



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



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

CYRIX
HEALTHCARE PVT LTD

No. : 183442

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.cyrrix.com | E-mail : bemp.kl@cyrix.in

Health Facility <u>PHC, CHERUTHANA</u>	Call Registration Date : <u>30.04.2024</u>
Address <u>CHERUTHANA</u>	Caller ID : <u>108789</u>
<u>FLAPPUZHA (D)</u>	Date of Visit : <u>01.05.2024</u>
Ph : <u>9544391279</u>	Asset No. : <u>0443719</u>
	EQPT Name : <u>BP. APPARATUS</u>
	Manufacture <u>OMRON</u> Model : <u>HEM7120</u>
	S. No. <u>NA</u> Dept. <u>OP</u>

Service Classification : Breakdown Call PMS Calibration Cust. Training

Problem Identified : NIBP. MALFUNCTIONING

Action Taken : ON CHECKING FOUND THAT MOTOR UNIT, SOLENOID VALVE AND MAIN BOARD ARE DEFECTIVE. NEED TO REPAIR THESE SPARE FOR FURTHER CHECKING AND WORKING CONDITION OF THE EQUIPMENT

Completed Date : 15.05.24 Time : 1:00pm Spare Required

Spare Replaced Requested

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

Cyrux Engineer	Date	Start Time	End Time
<u>SAUBAN BIN YASEEN</u>	<u>15.05.24</u>	<u>11:00am</u>	<u>1:00pm</u>

Customer Remark Completed Pending

Service Engineer Name : <u>SAUBAN BIN YASEEN</u>	Customer Name : <u>Sabitha J</u>
Signature : <u>[Signature]</u>	Signature : <u>[Signature]</u>
Date : <u>15.05.2024</u>	Date : <u>15/5/24</u>
Contact Number : <u>984585475</u>	Contact Number : <u>9544391279</u>
	Designation : <u>Nursing</u>
	Hospital Seal :



[Signature]

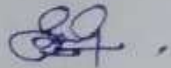
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**REPAIR OF BIOMEDICAL EQUIPMENTS UNDER BIOMEDICAL EQUIPMENT
MAINTENANCE PROGRAM (BEMP)**

Recommendations for Beyond Economic Repair (BER)

PROFORMA

Sl. No	Particulars	Details
1	Name of District	ALAPPUZHA
2	Name of Hospital	PHC CHERUTHANA
3	Name of Equipment with Make, Model and Serial Number	BP APPARATUS MAKE :- OMRON MODEL :- HEM7120 SN :- NA
4	Equipment ID & Barcode	108789 & 0443719
5	Date of purchase / Year of manufacture /Installation Date	15/09/2018
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)	30/04/2024
9	Action taken	Checked the machine and found that Motor , Solenoid Valve and Main Board are 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:- 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 the machine and found that Motor, Solenoid Valve and Main Board are defective. The equipment was installed on 15/09/2018 and aged up to 5 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	SAUBAN BIN YASEEN 

*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

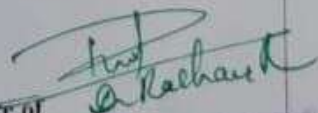

21/05/24

JYOTHISH THOMAS
Junior Consultant (Biomedical Engineering)
Signature of JCBM (NHM)
APPUZHA



Date

Seal

Signature of 
Superintendent / Medical Officer (i/c)

APPUZHA
Signature of JCBM (NHM)
03/05/2024

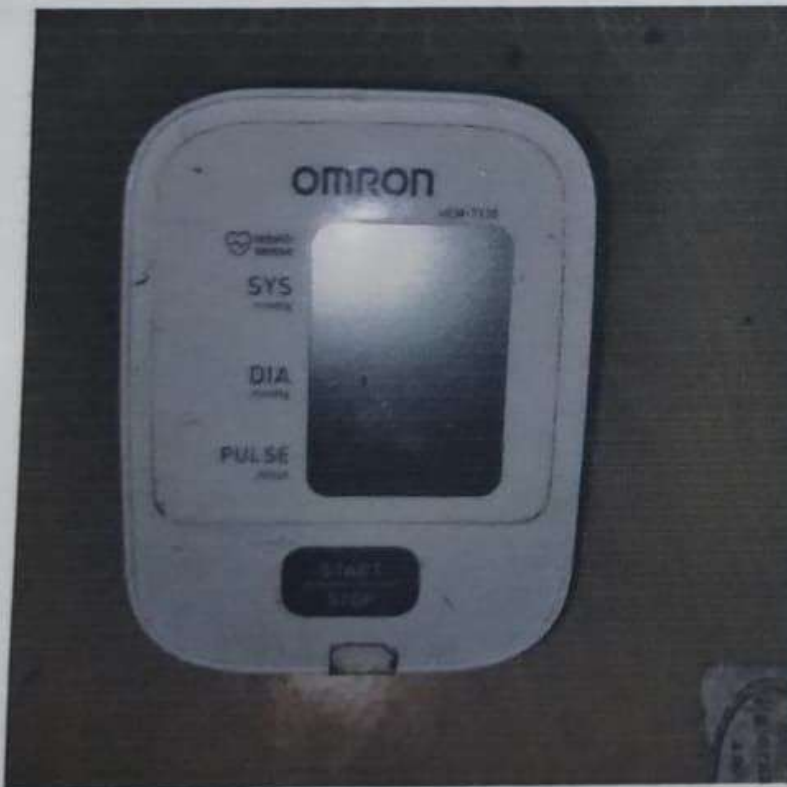
Digital BP Apparatus

Date	Items	Quantity Received	Quantity Issued	Balance
12/1/20	Digital BP apparatus	1	1 (To obs. room)	2 Nil
12/1/20	Digital BP apparatus	1	1 (To OP)	Nil
Page No - 45 in pharmacy instrument register				
23/6/23	Not working properly. Taken for service and is irrepairable. Recommended for condemnation.			
7/7/23	Digital BP Apparatus (Safe touch)	1	1	1

[Handwritten Signature]



സംസ്ഥാന ഹെൽത്ത് സെക്ഷൻ
 പ്രവേശന രജിസ്ട്രേഷൻ
 വെങ്കുളം
 ആലപ്പുഴ ജില്ല. ഫി.ഒ. - 690517



[Handwritten Signature]
 ഫലിഷൻ റഹ്മാൻ ഉൾ ഹുസൈൻ
 പ്രിൻസിപ്പൽ ഓഫീസർ
 മെഡിക്കൽ സപ്ലൈസ് വിഭാഗം
 ആരോഗ്യവകുപ്പ് പി.ഒ.-650517