


**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 | GENERAL HOSPITAL THIRUVANANTHAPURAM |
| 3 | Name of Equipment with Make, Model and Serial Number | Equipment Name : Nebuliser Make : Lifecare Model : NA Serial No : NA |
| 4 | Equipment ID/ Barcode | 0111777/110281 |
| 5 | Date of purchase/ Year of manufacture/Installation Date | 13/09/2021 |
| 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) | 09/05/2024 |
| 9 | Action taken | Checked and found Nebuliser motor and piston 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 | 1353/- |
| 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 Nebuliser motor and piston defective. Since these spares are not available in the market we recommend 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:

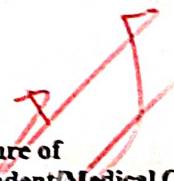
Motor and piston defective. ∴ Nebuliser can be RBER.


12.06.2024

Signature of JC BM (NHM)

Date: _____




Signature of
Superintendent/Medical Officer (i/c)
Superintendent
General Hospital
Thiruvananthapuram



BIOMEDICAL EQUIPMENT MAINTENANCE PROGRAMME UNDER NATIONAL HEALTH MISSION



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

CYRIX

HEALTHCARE PVT LTD

No. : 218213

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 <u>General Hospital</u></p> <p>Address <u>Thiruvananthapuram</u></p> <p><u>Kerala</u></p> <p>Ph : <u>9496271323</u></p> | <p>Call Registration Date : <u>9/5/24</u></p> <p>Caller ID : <u>110281</u></p> <p>Date of Visit : <u>10/5/24</u></p> <p>Asset No. : <u>0111777</u></p> <p>EQPT Name : <u>Nebuliser</u></p> <p>Manufacture <u>Lifecare</u> Model : <u>NA</u></p> <p>S. No. <u>NA</u> Dept. <u>Fever ward</u></p> |
|--|---|

Service Classification : Breakdown Call PMS Calibration Cust.Training

Problem Identified : Not working

Action Taken : Checked and found Nebuliser motor and piston defective. Need to replace these spares for further checking and working condition of the equipment.

Completed Date : 10/5/24 Time : 2:10 PM Spare Required

Spare Replaced Requested

| # | Description | Qty. | Part Number | PR Number |
|----|-------------|-----------|-------------|-----------|
| 1. | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> |
| 2. | | | | |
| 3. | | | | |

| Cyrix Engineer | Date | Start Time | End Time |
|----------------------|----------------|----------------|----------------|
| <u>Surya Sudheep</u> | <u>10/5/24</u> | <u>1:45 PM</u> | <u>2:10 PM</u> |

Customer Remark Completed Pending



| | |
|--|--|
| <p>Service Engineer Name : <u>Surya Sudheep</u></p> <p>Signature : <u>Surya</u></p> <p>Date : <u>10/5/24</u></p> <p>Contact Number : <u>7907406244</u></p> | <p>Customer Name : <u>Thiruvananthapuram G.S</u></p> <p>Signature : <u>Sudheep</u></p> <p>Date : <u>10/5/24</u></p> <p>Contact Number : <u>9496271323</u></p> <p>Designation : <u>SNO</u></p> <p>Hospital Seal :</p> |
|--|--|

Superintendent
General Hospital
Thiruvananthapuram

STOCK REGISTER OF NEBULISER

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 | | | | | |
| 13/9/21 | | Tr to boom | Stroke ICU on | | | | 13/9/2021 |
| | | (Gabori as loan) | | 1 | 1 | | 8/5000 100 St |
| | | Tr. to stroke ICU on | 21.2.22 | | | | 23.0000 500 |
| 22/2/2022 | | Received from store | | | 1 | | 1000 |
| | | (Return for 1mc palayam (Liberator) | CFLTC) | | | | 5/5 PSK (8.1.22) |
| 7/3/2022 | | Tr in form KUNAS | | 1 | 2 | | 1000 |
| 29/5/2022 | | Returned (Tr-out to KHEWS | | 1 | 1 | | |
| 22/10/22 | | Received from store | 1 (philips) | | 2 | | |
| | | (L.P. KL00037/85/5/04557/22-23) | | | | | Rs 2052.52/ |
| | | (Respirators - Respiratory drug delivery) | | | | | |
| 25/11/22 | | Rd from store | 1 (philips) | | 3 | | |
| | | (L.P. KL00037/85/5/5267/22-23) | | | | | (Rs 2173) |
| 29/11/22 | | Tr. out to geriatric ward | (1) | | 2 | | |
| | | (Main Stock Register - Vol II P.No - 45) | | | | | Received Subke. |
| 12/9/2023 | | Rd from store | | 1 | 3 | | |
| | | (K.L00037/85/02682/23-24) | | | | | Weighty. Rs 2,100.00 |
| | | dated 12/9/2023 | | | | | 1 year from (13/9/2022) |
| | | Carried over | | | | | |

