



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



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

CYRIX
HEALTHCARE PVT LTD

No. : 194160

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 : THQH	Call Registration Date : 13/4/2024
Address : Cherthala	Caller ID : 106132
Alappuzha	Date of Visit : 15/4/2024
Ph : 8281069322	Asset No. : 0420064
	EQPT Name : Nebulizer
	Manufacture : Ishree Model : IN/190
	S. No. : IN/190/7/2015 Dept. : ward-5

Service Classification : Breakdown Call PMS Calibration Cust.Training

Problem Identified : Nebulizer is not getting on.

Action Taken : checked the machine and found that the compressor motor with piston defective need to replace the stars for further checking and working condition of the equipment

Completed Date : 15/4/24 Time : 4:00PM Spare Required

Spare Replaced Requested

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

Cyrix Engineer	Date	Start Time	End Time
Nasret	15/4/24	3:00PM	4:00PM

Customer Remark : Completed Pending



Service Engineer Name : Nasret K.N
Signature : *Nasret*
Date : 15/4/2024
Contact Number : 9526741524

Customer Name : Letke T
Signature : *Letke T*
Date : 15/4/24
Contact Number : 8281069322
Designation : SNo
Hospital Seal :



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SERVICE PROVIDER
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CYRIX
HEALTHCARE PVT LTD

No. : 194200

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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 : THQH	Call Registration Date : 13/4/2024
Address : Cherthala	Caller ID : 106182
Alappuzha	Date of Visit : 15/4/2024
Ph : 3281069322	Asset No. : 0420064
	EQPT Name : Nebulizer
	Manufacture : Ishner Model : IN190
	S. No. IN190/17/2025 Dept. : ward-5

Service Classification : Breakdown Call PMS Calibration Cust.Training

Problem Identified : Nebulizer is not getting on

Action Taken : Regarding the inspection of the equipment found that the Compressor motor with piston defective

Completed Date : 23/4/24 Time : 1:00 PM Spare Required

Spare Replaced Requested

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

Cyrix Engineer	Date	Start Time	End Time
Naseer	23/4/24	11:00am	1:00 PM

Customer Remark : Not working - letba. t

Completed Pending

Service Engineer Name : Naseer
Signature : *Naseer*
Date : 23/4/24
Contact Number : 9526744524



Customer Name :
Signature : *[Signature]*
Date :
Contact Number :
Designation :
Hospital Seal :

**SUPERINTENDENT
TALUK HEAD QUARTERS HOSPITAL
CHERTHALA**

**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	ALAPPUZHA
2	Name of Hospital	THQH CHERTHALA
3	Name of Equipment with Make, Model and Serial Number	NEBULIZER MAKE :- ISHNEE MODEL :- IN 190 SN :- INI9017120256
4	Equipment ID & Barcode	106182 & 0420064
5	Date of purchase / Year of manufacture /Installation Date	05/09/2016
6	Warranty details (Yes/No)	NO WARRANTY
7	*AMC/ CAMC Period agreed at the time of purchase	NO AMC/CAMC
8	Date of breakdown(Date of registration of complaint through email/ Toll free)	13/04/2024
9	Action taken	Regarding the inspection of the equipment found that the compressor motor with piston defective.
10	Present status of the equipment (Fully damaged / partially damaged)	Fully Damaged
11	Recommendations for repair (required service details)	Not Recommended For Repair
12	Cost of spares (specify parts and cost)	NA

13	Asset Value	RS :- 1353 /-
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 compressor motor with piston defective. Equipment installed on 05/09/2016 and covered up to 7 Years and 7 Months. Quotation is not submitted since spares are not available in the market. So we are recommending the equipment for condemnation.
17	Name & Signature of CYRIX Authority	NASEEF K <i>Naseef</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:

Recommended for BER

[Signature]
25/04/24
Signature of JC BM (NHM)
JYOTHISH THOMAS
Consultant (Biomedical Engineering)
NHM ALPUTHA

Date



[Signature]
23/4
Signature of
Superintendent / Medical Officer (i/c)

**SUPERINTENDENT
BALUK HEAD QUARTERS HOSPITAL
CHERTHALA**

STOCK REGISTER

140

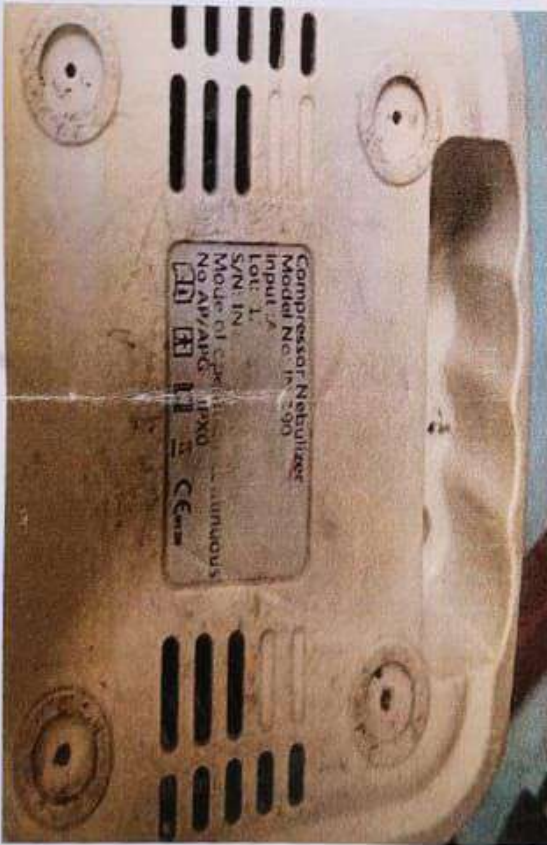
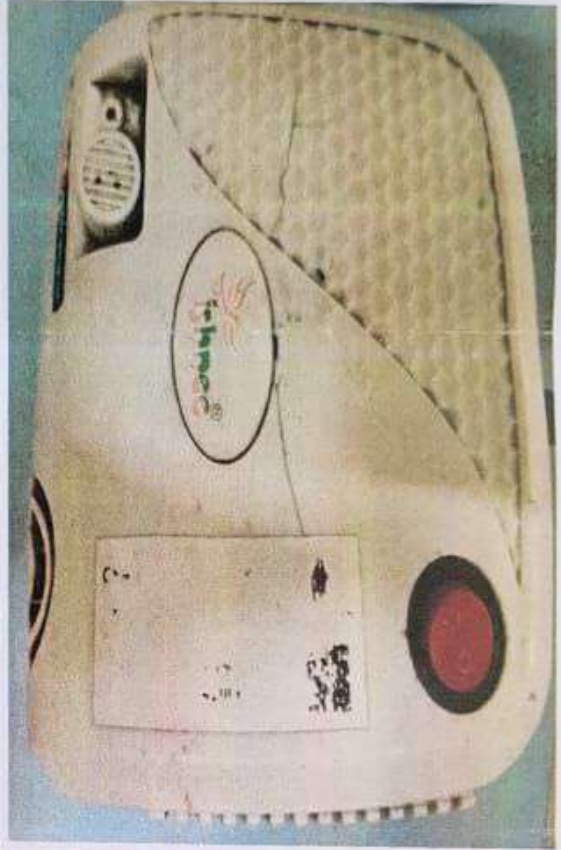
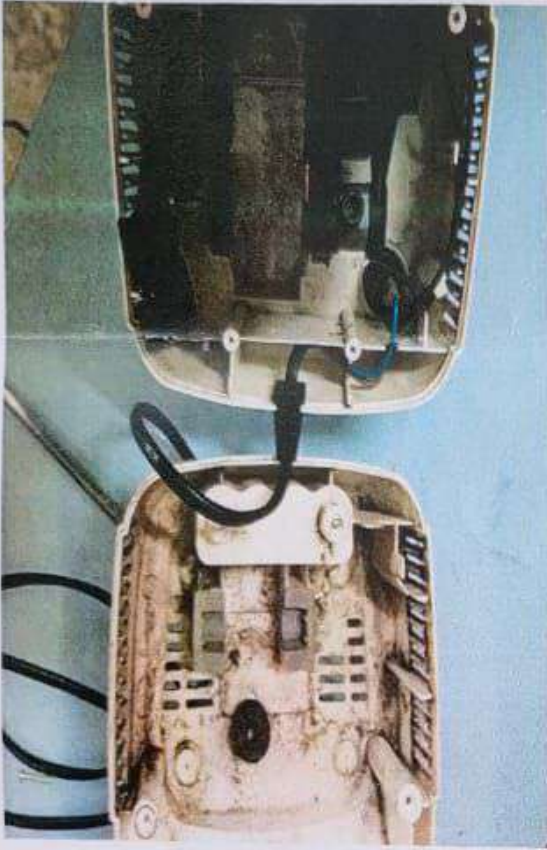
Nebulizer Life line Alpha

Name

Date	Received from or issued to	Inv. No. or Issue	Rate		Receipts	Issues	Balance	Remarks
			Rs.	Ps.				
12/7/16	B/F from Page 190 LP Reg. Issued to ward - V (Remained on Pgs 190) (2)	(2)			1		1 NIL	9 4
16/7/16	B/F from page 192 LP Register (2)				1		1	4
20/7/16	Issued to ward V					1	NIL	Chaw Mini
20/8/16	B/F from page 214 LP Register vol II.				1		1	
6.9.16	Issued to ward VI Sub Stock page 53.					1	NIL	Ragons KT 6/9/16 Ward VI
6.9.16	B/F from page 218 LP Register vol II.				2		2	
6.9.16	Issued to ward IV Sub Stock page No 76					2	NIL	Minimol. kv (W-IV)
5.9.16	B/P from page 221 Local purchase vol II. Issued to ward II. Sub Stock page 81				2		2	Mini H.R. Rem. R Ward II
12/12	B/R Page 201 (R stock items)							



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LALUK HEAD QUARTERS HOSPITAL
CHENNAI



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