



# BIOMEDICAL EQUIPMENT MAINTENANCE PROGRAMME UNDER NATIONAL HEALTH MISSION



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

## CYRIX

HEALTHCARE PVT LTD

**No. :** 218744

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>CHC</u></p> <p>Address ..... <u>Keshavapuram</u> <u>Thiruvananthapuram</u></p> <p>Ph : ..... <u>6238628271</u></p>	<p>Call Registration Date : ..... <u>04/05/2024</u></p> <p>Caller ID : ..... <u>109537</u></p> <p>Date of Visit : ..... <u>06/05/2024</u></p> <p>Asset No. : ..... <u>013173A</u></p> <p>EQPT Name : ..... <u>OT TABLE</u></p> <p>Manufacture ..... <u>NA</u> ..... Model : <u>NA</u></p> <p>S. No. ..... <u>NA</u> ..... Dept. ..... <u>OT</u></p>
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**Service Classification :** Breakdown Call  PMS  Calibration  Cust.Training

**Problem Identified :** ..... NOT WORKING

**Action Taken :** ..... Checked and Found up and down movement defective. Identified hydraulic system stuck.

Completed  Date : 06/05/24 Time : 12:30pm Spare Required

Spare Replaced  Requested

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

Cyrix Engineer	Date	Start Time	End Time
<u>Deepak.E.M</u>	<u>06/05/24</u>	<u>11:30am</u>	<u>12:30pm</u>

Customer Remark ..... Completed  Pending



**Service Engineer Name :** Deepak.E.M  
Signature : [Signature]  
Date : 06/05/24  
Contact Number : 7902881038

**Customer Name :** Smile  
Signature : [Signature]  
Date : 06/05/24  
Contact Number : .....  
Designation : SND  
Hospital Seal : [Seal]

944615349


**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	CHC KESHAVAPURAM
3	Name of Equipment with Make, Model and Serial Number	Equipment Name : OT TABLE Make : NA Model: NA Sl : NA
4	Equipment ID/ Barcode	109537 / 0131739
5	Date of purchase/ Year of manufacture/Installation Date	17/10/2008
6	Warranty details (Yes/No)	No warranty
7	*AMC/ CAMC Period agreed at the time of Purchase	No AMC/CMC
8	Date of breakdown (Date of registration of complaint through email/ Toll free)	04/05/2024
9	Action taken	Checked and found up and down movement defective. Identified hydraulic system stuck.
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




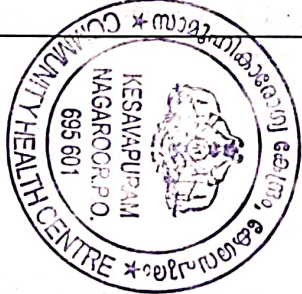
13	Asset Value	Rs . 35000/-
14	# Percentage value of the cost of spares with respect to Cost of Purchase/ Asset Value	NA
15	Abstract of Service Report provided by the OEM/ Authorized Service Provider/ CYRIX (Attached or Not)	Cyrix service report and Letter from the End user attached
16	Reasons for recommending the equipment as BER	Checked and found up and down movement complaint. Identified hydraulic system stuck. The equipment installed on 17/10/2008 and covered upto 16+ years. The unit is very old and not suitable for the daily use by considering patient safety. Hospital side letter requesting for condemnation attached. So recommending 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:  
 The table is very old, up down & hydraulic movement is not working. ∴ This can be BER.  
**MANEESHA MOHAN M.R.**  
 Junior Consultant (Biomedical)  
 National Health Mission  
 Thiruvananthapuram  
  
 10.6.2024  
 Signature of JC BM (NHM)



**Date: 4/6/24**



**Signature of Superintendent/Medical Officer (i/c)**

സാമൂഹികാരോഗ്യ കേന്ദ്രം  
 കേശവപുരം, നഗരൂർ പി.ഒ  
 കിളിമാനൂർ 695601

# Hydraulic operation Table.

## UNDISBURSED PAY, Etc.

from the treasury and not disbursed on the same day)

of bills cashed				Disbursement					
Date of subsequent disbursement †	Amount disbursed ‡		Balance		Date	Number of receipt item from which disbursed	Particulars of payment	Amount	
	Rs.	P.	Rs.	P.				Rs.	P.
6	7		8		9	10	11	12	
9/9/08					O/B		NIL		
9/9/08					9/9/08	1	invoice no: 1078 1 No:		Rs. 55558.
17/10/08					OT		1 NIL		
							c/o to Substock Page no:		(115)
							Total		



*Booby for no*

*Handwritten notes in blue ink at the bottom right.*

† In the column of the amounts disbursed should be entered consecutively.  
‡ The entries in these columns are to be made in the same lines as the original receipt entries.

COMMUNITY HEALTH CENTRE, KESAVAPURAM  
NAGAROOR.P.O.695601  
[chcksvpm2022@gmail.com](mailto:chcksvpm2022@gmail.com)

No. AC/606/2024/CHCK

Community Health Centre,  
Kesavapuram. Dated:30/05/2024

From,

Medical Officer

To,

Cyrix Health care Pvt.Ltd  
Ernakulam.

Sir,

Subject - CHCK- Request for condemnation - regarding.  
Reference - Letter from Senior Nursing Officer.

As per reference above, The following items are not working condition. Hence necessary action may taken for condemnation of the items as detailed below.

1. Operation Table. Barcode-0131739
2. Infant radiant warmer with phototherapy.  
Barcode- 0131347

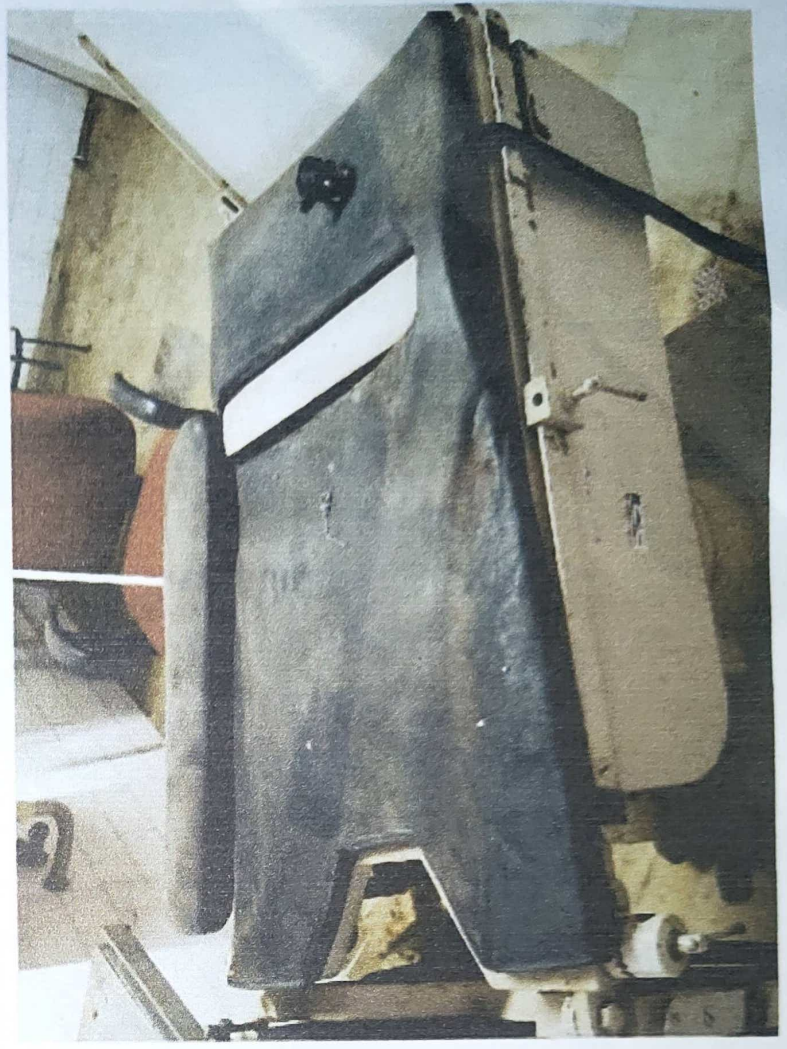
Yours Faithfully

  
Medical Officer



മെഡിക്കൽ ഓഫീസർ ഉദ്ദേശിച്ച  
അപേക്ഷിക്കപ്പെട്ട കേസുകൾ  
കേസുകൾ, നാൾ 1.5.  
എസ്.എം. 695601





Request for items



MEDICAL EQUIPMENT MAINTENANCE PROGRAMME (MEMP)  
 TOLL FREE NO: 1800 - 426-7000  
 MAIL CODE - (8004-800818226) 0131736

*(Handwritten signature)*

ഞങ്ങളുടെ ഓഫീസിൽ ഇവർ വാങ്ങാൻ  
 തയ്യാറാക്കിയിരിക്കുന്നു. കേ.എം.  
 കേശവൻപിള്ള, തമ്പുരാൻ ഹിൽ  
 കിറ്റാബാദ്, കവരട്ടി