


**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	PHC ARIMBUR
3	Name of Equipment with Make, Model and Serial Number	Digital Bp Apparatus Make - OMRON Model - HEM-8712 Sr.no - nil
4	Equipment ID/ Barcode	0842466 # 94913
5	Date of purchase/ Year of manufacture/Installation Date	12-08-2017 (Actual installation date is 19-08-2017, stock book attached for your reference)
6	Warranty details	No Warranty
7	*AMC/ CAMC Period agreed at the time of purchase	No AMC/CMC
8	Date of breakdown/ Date of registration of complaint	08/02/24
9	Action taken	Checked the equipment and found board and display are defective
10	Present status of the equipment (Fully damaged / partially damaged)	Fully Damaged
11	Details of service required (Recommendations for repair)	Not recommending
12	Cost of spares (specify parts and cost)	NA

13	Asset Value	2,200/-
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.	Cyrix Service report attached
16	Reasons for recommending the equipment as BER	Checked equipment found board and display damaged, equipment installed on 12-08-2017 and it covered up to 6years and 6 month, Quotation not submitted since spares are not available in the market.so it recommend equipment for condemnation.
17	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:

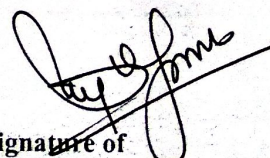
*Board and display damaged.*

*Jr. Consultant (Biomedical)*  
NHM, Thrissur

  
Signature of JC BM (NHM)

Date



  
Signature of  
Superintendent/Medical Officer (i/c)  
**MEDICAL OFFICER INCHARGE**  
**PRIMARY HEALTH CENTER**  
**ARIMBUR - 680 620**



# BIOMEDICAL EQUIPMENT MAINTENANCE PROGRAMME UNDER NATIONAL HEALTH MISSION



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

## CYRIX

HEALTHCARE PVT LTD

**No. :**  
222797

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>phe</i></p> <p>Address ..... <i>Arimbur</i> <i>Thonissury</i></p> <p>Ph : ..... <i>9495713505</i></p>	<p>Call Registration Date : <i>8/02/24</i></p> <p>Caller ID : <i>94913</i></p> <p>Date of Visit : <i>10/02/24</i></p> <p>Asset No. : <i>0842466</i></p> <p>EQPT Name : <i>digital Bp apparatus</i></p> <p>Manufacture <i>OMRON</i> Model : <i>HEM-872</i></p> <p>S. No. <i>N/A</i> Dept. ....</p>
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**Service Classification :** Breakdown Call  PMS  Calibration  Cust.Training

**Problem Identified :** *display not working properly. can't to switch on*

**Action Taken :** *Checked the equipment and found board and display are defective.*

Completed  Date : *10/02/24* Time : *11:00am* Spare Required

Spare Replaced  Requested

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

Cyrix Engineer	Date	Start Time	End Time
<i>Christy</i>	<i>10/02/24</i>	<i>10:00am</i>	<i>11:00am</i>

**Customer Remark** Completed  Pending

**Service Engineer Name :** *Christy*

**Signature :** *[Signature]*

**Date :** *10/02/24*

**Contact Number :** *6238844349*

**Customer Name** *Phygar*

**Signature** *[Signature]*

**Date** *10/2/24*

**Contact Number** *9495713505*

**Designation** *Chief staff officer*

**Hospital Seal**

**MEDICAL OFFICER INCHARGE**

**PRIMARY HEALTH CENTER**

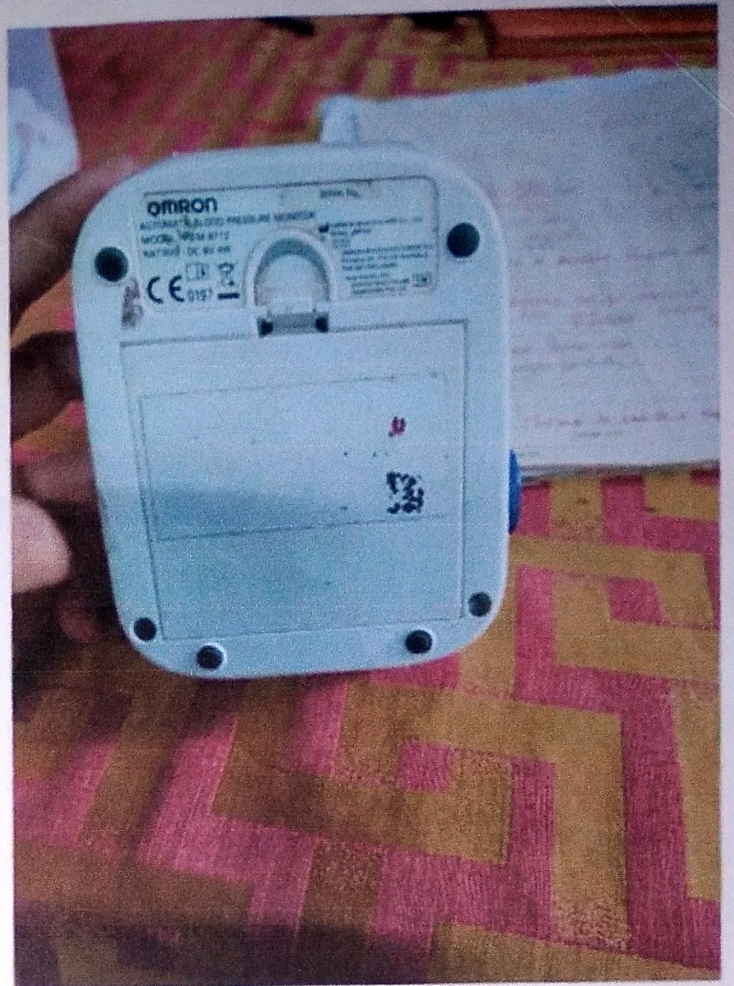
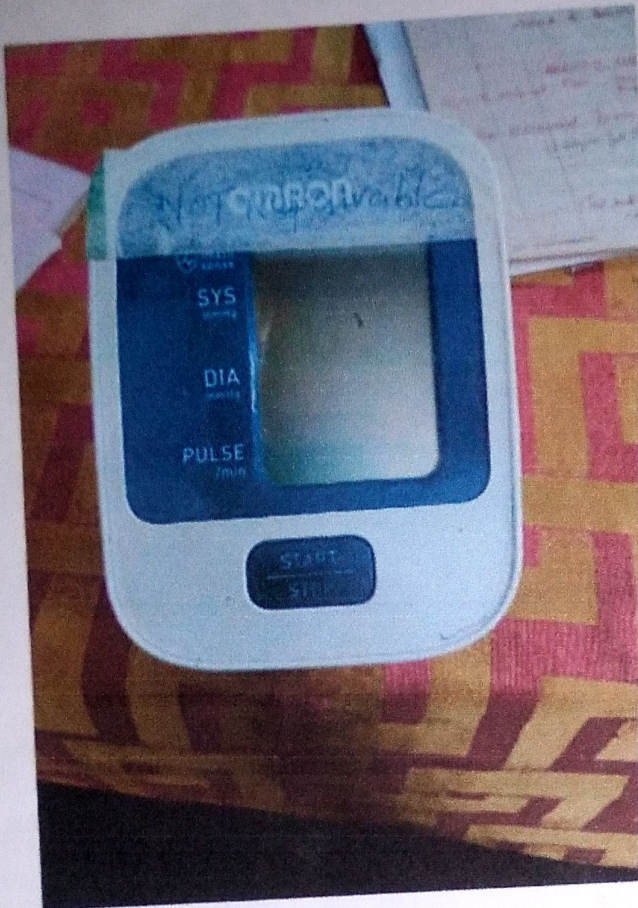
**ARIMBUR - 680 620**

STOCK REGISTER OF

Name of Article BP Apparatus Digital

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					
30-3-2017		Rd from store (Present Surgical)	1		1	P	and HW
19-8-17		Rd from (in store)	1		2		
27-3-18		Received from store (LP) (OLEX)	1		3	SS/HW	
30/8/18		Received from store (Karnaji)	1		4	SS/HW	→ 3/5/2023
30/10/18		Received from store (For cancer camp) (RS-1800)	1		5	SS/HW	Before received
		<del>Received from store</del>	<del>1</del>		<del>5</del>	<del>SS/HW</del>	
11/5/23		Received from store (NHM) (Batter, 2599 RS)	1		6		
<p>Transf to substock Register Vol II Page No: 13</p> <p><u>CHARGER FOR BP APPARATUS</u></p>							
27-3-18		received from store (Karnaji) (Samsung)	1		1	SS/HW	(not working) JAF
10/8/20		Received from store (Charger for Battery)	1		1	HW	
<p>Transf to substock Register Vol II Page No: 27</p> <p>Carried over</p>							





*Mess*

Jr. Consultan (biomedical)  
11 5518