


**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	Ernakulam
2	Name of Hospital	CHC VENGOOR
3	Name of Equipment with Make, Model and Serial Number	Equipment: WEIGHING MACHINE Make : ROSSMAX Model : WB-01 Sr.no : NA
4	Equipment ID & Barcode	114727 & 0732609
5	Date of purchase / Year of manufacture /Installation Date	27-10-2018
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)	03-06-24 (Toll Free)
9	Action taken	Checked the machine and found that sensor, battery holder and mainboard are faulty.
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)	NA

13	Asset Value	Rs.850
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 attached
16	Reasons for recommending the equipment as BER	Checked the machine and found that sensor, battery holder and mainboard are faulty. Equipment installed on 27-10-2018 and the machine outlived 6+years. Quotation not submitted since the spares are not available in the market..So recommending the equipment for condemnation.
17	Name & Signature of CYRIX Authority	JIBIN THOMAS GEORGE 

\*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:

*(Empty space for remarks and recommendations)*

*Davally*  
24/6/24

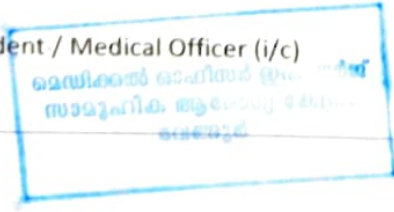
Signature of JC BM (NHM)



Bio-Medical Engineer  
National Health Institute of Kerala (NHM)  
Arogya Kerala Ernakulam

*(Handwritten signature in green ink)*

Superintendent / Medical Officer (i/c) *(with Malayalam text)*      Signature of seal      Date



# BIOMEDICAL EQUIPMENT MAINTENANCE PROGRAMME UNDER NATIONAL HEALTH MISSION



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

## CYRIX

HEALTHCARE PVT LTD

**No. :**  
215308

ISO 13485 : 2012 & ISO 9001-2008 CERTIFIED COMPANY | AERB Approved Service Agency

### Service Report

30/64 1 B, Petta Junction, Poonthura, Kochi - 682 038, Kerala  
Ph : 98472 99500 Website : www.cyrix.com | E-mail : bemp.kl@cyrix.in

<p><b>Health Facility</b> ..... CHC</p> <p><b>Address</b> ..... CHC Vengay Eranakulam, Kerala</p> <p><b>Ph :</b> ..... 9633090531</p>	<p><b>Call Registration Date :</b> ..... 03/06/2024</p> <p><b>Caller ID :</b> ..... 114727</p> <p><b>Date of Visit :</b> ..... 05/06/2024</p> <p><b>Asset No. :</b> ..... 0732609</p> <p><b>EQPT Name :</b> ..... Weighing Machine</p> <p><b>Manufacture</b> Rocymasc <b>Model :</b> NA</p> <p><b>S. No.</b> ..... NA <b>Dept.</b> ..... OP</p>
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**Service Classification :** Breakdown Call  PMS  Calibration  Cust.Training

**Problem Identified :**  
Machine not working

**Action Taken :** checked Machine with new battery and Not properly verified. Fully damaged by Battery leakage identified. checked Board Battery leakage

**Completed**  **Date :** 5/6/24 **Time :** 5:00pm **Spare Required**

**Spare Replaced**  **Requested**

Description	Qty.	Part Number	PR Number
1. Main board and Battery holder for Digital weighing machine Rocymasc	1	_____	_____
2.			
3.			

Cyrix Engineer	Date	Start Time	End Time
Yedhulcrishna G	5/6/24	4:30pm	5:00pm

**Customer Remark** Completed  Pending

<p><b>Service Engineer Name :</b> Yedhulcrishna G</p> <p><b>Signature :</b> _____</p> <p><b>Date :</b> 5/6/24</p> <p><b>Contact Number :</b> 8086147266</p>	<p><b>Customer Name :</b> Mimi Issac</p> <p><b>Signature :</b> _____</p> <p><b>Date :</b> 5/6/24</p> <p><b>Contact Number :</b> 9633090531</p> <p><b>Designation :</b></p> <p><b>Hospital Seal :</b></p>
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Institution C.H.C. V.N. HCCP

# STOCK & ISSUE REGISTER

193

Name of Item CMS

Date	From whom received	G.L. Bill No. & Date	Quantity Received	Quantity Issued	Balance Quantity	Remarks
	Handed over from LHI					
	C/O From L.P.R. Page 184					
	Handed over from Local purchase Register	P. NO: 85			5 No	
✓ 15/11	RFS KIT (Digital)		1 No		6 No	
13/11/19	Entered to unservisable register					
				NO: 4	2 nos	Copy
2-12-22	RFS From L.P.R. Page 184	Cost RS 150/2	1		3 nos	Copy
20/12/22	RFS		1		4 nos	Copy
	(KMSCL) Cost RS - 1608.04					
27/3/23	RFS (ARV)		1		5 N	Copy
	Price - 1525.42					
	COST - 137.29					
	SGST - 137.29					
13/4/23	Entered to unservisable register					
				2	3 nos	Copy

