

442

**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	Fate Manujan
3	Name of Equipment with Make, Model and Serial Number	BP Apparatus Mercury Electrometer. 467317
4	Equipment ID & Barcode	0144538
5	Date of purchase / Year of manufacture / Installation Date	15/03/17
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)	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)	

MEDICAL OFFICER IN CHARGE
IN CHARGE
MAYYANUR
GOVT. P.O. VAY. P.N. 10022





Signature of
Superintendent / Medical Officer (i/c)
PH CENTRE, PARANIYAM
POOVAR P.O., TVM, PIN: 695525

Date

Remarks and Recommendations of Junior Consultant (Biomedical) NHM:
Necessary leak & RBR

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

Signature of JC BM (NHM)
16-01-2024

* Attach Photograph

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

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)	File as attached copy of Cyrix service report along with RBR performance
16	Reasons for recommending the equipment as BER	Necessary leak-
17	Name & Signature of CYRIX Authority	Maneesh Mohan M.R.



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

Service Report

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

<p>Health Facility <u>Est. Puanayan</u></p> <p>Address <u>Puanayan</u> <u>Thuvimandapam, Kerala</u></p> <p>Ph :</p>	<p>Call Registration Date : <u>7-01-2024</u></p> <p>Caller ID : <u>92961</u></p> <p>Date of Visit : <u>7-01-2024</u></p> <p>Asset No. : <u>01224531</u></p> <p>EQPT Name : <u>BD Apparatus Mercury</u></p> <p>Manufacture <u>Elkonaka</u> Model : <u>ND</u></p> <p>S. No. <u>ND</u> Dept. <u>OP</u></p>
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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>Mohammed Syed M</u>			

Customer Remark Completed Pending

<p>Service Engineer Name <u>Mohammed Syed M</u></p> <p>Signature : <u>[Signature]</u></p> <p>Date :</p> <p>Contact Number : <u>9293499128</u></p>	<p>Customer Name : <u>Asarani R.N</u></p> <p>Signature : <u>[Signature]</u></p> <p>Date :</p> <p>Contact Number : <u>843807029</u></p> <p>Designation :</p> <p>Hospital Seal :</p>
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Contact number: 8188888888

Date:

Signature:

Service Engineer Name: [Signature]

Mobile No: 9876543210

Designation: [Signature]

Contact number: 9876543210

Date: 15/08/2024

W.D. in 2024

[Signature]

[Signature]



Customer Remark

Rating

[Signature]

SLIX Engineer

Date

Start Time

End Time

1			
2			
3			
4			

Description

Qty

Part Number

SP Number

Replaced Replaced

Completed Date: Time: Spare Required

Action Taken: [Handwritten notes]

Problem Identified: [Handwritten notes]

Service Classification: Breakdown call SMS Collaboration Cust. Training

<p>PR: [Handwritten]</p> <p>Address: [Handwritten]</p> <p>Health Facility: [Handwritten]</p>	<p>S. No: [Handwritten]</p> <p>Manufacturer: [Handwritten]</p> <p>Model: [Handwritten]</p> <p>EDPT name: [Handwritten]</p> <p>Asset No: [Handwritten]</p> <p>Date of Visit: [Handwritten]</p> <p>Call ID: [Handwritten]</p> <p>Call Registration Date: [Handwritten]</p>
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Service Report [Handwritten]

[Handwritten notes]

HEALTHCARE SLIX

No: 12345

SLIX SERVICE



NATIONAL HEALTH MISSION UNDER MAINTENANCE PROGRAMME BIOMEDICAL EQUIPMENT





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

1	2	Value on the Books†			Assessed value with reference to the condition of the articles and the existing market price	6	7	8
		3 Rs. P.	4 Rs. P.	5 Rs. P.				
10	Stethoscope Lminder	6335/-			28/12/17			
	Stethoscope Diamond	678/-			05/12/17			
11	Ramination Tool (KA)				08/12/17			
12	BP apparatus (Mercury)	2450/-			15/3/17			
13	Instrument tray (D)	250/-			1/12/18			
14	Astley forceps (Stainless)				1/11/18, 15/3/18			
15	Major Scissors (Stainless)	234			15/3/18			
16	Specialized (20x8x2) 1	4245.34			15/3/18			
17	Scissors IRS - 2	188.18			22/3/18			
18	Tailor cutting Scissors				9/12/21			
19	Nyco Scissors (Carved)				15/3/18			
20	Fore head Thermometer				17/5/2020			
21	Astley Forceps Curved 1 - 1 shop				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:

Approved.