



# BIOMEDICAL EQUIPMENT MAINTENANCE PROGRAMME UNDER NATIONAL HEALTH MISSION



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

## CYRIX

HEALTHCARE PVT LTD

No. : 205918

522

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.cyrilx.com | E-mail : bemp.kt@cyrilx.in

|   |   |
|---|---|
| <p>Health Facility ..... <u>FHC</u> .....</p> <p>Address ..... <u>KADAKAMPALLY</u> .....</p> <p>..... <u>Thiruvananthapuram</u> .....</p> <p>Ph : ..... <u>9847303177</u> .....</p> | <p>Call Registration Date : ..... <u>27/04/2024</u> .....</p> <p>Caller ID : ..... <u>108464</u> .....</p> <p>Date of Visit : ..... <u>30/04/2024</u> .....</p> <p>Asset No. : ..... <u>0143043</u> .....</p> <p>EQPT Name : ..... <u>nebuliser</u> .....</p> <p>Manufacture ..... <u>philips</u> ..... Model : ..... <u>NA</u> .....</p> <p>S. No. ..... <u>NA</u> ..... Dept. ..... <u>OP</u> .....</p> |
|---|---|

Service Classification : Breakdown Call  PMS  Calibration  Cust.Training

Problem Identified : ..... Low fumes .....

Action Taken : ..... checked the machine and found piston with motor damaged, need to replaced these spores for further checking of equipment. .....

Completed  Date : ..... 30/04/2024 ..... Time : ..... 2:30 pm ..... Spare Required

Spare Replaced  Requested

| Description  | Qty. | Part Number | PR Number |
|--------------|------|-------------|-----------|
| 1.           |      |             |           |
| 2. <u>NA</u> | -    | -           | -         |
| 3.           |      |             |           |

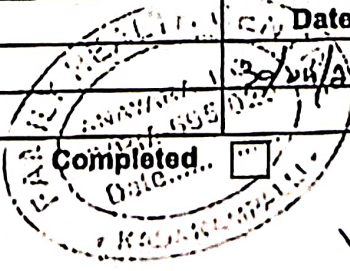
| Cyrilx Engineer      | Date              | Start Time     | End Time       |
|----------------------|-------------------|----------------|----------------|
| <u>Stebin Thomas</u> | <u>30/04/2024</u> | <u>1:30 pm</u> | <u>2:30 pm</u> |

Customer Remark

Pending For MOPC  
Deeja Chandran  
Asst. Surgeon

Service Engineer Name : Stebin Thomas  
Signature : [Signature]  
Date : 30/04/2024  
Contact Number : 94954 70797

Customer Name : Arjuny  
Signature : [Signature]  
Date : 30/4/24  
Contact Number : 949704008  
Designation : Nursing officer  
Hospital Seal :



**DR. DIVYA CHANDRADAS**  
ASSISTANT SURGEON  
MBBS, MSc Cancer Therapy (UK)  
Registration: 40236  
FAMILY HEALTH CENTRE  
Kadakkampally, Ananthapuram  
Ph: 98472 99500

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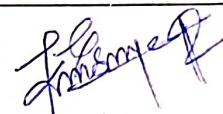
**REPAIR OF BIOMEDICAL EQUIPMENTS UNDER BIOMEDICAL EQUIPMENT  
MAINTENANCE PROGRAM (BEMP)**

**Recommendations for Beyond Economic Repair (BER)**

**PROFORMA**

| Sl. No | Particulars  | Details  |
|--------|--|--|
| 1      | Name of District   | THIRUVANANTHAPURAM   |
| 2      | Name of Hospital   | PHC KADAKAMPALLY   |
| 3      | Name of Equipment with Make, Model and Serial Number                           | Equipment Name : NEBULIZER<br>Manufacturer : PHILIPS<br>Model : NA<br>Sl: NA   |
| 4      | Equipment ID/ Barcode  | 108464 / 0143043   |
| 5      | Date of purchase/ Year of manufacture/Installation Date                        | 28/05/2007   |
| 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) | 27/04/2024(Toll free)  |
| 9      | Action taken   | Checked and found Nebulizer motor and piston damage. Need to replace these spares for further checking and working condition of the equipment. |
| 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  |

DR. DIVYA CHANDRADA  
ASSISTANT SURGEON  
REGISTRATION: 45390

|    |  |  |
|----|--|--|
| 13 | Asset Value  | Rs . 1353/-  |
| 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<br>RBER   | Checked and found nebulizer motor with piston defective. The equipment was installed on 28/05/2007 and covered upto 17+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  | Kasyep PV   |

\*Not mandatory

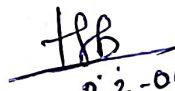
#Based on the period of life and value as per the BER guidelines

\* Attach Photograph


Remarks and Recommendations of Junior Consultant (Biomedical) NHM:

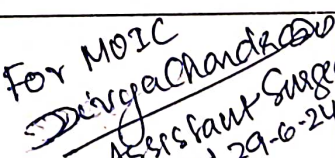
Piston and motor defective. ∴ as per tender condition it can be recommended beyond economic repair.

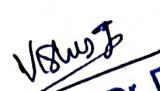
**MANEESHA MOHAN M.R.**  
Junior Consultant (Biomedical)  
National Health Mission  
Thiruvananthapuram

  
22-06-2024  
Signature of JC BM (NHM)

Date: \_\_\_\_\_

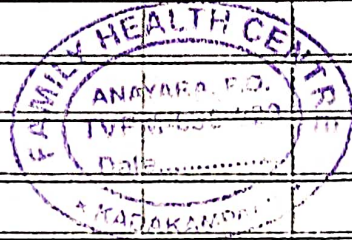


For MOIC  
  
Assistant Surgeon  
Dated 29-6-24

  
Signature of  
Superintendent  
Dr. DIVYA CHANDRADAS  
ASSISTANT SURGEON  
MBBS, Msc Cancer Therapy (UK)  
ICMR Registration: 40236  
FAMILY HEALTH CENTRE  
Kadakkampalli, Anayara, P.O.,  
Thiruvananthapuram-695 029

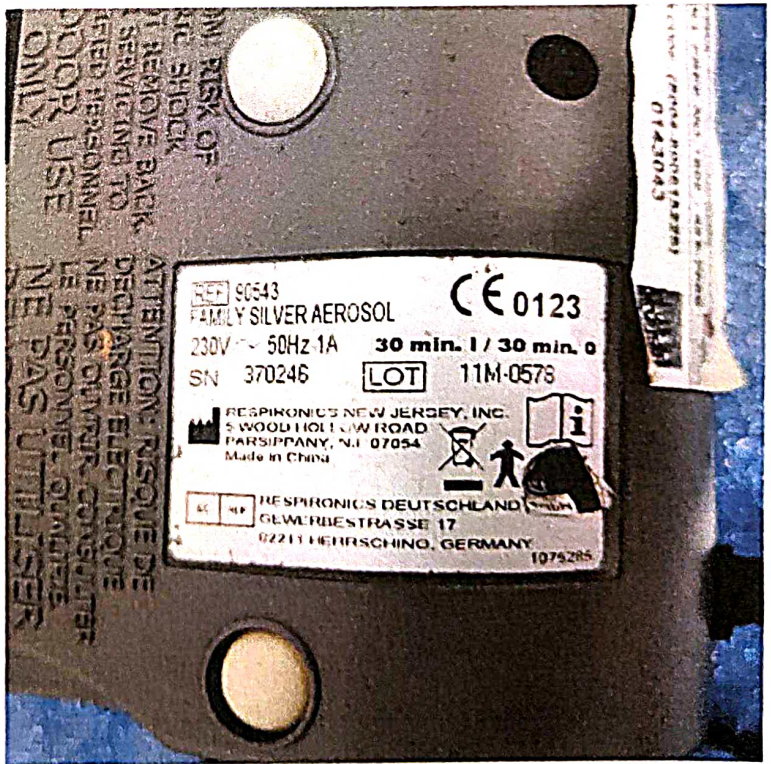
# Nebulizer

| Date                   | Invoice No. | From whom<br>rld       | Qty<br>rld  | Qty<br>Issued           | Balance | main stock<br>p.No. | Initials |
|------------------------|-------------|------------------------|-------------|-------------------------|---------|---------------------|----------|
| Brought forwarded from |             | SR Vol I               | Page No. 76 |                         |         |                     |          |
| 28/5/2007              |             | Pharmacist             | 1           | -                       |         | Ardham: 11          |          |
| 12/2/2022              |             | Pharmacist<br>(SARETI) | 1           | 1<br>Nebulizer<br>200ml | 2       | (In Mrs stock)      |          |



~~M/S HUSA~~

DR. DIVYA CHANDRADAS  
 ASSISTANT SURGEON  
 MBBS, MSc Cancer Therapy (UK)  
 ICMC Registration: 40236  
 FAMILIAR MEDICAL OFFICER  
 FAMILY HEALTH CENTRE  
 Kadakannalli, Anayara P.O.,  
 Tiptur Taluk, Kodakannur, Channarayana



*Ushu SB*

**Dr. Divya Chandradas**  
ASSISTANT SURGEON  
MBBS, MCh Oncology Therapy (UK)  
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Kadakkampallu, Anayara. P.O.,  
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