

BIOMEDICAL EQUIPMENT MAINTENANCE PROGRAMME UNDER NATIONAL HEALTH MISSION



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

CYRIX

No.:

229551

ISO 13485 : 2012 & ISO 9001-2008 CERTI	FIED COMPANY	AERB Approved Se	rvice 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							
Health Facility Paluk Hospital, Address North Paravuy Ernakulam (DE) Ph: 09645339698	Call Registration Date: 13-05-2021						
Service Classification : Breakdown Call	PMS	Calibration	Cust.	Training			
Action Taken: Checked the methine and found that motor and piston are faulty Completed Date: 14-05-24 Time: 3:30 PM Spare Required I							
Spare Replaced Requested			- Opuro I	Required			
Description	Qty.	Part Num	ber	PR Number			
1. Motor 2. Piston 3.	INO.	Fully damaged					
Cyrix Engineer		Date	Start Time	ne End Time			
Tibin Thoma	8	14-05-24	1:00PM	3:30 PM			
Customer Remark Completed Pending							
Service Engineer Name: Tibin Thomas Signature: Signature: Signature: Date: PAP AVUP Contact Number: 9047958051 Customer Name: SURPHINTENDENT Signature: Date: Signature: NORTH PAP AVUP Designation Hospital Seal: NORTH PAP AVUP							

A COURT

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

Recommendations for Beyond Economic Repair (BER)

PROFORMA

SI.	SI PROFORMA						
No	Particulars	Details					
1	Name of District	Ernakulam					
2	Name of Hospital	TALUK HOSPITAL NORTH PARAVUF					
3	Name of Equipment with Make, Model and Serial Number	Equipment: NEBULISER Make : S-CURE Model : NEC-240 Sr.no : NA					
4	Equipment ID & Barcode	110812 & 0722967					
5	Date of purchase / Year of manufacture /Installation Date	20-05-2016					
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)	13-05-2024 (Toll Free)					
9	Action taken	Checked the machine and found that motor and piston 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.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 as BER	Checked and found that motor and piston are defective. Equipment installed on 20-05-2016 and the machine outlived 8+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 quidelines

* Attach Photograph

Remarks and Recommendations of Junior Consultant (Biomedical) NHM:

Submitted after 30 days.

Signature of JC BM (NHM)

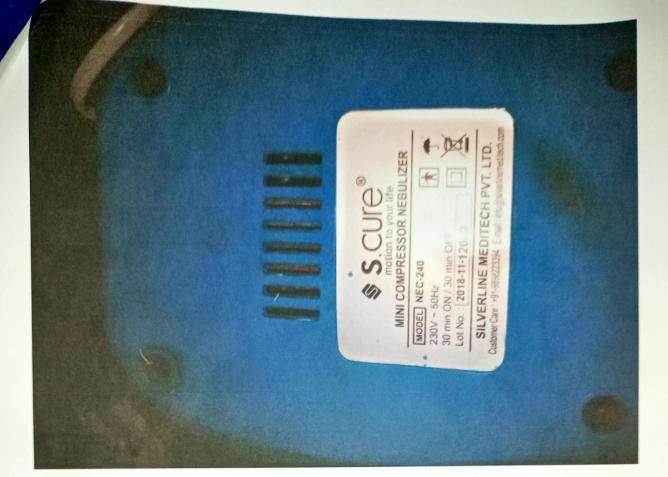
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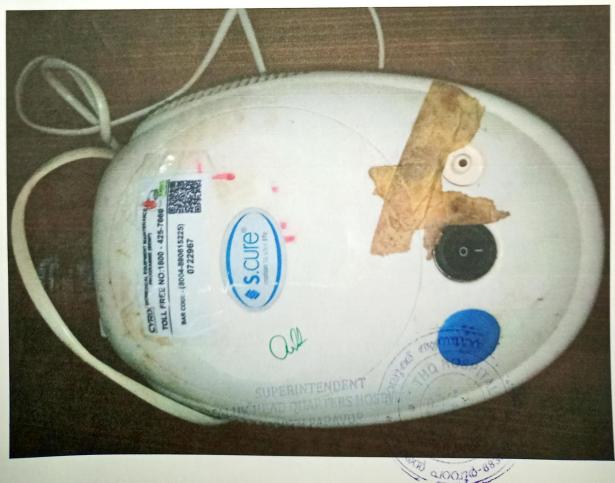
Superintendent / Medical Officer (i/c)

SUPERINTENDEMS
HEAD QUARTERS HOSPITAL

Signature of seal

Date





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SUPERINTENDENT

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