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

Recommendations for Beyond Economic Repair (BER)

PROFORMA

SI. No	Particulars	Details			
1	Name of District	THRISSUR			
2	Name of Hospital	CHC MALA			
3	Name of Equipment with Make, Model and Serial Number	OXYGEN CONCENTRATOR Make: PM CARE Model: MLTX-10 SN: 09210479			
4	Equipment ID/ Barcode	0830319- #96526			
5	Date of purchase Year of manufacture/Installation Date	16-01-2022			
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)	f Toll free 16-02-2024			
9	Action taken	Checked the machine and found that compressor motor, sieve bed and main board are defective, need to replace these spares for further			
10	Present status of the equipment (Fully damaged / partially damaged)	checking y Fully damaged			
11	Recommendations for repair (required service details)	No recommendations			
12	Cost of spares (specify parts and cost)	NA			

13		26500/-
14	* Percentage value of the cost of spares with respect to Cost of Purchase/ Asset Value	
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	Upon inspecting the machine, it was discovered that the compressor motor, sieve bed, and main board are faulty. These spare parts need replacement to assess the equipment's operational status. As per hospital stock ledger equipment received on 16-01-2022. Unfortunately, the supplier information is unavailable from end
1	7 Name & Signature of CYRIX Authority	user as the equipment was donated without manufacturing details. Due to the lack of spare part information, we advise condemning the equipment as a special case (5.3.14.2). BIJO T JOY 0

^{*}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:

Supplier information not available

Signature of JC BM (NHM)

Date:

Signature of Superintendent/Medical Officer (i/c)



BIOMEDICAL EQUIPMENT MAINTENANCE PROGRAMME UNDER NATIONAL HEALTH MISSION



SERVICE PROVIDER

No.:

H E A L	THEAREPVI	LTD	22616	5			
ISO 13485 : 2012 & ISO 9001-2008	CERTIFIED COMPANY	AERB Approved 8 hi - 682 038, Ker	rala				
	16/2/20	16/2/04					
Health Facility CHC Mala	Caller ID :	Caller ID: 96506 Date of Visit: 17/2/24					
Address Thys Sun	Date of Visi						
	Asset No. :		083031	9			
	EQPT Name	e: O2(0	wreviuo	ron			
Ph: 9747585012	Manufactur	e PM cane	Model :	4CTX-10			
	S. No.	210479 I	Dept. Cass	ualty			
Service Classification : Breakdown C	all PMS	Calibratio	n Cust	.Training			
Action Taken: Checked to Compression Sieve bed weed to replace the Completed Date:	and main	hoord	cae di	Jedrog Jerny			
Completed Date:Tir	ne:		Spare	Required _			
Description	Qty.	Part Nu	mber	PR Number			
1. 2. 3.							
Cyrix Engineer		Date	Start Time	End Time			
Hamdan		os 17 pri	Man	IPM			
Customer Remark	Completed		Pendi	ng			
Service Engineer Name:	Custom Signatu	er Name :	Myse Lilly.C.	te a			
Signature :	Date :		22/7/200	1012			

Contact Number:

Designation:

Hospital Seal:

GNS

COMMUNITY HEALY

MALA

ped Flow

Contact Number: 9747500163

Date:

Date	No. and Date of Voucher	From Who	om Receive	Receipt	Issue	Balance	Remark
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