

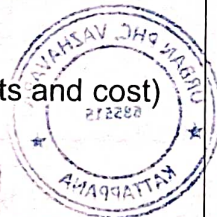
**REPAIR OF BIOMEDICAL EQUIPMENTS UNDER BIOMEDICAL EQUIPMENT  
MAINTENANCE PROGRAM (BEMP)**


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

**PROFORMA**

Sl. No	Particulars	Details
1	Name of District	IDUKKI
2	Name of Hospital	UPHC Kattapana
3	Name of Equipment with Make, Model and Serial Number	Equipment name: B.P Apparatus Make: lifeline Model: na Serial number: na
4	Equipment ID & Barcode	ID: 120109 Barcode: 0640703
5	Date of purchase / Year of manufacture /Installation Date	04-06-2021
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)	29-6-2024 (Toll-free)
9	Action taken	Regarding the inspection of the equipment found that the main board and pump are defective.
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

URBAN PHC VAZHARAKA  
MEDICAL OFFICER INCHARGE



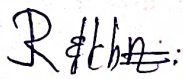
13	Asset Value	2200
14	# Percentage value of the cost of spares with respect to Cost of Purchase/ Asset Value	NA
15	Abstract of Service Report provided by the OEM/ Authorized Service Provider/ CYRIX (Attached or Not)	The Cyrix service report is attached
16	Reasons for recommending the equipment as BER	Checked and found the main board and pump defective. Equipment was installed on 04/06/2021 and covered up to 3 years. Quotation not submitted since spares are not available in the market. So, recommend for RBER
17	Name & Signature of CYRIX Authority	Jithu Abraham 

\*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:

Consultant Biomedical Engineer  
National Health Mission  
Arogyakeralam  
Idukki-685503

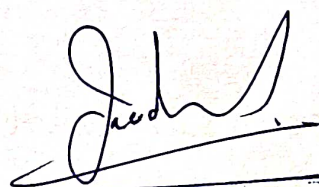
  
19/07/2024

Signature of JC BM (NHM)

Date

Seal



  
Signature of  
Superintendent / Medical Officer (i/c)  
MEDICAL OFFICER IN CHARGE  
URBAN PHC VAZHAVA



# BIOMEDICAL EQUIPMENT MAINTENANCE PROGRAMME UNDER NATIONAL HEALTH MISSION



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

# CYRIX

HEALTHCARE PVT LTD

**No. :**

222383

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

<p>Health Facility <u>Ophth Kattappana</u></p> <p>Address <u>Karhavelu</u> <u>Kalukki</u></p> <p>Ph : <u>7025807412</u></p>	<p>Call Registration Date : <u>29/6/24</u></p> <p>Caller ID : <u>120109</u></p> <p>Date of Visit : <u>11/7/24</u></p> <p>Asset No. : <u>0640702</u></p> <p>EQPT Name : <u>B. Apparatus</u></p> <p>Manufacture <u>Life line</u> Model : <u>AA</u></p> <p>S. No. <u>AA</u> Dept. <u>OP</u></p>
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**Service Classification :** Breakdown Call  PMS  Calibration  Cust.Training

**Problem Identified :** Not working

**Action Taken :** Check the Machine found that New board and pump defective, need to replace the spare for further checking working condition of the equipment.

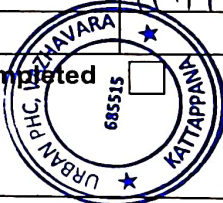
Completed  Date : 11/7/24 Time : 1:00 PM Spare Required

Spare Replaced  Requested

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

Cyrix Engineer <u>Murali</u>	Date <u>11/7/24</u>	Start Time <u>12:30 PM</u>	End Time <u>1:00 PM</u>
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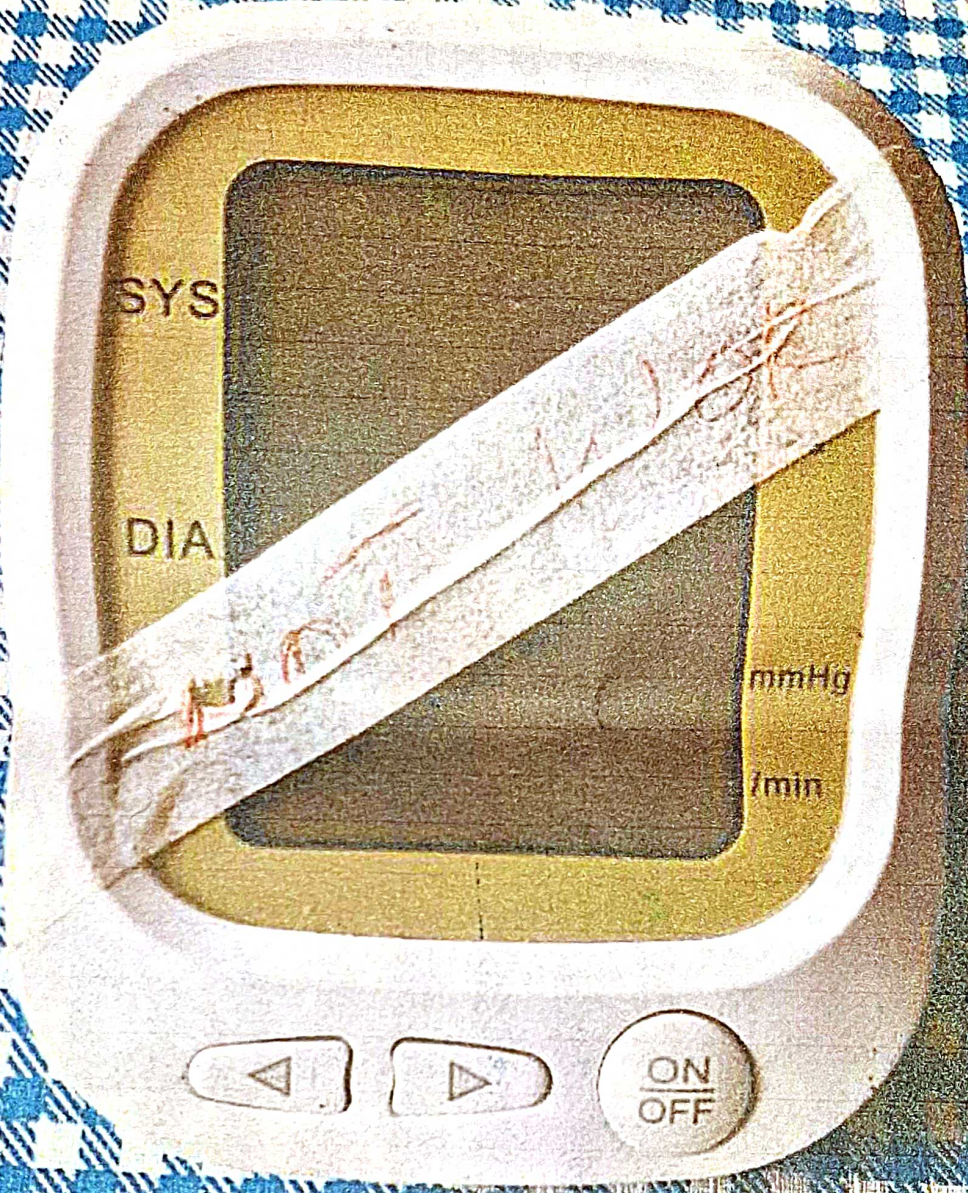
Customer Remark  Completed  Pending



Service Engineer Name: Murali  
Signature: [Signature]  
Date: 11/7/24  
Contact Number: 9847798098

Customer Name: Sunil P.P  
Signature: [Signature]  
Date: 01/07/24  
Contact Number: 8921495561  
Designation: STAFF NURSE  
Hospital Seal: [Seal]

**MEDICAL OFFICER INCHARGE**  
URBAN PHC VAZHAVARA



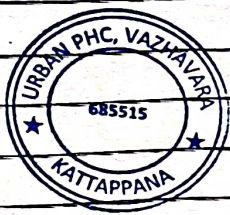
*[Handwritten Signature]*  
MEDICAL OFFICER INCHARGE  
URBAN PHC VAZHAVARA

# B.P APPARATUS

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DATE	PARTICULARS	BILL NO & DATE	QUANTITY RECEIVED	QUANTITY ISSUED	QUANTITY BALANCE	Remarks
3/10/18	Received from Karunaga medicine (Anaroid)	8382/15/9/18				
3/10/18	Issued to OPD		2		2	JK
5/10/18	Received from Karunaga Medicine (LCD) diamond			2	Nil	JK
5/10/18	Issued to OPD		1		1	JK
19/12/20	Received from white weaver medical system	00114/20	1		Nil	JK
19/12/20	Issued to JPHN	18/12/20			1	JK
04/06/21	Received from Karunaga medicine Dept	1735	2		Nil	Rm.
04/06/21	Issued to Nursing station	24/05/21			2	Rm.
04/03/23	Received from Tee Vee pharmaceuticals (Digital B.p apparatus)	802	1		Nil	Rm.
04/03/23	Issued to M. STD	03/01/23			1	Rm.
09/02/23	Received from Tee Vee pharmaceuticals (Digital B.p apparatus)	905	1		Nil	Rm.
09/02/23	Issued to M. STD	05/02/23			1	Rm.
11/05/23	Received from Karunattu pharma (Digital B.p apparatus)	97/23	2		Nil	Rm.
11/05/23	Issued to JPHN	05/05/23			2	Rm.
11/05/23	Issued to JPHN			2	Nil	Rm.

*[Handwritten Signature]*



MEDICAL OFFICER IN CHARGE  
URBAN PHC VAZHAVARA