


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 PERUMBILAVU
3	Name of Equipment with Make, Model and Serial Number	Bp Apparatus Make - Elko Model - LCD Sr.No - NA
4	Equipment ID/ Barcode	0845467 - # 89543
5	Date of purchase/ Year of manufacture/Installation Date	10/8/2019 (stock book attached for reference)
6	Warranty details	No Warranty
7	*AMC/ CAMC Period agreed at the time of purchase	No AMC/CAMC
8	Date of breakdown/ Date of registration of complaint	08/01/2024
9	Action taken	Checked the equipment and found board and display are defective. need to replace the board and display for the further service.
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	1.500/-
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 10-08-2019 and covered up to 4 year and 4 months. Quotation not submitted since spares are not available in the market.so it is recommended 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

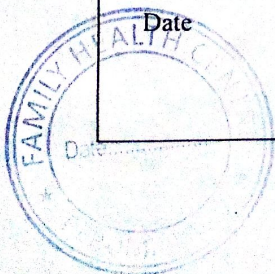
* Attach Photograph


Remarks and Recommendations of Junior Consultant (Biomedical) NHM:

Space Quotation not received. Board and display defective.




Signature of JC BM (NHM)




MEDICAL OFFICER IN CHARGE
FAMILY HEALTH CENTRE
Superintendent/Medical Officer (i/c)
PERUMPILAVU
THIPPILISSERY P.O.
PIN - 680 519



BIOMEDICAL EQUIPMENT MAINTENANCE PROGRAMME UNDER NATIONAL HEALTH MISSION



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

CYRIX

HEALTHCARE PVT LTD

No. : 214037

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>PHC PERUMBILAVU</u></p> <p>Address <u>PERUMBILAVU</u> <u>THRISSUR</u></p> <p>Ph : <u>9946423230</u></p>	<p>Call Registration Date : <u>08/01/2024</u></p> <p>Caller ID : <u>89543</u></p> <p>Date of Visit : <u>10/01/2024</u></p> <p>Asset No. : <u>0845467</u></p> <p>EQPT Name : <u>Bp apparatus</u></p> <p>Manufacture <u>ELKO</u> Model : <u>LCD</u></p> <p>S. No. _____ Dept. <u>OP</u></p>
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Service Classification : Breakdown Call PMS Calibration Cust.Training

Problem Identified : Not working Bp apparatus

Action Taken : When checked the equipments and found that Bp apparatus board and display are defective. need to replace both for further checking.

Completed Date : 10/01/24 Time : 1:30pm Spare Required

Spare Replaced Requested

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

Cyrux Engineer	Date	Start Time	End Time
<u>SINTO JOY</u>	<u>10/01/24</u>	<u>9:00AM</u>	<u>1:30pm</u>

Customer Remark Completed Pending

<p>Service Engineer Name : <u>SINTO JOY</u></p> <p>Signature : </p> <p>Date : <u>10/01/24</u></p> <p>Contact Number : <u>7907406353</u></p>	<p>Customer Name : <u>FAMILY HEALTH CENTRE</u></p> <p>Signature : _____</p> <p>Date : _____</p> <p>Contact Number : _____</p> <p>Designation : _____</p> <p>Hospital Seal : _____</p>
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FAMILY HEALTH CENTRE
PERUMBILAVU
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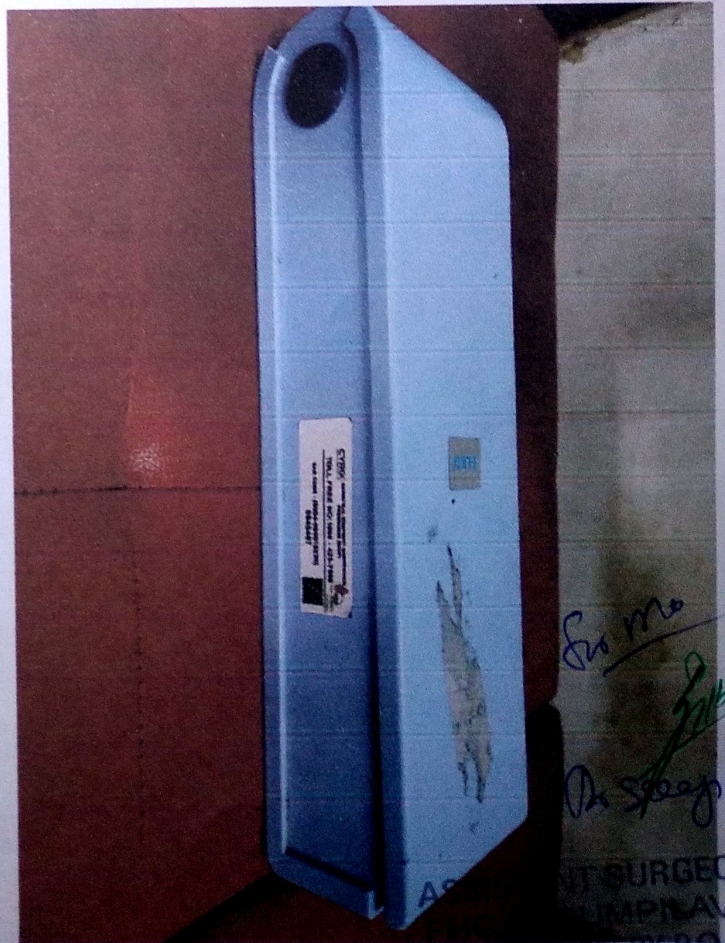
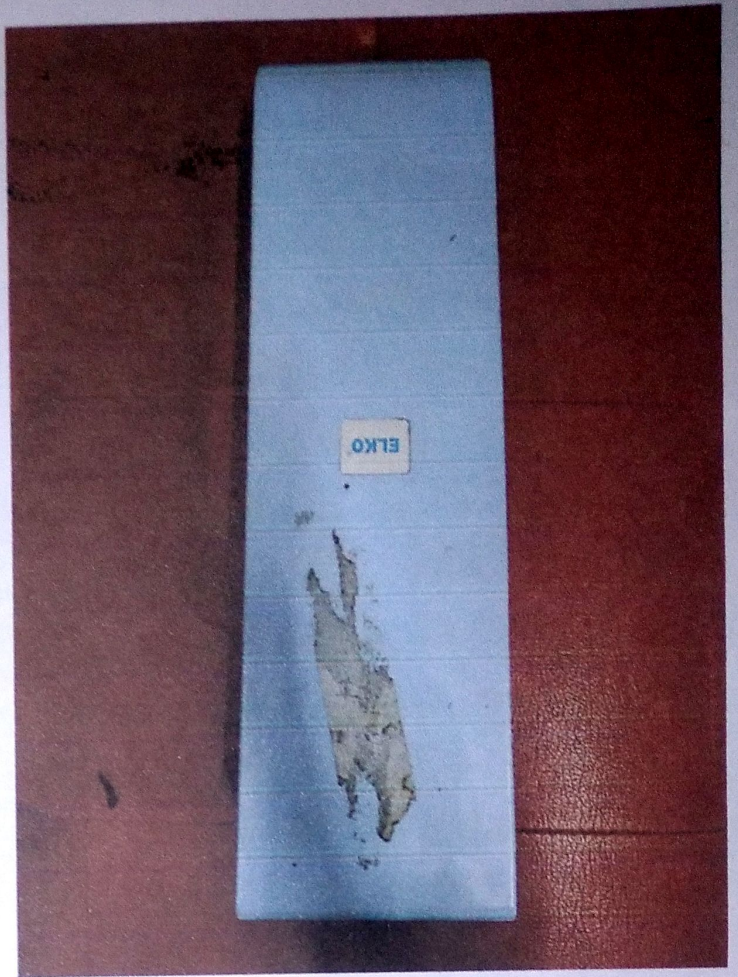
B.P. APPARATUS (Non-mercury)

Date	Receipt	Issue	Bal.
20-08-19	KL00898/FP/00024/19-20 - DDMs Receipt no. Received from Local purchase [D119648] B.no. 111, exp. 1/28/1997. Crestwell life science Rate. 217349/-	2	2
12-01-21	Issued to LH/murugesan	01	01
12-2-21	KL00898/FP/00024/20-21, Received from local purchase. B.no 111, exp. 6/28/1997 Rate 2257.92/-	2	03
30-7-21	KL00898/CS/00029/21-22 [present on DDMs]	01	02
20-1-22	Issued to JPHN Channante	02	04



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24/01/24

MEDICAL OFFICER IN CHARGE
FAMILY HEALTH CENTRE
PERUMPILAVU
THIRUPILISSERY P.O.
PIN - 680 519



For Mo
Dr. Sreejith

ASST SURGEON
PERUMPILAVU
THIPPILISSERY P.O.
PIN - 680 519

