


**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 AVINISSERY
3	Name of Equipment with Make, Model and Serial Number	Bp Apparatus Make -K-Life Model - BOM-103 SN - NA
4	Equipment ID/ Barcode	0845573 #71223
5	Date of purchase/ Year of manufacture/Installation Date	Ticket master installation date -24-10-19 Actual installation date -01/11/2019 (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	25/09/2023
9	Action taken	Checked the equipment and found main bord 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 main board and display are defective, Equipment installed on 01/11/2019 and covered up to 3 years and 10month, Quotation not submitted since spares are not available in the market. As per tender clause 5.3.14.2 we are highlighting this case as a exceptional case and recommend equipment for condemnation
17	Signature of CYRIX Authority	BIJO T JOY 

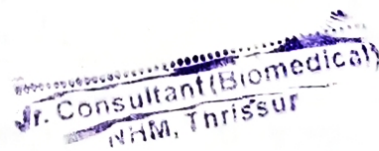
*Not mandatory


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

* Attach Photograph

Remarks and Recommendations of Junior Consultant (Biomedical) NHM:


space not available


Jr. Consultant (Biomedical)
NHM, Thrissur


Signature of JC BM (NHM)



Date


Medical Officer In Charge
PRIMARY HEALTH CENTRE
Signature of
AVINISSERY
Superintendent/Medical Officer (i/c)



BIOMEDICAL EQUIPMENT MAINTENANCE PROGRAMME UNDER NATIONAL HEALTH MISSION



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

CYRIX

HEALTHCARE PVT LTD

No. :
225593

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.cyrrix.com | E-mail : bemp.kl@cyrix.in

<p>Health Facility : <u>PWC</u></p> <p>Address : <u>AVINISSERY</u> <u>THRISSUR</u></p> <p>Ph :</p>	<p>Call Registration Date : <u>25/09/23</u></p> <p>Caller ID : <u>71223</u></p> <p>Date of Visit : <u>25/09/23</u></p> <p>Asset No. : <u>0845573</u></p> <p>EQPT Name : <u>Bp APPARATUS</u></p> <p>Manufacture : <u>K-LIFE</u> Model : <u>BOM-103</u> <u>NA</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 SWITCHING ON

Action Taken : CHECKED THE EQUIPMENT & FOUND MAIN BOARD & DISPLAY ARE DEFECTIVE

Completed Date : 25/09/23 Time : 12:00pm Spare Required

Spare Replaced Requested

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

Cyrix Engineer	Date	Start Time	End Time
<u>AMBADY-VS</u>	<u>25-9-23</u>	<u>11:00 AM</u>	<u>12:00 PM</u>

Customer Remark Completed

Service Engineer Name : AMBADY-VS
Signature : [Signature]
Date : 25/9/23
Contact Number : 7907996806

Customer Name : [Signature]
Signature : [Signature]
Date :
Contact Number :
Designation :
Hospital Seal : Medical Officer In Charge
PRIMARY HEALTH CENTRE
AVINISSERY

