7-01-2024</u>
Ph : _____	Asset No. : <u>01P0531</u>
	EQPT Name : <u>BD Apparatus Mercury</u>
	Manufacture <u>Elkonel</u> Model : <u>NO</u>
	S. No. <u>NO</u> Dept. <u>OP</u>

Service Classification : Breakdown Call PMS Calibration Cust.Training

Problem Identified : checked the machine and found Mercury leak

Action Taken : Mercury leak found. Cannot be repaired.

Completed Date : Time : Spare Required

Spare Replaced Requested

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

Cyrix Engineer	Date	Start Time	End Time
<u>Mohamed Syed M</u>			

Customer Remark Completed Pending



Service Engineer Name Mohamed Syed M
Signature : _____
Date : _____
Contact Number : 9293499118

Customer Name : Asarani R.N
Signature : _____
Date : _____
Contact Number : 8113807029
Designation : _____
Hospital Seal : _____



K.F.C FORM 21
(See Chapter VI, Article 156, Note)

SURVEY REPORT OF STORES*
Report of the Survey of Stores which have become unserviceable

Number or Quantity	Description of articles	Value on the Books †		Assessed value with reference to the condition of the articles and the existing market price	Date of receipt	Remarks by the subordinate in charge explaining the cause of the articles becoming unserviceable	Remarks or orders of the competent authority
		Rate	Amount				
1	2	3	4	5	6	7	8
		Rs. P.	Rs. P.	Rs. P.			
10	Stethoscope LM in clasp	6335/-			28/12/17		
	Stethoscope Diamond	678/-			08/12/17		
11	Examination Table (2)				28/12/17		
12	B.P apparatus (Mercury)	2450/-			15/3/17		
13	Instrument tray (2)	250/-			1/12/18		
14	Artery forceps (straight)				1/1/18, 15/3/18		
15	Mayo Scissors (straight)	234			15/3/18		
16	Stethoscope (20x8x2)	4345.31			15/3/18		
17	Scissors 18s - 2	188.18			22/3/18		
18	Tailor cutting Scissors				9/12/21		
19	Mayo Scissors (curved)				15/3/18		
20	Fore head Thermometer				17/5/2020		
21	Artery forceps Curved - 1	200/-			1/1/2018		

*Authority to write off should be obtained in this form.
†If the book value is not known, the replacement value should be entered in this column.

Officer in charge:

Signature:

Designation:

Date: