


**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	THRISSUR
2	Name of Hospital	GH THRISSUR
3	Name of Equipment with Make, Model and Serial Number	Dialysis Machine Make :B Braun Model: Dialog + SN:104351
4	Equipment ID/ Barcode	0810468 #93715
5	Date of purchase/ Year of manufacture/Installation Date	07-08-2013
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)	Toll free- 01-02-2024
9	Action taken	Checked the machine and Found machine not switching on, requested for OEM support.
10	Present status of the equipment (Fully damaged / partially damaged)	Fully damaged
11	Recommendations for repair (required service details)	No recommendations
12	Cost of spares (specify parts and cost)	Switch mode power supply - 189332 Mother board -115895 LLD -82308 Pressure sensor -28332 Gear pump FPA -48007 Gear pimp FPE -50413 Analog board -60230 Gear pump EP -64988 Membrane -9323 Motor for gear pump -78726 Pump body -80382 Tubing connector -13045 Total - 968758/-



13	Asset Value	506667/-
14	#Percentage value of the cost of spares with respect to Cost of Purchase/ Asset Value	191.202%
15	Abstract of Service Report provided by the OEM/ Authorized Service Provider/ CYRIX (Attached or Not)	Service report and OEM quotation attached
16	Reasons for recommending the equipment as BER	Checked the machine and Found switching mode power supply, mother board, LLD, pressure sensor, gear pump FPA, gear pump FPE ,analog board, gear pump EP ,membrane balance chamber, pump body and tubing connector are are defective. Equipment installed on 07-08-2013 aged up to 10 years 6 month. Service quotation attached. service charge is 191.20% of asset value. So as per tender clause 5.3.14.1 the equipment recommending for condemnation
17	Name & Signature of CYRIX Authority	BIJO T JOY 

\*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:

spare cost is vely high compared to Machine cost.

  
Dr. Consultant (Biomedical)  
NHM, Thrissur

  
Signature of JC BM (NHM)

Date:



  
Signature of  
SUPERINTENDENT (Dy.DHO)  
Superintendent/Medical Officer (I/c)  
GENERAL HOSPITAL  
THRISUR - PIN: 680 001

Installation

PMS / TSC

Break Down

Customer Name: <b>Govt. General Hospital</b>		Service Request Category: <b>Installation</b>	
Customer Address: <b>Thrissur</b>		User Training checklist signed: <input type="checkbox"/> Y <input type="checkbox"/> N	
Contact Number: _____		Installation checklist signed: <input type="checkbox"/> Y <input type="checkbox"/> N	
Division: BA <input checked="" type="checkbox"/> HC <input type="checkbox"/> AE <input type="checkbox"/>		Warranty End Date: _____	
Service Place: Onsite <input checked="" type="checkbox"/> Workshop <input type="checkbox"/> Office <input type="checkbox"/>		TSC cum PMS	
Model: <b>Dialog + EVO</b>		If Yes PM KIT replacement date: _____	
Serial Number: <b>104351</b>		User Training: <input type="checkbox"/> Y <input type="checkbox"/> N	
Software version: <b>9.12</b> Working hours: <b>37869</b>		User Training checklist signed: <input type="checkbox"/> Y <input type="checkbox"/> N	
Observations:		Breakdown call	
RO TDS: _____ (0-10 PPM Acceptable limits) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA		Software: <input type="checkbox"/> Y <input type="checkbox"/> N	
Neutral to Earth Voltage: _____ (0-2 Volt)		Electrical Hardware: <input type="checkbox"/> Y <input type="checkbox"/> N	
Use of UPS / Stabilizer: _____ (recommended 3KVA per machine in Dialog model) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA		Mechanical Hardware: <input type="checkbox"/> Y <input type="checkbox"/> N	
Bicarb mixer: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA		Trend backup: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	
Reported Problem: <b>machine not working</b>		Service Type	
Observed Problem: _____		Warranty / Extended warranty: <input type="checkbox"/>	
Service Resolution: <b>checked the machine and found that following spares need to be replace. SMPS, Pressure sensor, Mother board, Digital board, Analog board, Gear pump, FPE and EP, Piston pumps, motor for gear pump.</b>		CAMC: <input type="checkbox"/>	
Following spareparts are:		AMC: <input type="checkbox"/>	
Replaced <input type="checkbox"/> Y <input type="checkbox"/> N		Oncall & Chargable: <input checked="" type="checkbox"/>	
To be replaced <input type="checkbox"/> Y <input type="checkbox"/> N		50% Citric Disinfection after each Therapy: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	
To be quoted <input type="checkbox"/> Y <input type="checkbox"/> N		50% Citric Disinfection after end of day: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	
SN	Article number	Article Name	Quantity
		SMPS	
		Mother board L2 800	
		Digital board	
		Analog board	
		Gear pump FPE EP	
Date	Start time	End time	Labour Hours Spent
This is to certify that above mentioned spareparts of BiBraun machine are consumed / to be consumed on our in hospital for satisfactory working of machine			
Status of Service request:	Completed: <input type="checkbox"/> Y <input type="checkbox"/> N	Under Observation: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	Followup Date
Contact person: <b>Tellme Prince</b>	Signature with Date & Time: <b>(Signature) 2/4/2024</b>	Stamp: <b>DIALYSIS CENTRE GENERAL HOSPITAL THRISUR</b>	
Customer remark / Feedback: _____			
Engineer name & Signature: <b>(Signature)</b> Engineer Contact No: <b>9597601310</b>			



# BIOMEDICAL EQUIPMENT MAINTENANCE PROGRAMME UNDER NATIONAL HEALTH MISSION



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

# CYRIX

HEALTHCARE PVT LTD

**No. : 194796**

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>GH</u></p> <p>Address <u>THRISSUR</u></p> <p>Ph : <u>9400606153</u></p>	<p>Call Registration Date : <u>01-02-2024</u></p> <p>Caller ID : <u>93715</u></p> <p>Date of Visit : <u>2-02-2024</u></p> <p>Asset No. : <u>0810668</u></p> <p>EQPT Name : <u>Dialysis machine</u></p> <p>Manufacture <u>B Braun</u> Model : <u>Dialyzer</u></p> <p>S. No. <u>104351</u> Dept. <u>Dialysis unit</u></p>
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**Service Classification :** Breakdown Call  PMS  Calibration  Cust.Training

**Problem Identified :** NOT Switching on Dialysis machine

**Action Taken :** checked the machine and found machine NOT Switching ON, requested For O&M Support.

Completed  Date : 2-02-2024 Time : 3:00PM Spare Required

Spare Replaced  Requested

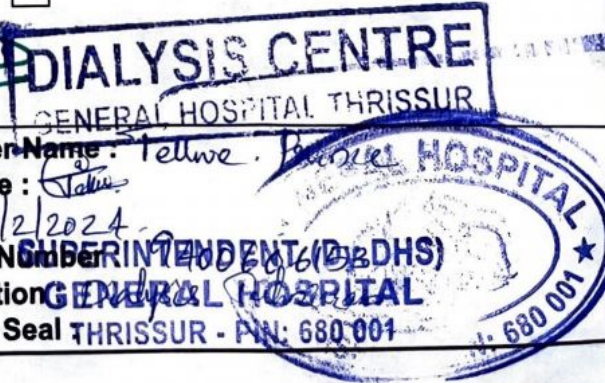
Description	Qty.	Part Number	PR Number
1.			
2.			
3.			

Cyrix Engineer	Date	Start Time	End Time
<u>Absil</u>	<u>2-02-2024</u>	<u>12:00PM</u>	<u>3:00PM</u>

**Customer Remark** Completed  Pending

*(Handwritten Signature)*

<p><b>Service Engineer Name :</b> <u>Absil</u></p> <p><b>Signature :</b> <i>(Signature)</i></p> <p><b>Date :</b> <u>02-02-2024</u></p> <p><b>Contact Number :</b> <u>9745328470</u></p>	<p><b>Customer Name :</b> <u>Telwe. B...</u></p> <p><b>Signature :</b> <i>(Signature)</i></p> <p><b>Date :</b> <u>2/2/2024</u></p> <p><b>Contact Number :</b> <u>9400606153</u></p> <p><b>Designation :</b> <u>GENERAL HOSPITAL</u></p> <p><b>Hospital Seal :</b> THRISSUR - PIN: 680 001</p>
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To,  
Cyrix Healthcare  
C/O Thrissur

**Sub: - Quotation for Spare Parts**

**Our Ref.BB/BA-W-107/24 Date: 15.04.2024**

Dear Sir/ Madam,

Greetings from BBraun Medical India Pvt. Ltd.

Kindly find our most competitive rate for Spare part for Hemodialysis machine.

Art. No.	Description	Qty	Unit price ( Excl. Tax)	Total Price ( Excl. Tax)
3461076	Switch Mode Power Supply-MC 110/240 V	1	189,332	189,332
34560610	MOTHERBOARD LX 800	1	115,895	115,895
34562303	LLD-III-V5	1	82,308	82,308
3456124A	PRESSURE SENSOR	2	14,166	28,332
3461095	GEAR PUMP FPA	1	48,007	48,007
3461096	GEAR PUMP FPE	1	50,413	50,413
34560734	ANALOG BOARD	1	60,230	60,230
3461097	Gear Pump EP	1	64,988	64,988
3451615A	Membrane for balance chamber	1	9,323	9,323
34560718	Motor for gear pump	2	39,363	78,726
34560602	Pump Body for piston pump	2	40,191	80,382
3451916A	Tubing connector	5	2,609	13,045
			<b>Total:</b>	<b>820,981</b>
			<b>GST: 18%</b>	<b>147,777</b>
			<b>Total Amount:</b>	<b>968,758</b>

**Terms & Conditions:**

1. Taxes : As per GST Rate w.r.t. HSN code of spare part.
2. Payment : 100% Advance Cheque/DD in Favour of M/s B.Braun Medical (I)  
Pvt. Ltd.
3. Delivery : Within 2-3 weeks from PO.
4. Quotation : Validity 30 days

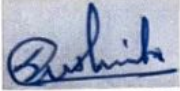
THEIR'S CONFIDENCE  
**Dream  
Companies  
to work for**



Thanking you,

Yours faithfully,

For B|Braun Medical (India) Pvt Ltd.



**SUSMEETA PANDEY**  
Senior Executive - Technical Service  
E Mail ~ [susmeeta.mazumdar@bbraun.com](mailto:susmeeta.mazumdar@bbraun.com)  
Phone No: 022 66682205



**BABU MURUGESAN**  
Manager - Training & Quality  
E Mail ~ [babu.murugesan@bbraun.com](mailto:babu.murugesan@bbraun.com)  
Mob No: 9884450417



Stock Account of Furniture and other Office Stores

Name of article... Dialogues Haemo dialysis machine Office of.....

Date	Number and date of contingent voucher, invoice etc.	Nature of transaction	Receipts	Issues	Balance
1/8/13	KMSCL TIN N. 9310000518 dated 30.1.13 B. Brown	Order NO: KMSCL/EP/205 281/12 dtd 30-1-13 No. 1802394152 dated 30.1.13 710200N Dialog + Blood pump 210			(Entered page no 179 Vol 704) Rs 5,37,000 2,68,500 (Per each machine)
	D.O. NO: #1850171 Batch no 105898 (M10) Eqt. Code				
11	SLNO: 105898 (M10) → 281-25				
2	SLNO: 106358 (M8) → 281-27				
3	SLNO: 106292 (M9) → 281-26				
4	SL: 106311 (M7) → 281-28				
1.8.13	KMSCL TIN N. 9310000735 dated 8.12.12 order no: #432/12/281-31 dated 8.12.12 order no. 1802835672 710200N Dialog + Blood pump				
1	SLNO: 104719 (M3) 281-10				
2	SLNO: 104722 (M2) 281-8				
3	SLNO: 104724 (M4) 281-12				
4	SLNO: 105145 (M1) 281-7				
5	SLNO: 104351 (M5) 281-11				
6	SLNO: 104354 (M6) 281-9				
	(Warranty for 2016) 3 years				
					Total machines (10) Rs 5,37,000 2,68,500 Per each machine



D. Per...  
M. K...



Dialog+

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GENERAL HOSPITAL  
THRISSUR - PIN: 680 001





**CYRIX** BIOMEDICAL EQUIPMENT MAINTENANCE PROGRAMME (BEMP)  
TOLL FREE NO: 1800 - 425-7669  
BAR CODE - (8004-890618225)  
0810468

Tender  
Purchase  
Installed o  
Fax: 0471 - 304



GENERAL HOSPITAL  
680 00



WILSON

WILSON  
CENTRIFUGE  
MODEL: WILSON  
SERIAL NO: WILSON  
MADE IN INDIA

GENERAL HOSPITAL  
THRISSUR - PIN: 680 001

**Dialog +**  
Aparelho para Hemodiálise

REF **710200N**

SN **104351**

Bj **2012**

VA **2500**

V **230~**

Hz **50/60**

IP **21** **CE** **0123**



Manufacturer/Fabricado por:  
**B. Braun Avitum AG**  
34209 Melsungen, Germany

Made in Germany

Importado e Distribuído por: B. Braun  
Laboratórios B. Braun S.A.  
Brasil Registro ANVISA n.º: B.01369.90498

Not to be used in presence of  
flammable anaesthetic gases

