



BIOMEDICAL EQUIPMENT MAINTENANCE PROGRAMME UNDER NATIONAL HEALTH MISSION



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

CYRIX

HEALTHCARE PVT LTD

No. : 218423 494

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 <i>Women & Children Hospital</i></p> <p>Address <i>Thycaud, Thiruvananthapuram</i></p> <p>Ph : <i>9496102527</i></p>	<p>Call Registration Date : <i>5-6-2024</i></p> <p>Caller ID : <i>114619</i></p> <p>Date of Visit : <i>5-6-2024</i></p> <p>Asset No. : <i>0114587</i></p> <p>EQPT Name : <i>BP Apparatus</i></p> <p>Manufacture <i>E.Ukometev</i> Model : <i>NA</i></p> <p>S. No. <i>NA</i> Dept. <i>Ward 6</i></p>
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Service Classification : Breakdown Call PMS Calibration Cust. Training

Problem Identified : *mercury spillage*

Action Taken : *Checked the equipment and found mercury spillage, Identified BP glass rod and mercury tank defective. need to replace for further checking*

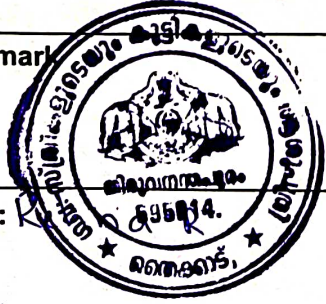
Completed Date : *5-6-2024* Time : *11:15 a.m* Spare Required

Spare Replaced Requested

Description	Qty.	Part Number	PR Number
1.			
2. <i>NA</i>	<i>NA</i>	<i>NA</i>	<i>NA</i>
3.			

Cyrix Engineer	Date	Start Time	End Time
<i>Rehna R</i>	<i>5-6-2024</i>	<i>11:00 a.m</i>	<i>11:15 a.m</i>

Customer Remark: _____ Completed Pending



Service Engineer Name : *R...*
Signature : *Rehna*
Date : *5-6-2024*
Contact Number : *9947239956*

Customer Name : *Maya Devi - C.k.*
Signature : *He...*
Date : *5-6-2024*
Contact Number : *9496102527*
Designation : *Nursing officer*

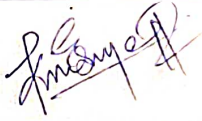
Govt. Women & Children Hospital
Thiruvananthapuram

**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	THIRUVANANTHAPURAM
2	Name of Hospital	WOMEN & CHILD HOSPITAL THYCAUD
3	Name of Equipment with Make, Model and Serial Number	Equipment Name : BP Apparatus Make : Anita Industries Model : Elkometer Serial No : 430557
4	Equipment ID/ Barcode	0114587/114619
5	Date of purchase/ Year of manufacture/Installation Date	14/02/2014
6	Warranty details (Yes/No)	No Warranty
7	*AMC/ CAMC Period agreed at the time of purchase	No CAMC/AMC
8	Date of breakdown (Date of registration of complaint through email/ Toll free)	01/06/2024
9	Action taken	Checked and found mercury spillage. Identified mercury tank and glass rod defective. Need to replace these spares for further checking and working condition of the equipment.
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)	NOT AVAILABLE

13	Asset Value	1323/-
14	# Percentage value of the cost of spares with respect to Cost of Purchase/ Asset Value	Not Available
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 Mercury spillage, Identified mercury tank and glass rod defective. The unit is installed on 14/2/2014 and covered upto 10+ years. Quotation not attached since the mercury is not available in the market. As per the tender clause 5.3.14.2 recommending the unit for condemnation
17	Name & Signature of CYRIX Authority	KASYEP PV 

*Not mandatory


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

* Attach Photograph

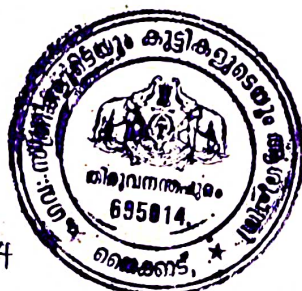
Remarks and Recommendations of Junior Consultant (Biomedical) NHM:

Mercury spillage and glass tube broken.
As per tender clause, this can be RBER.

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


12-06-2024
Signature of JC BM (NHM)

Date: 10/6/2024



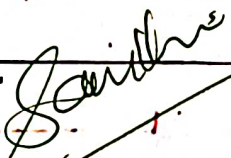
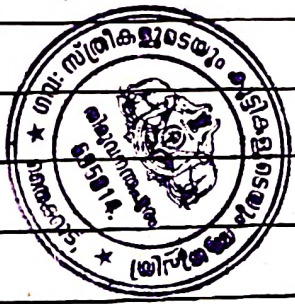
Signature of
Superintendent/Medical Officer (i/c)

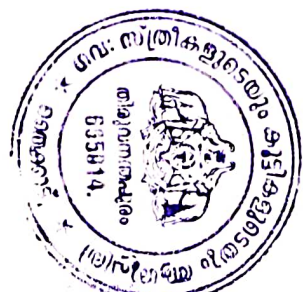
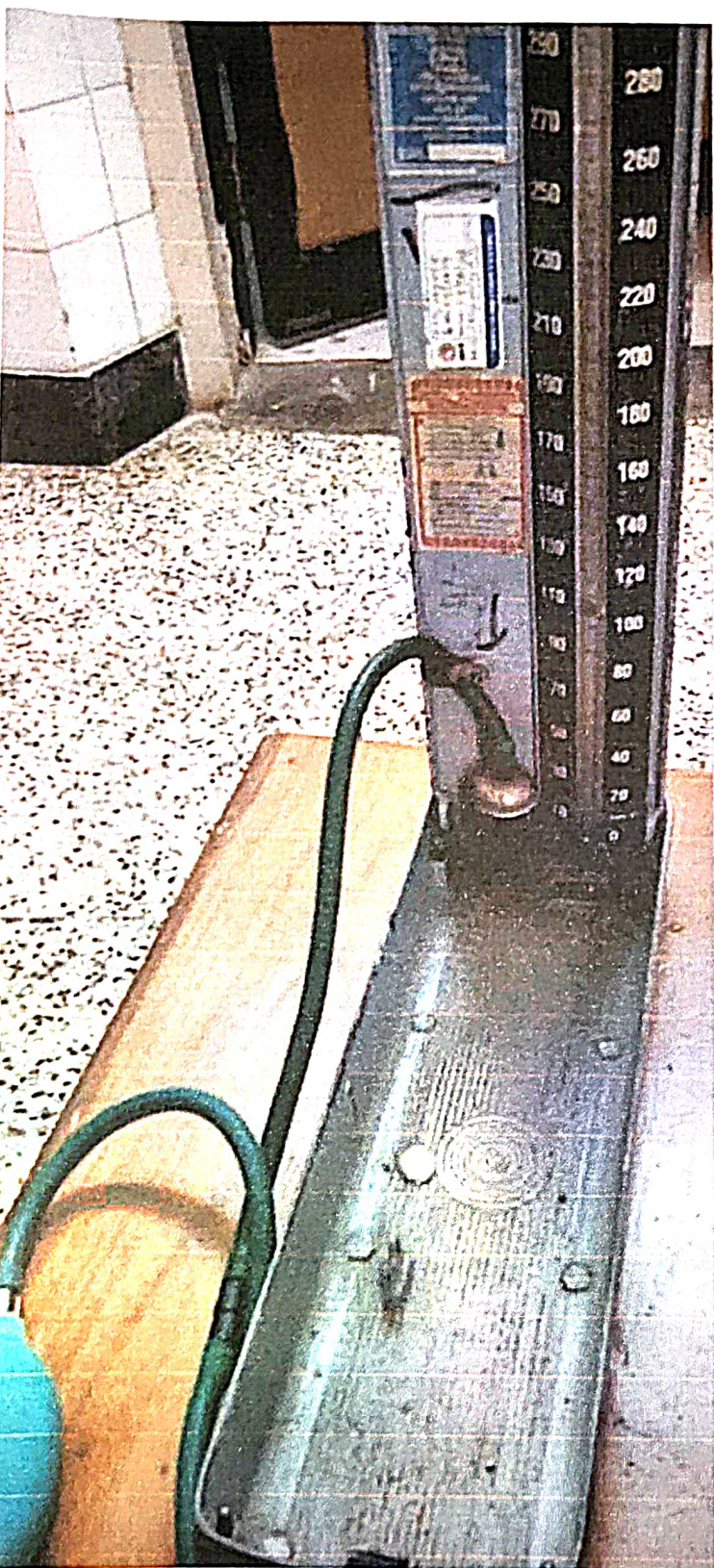
SUPERINTENDENT

**Govt. W & C Hospital, Thycad
Thiruvananthapuram - 14**

STOCK REGISTER OF..... B.P. APPARATUS..... (L.N.S.).....

Name of Article.....

Date	No. and date of voucher or invoice	From whom received or to whom issued	Receipt	Issued	Balance after each transaction	Initials of Receiver	Remarks
		Brought forward					
24/9/2012		B/R for old stock Registers page no 33 (Rd on 14/2/06 @ 1 vol-b page 777 Rs. 440) - ① (Rd on 13/7/07 @ MSR.A.G. 6 B 161) - ①			2		
14/2/2014		Retrieved from stock (Life-like) ^{BOOK NO.} HDC 169 (Vo-b-instrument book)	1		3		②
 SUPERINTENDENT Govt. W & C Hospital, Thycad Thiruvananthapuram - 14							
							
Carried over							



Santhu
SUPERINTENDENT
Govt. W & C Hospital, Thycad
Thiruvananthapuram - 14