



BIOMEDICAL EQUIPMENT MAINTENANCE PROGRAMME UNDER NATIONAL HEALTH MISSION



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

CYRIX

HEALTHCARE PVT LTD

No. : 223750

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>For Chemical</u></p> <p>Address <u>Chemical</u></p> <p>..... <u>Thiruvananthapuram, Kerala</u></p> <p>Ph : <u>98 95 86 63 93</u></p>	<p>Call Registration Date : <u>19/06/24</u></p> <p>Caller ID : <u>118726</u></p> <p>Date of Visit : <u>20/06/24</u></p> <p>Asset No. : <u>0145158</u></p> <p>EQPT Name : <u>BP Apparatus Mercury</u></p> <p>Manufacture <u>Diamond</u> Model : <u>DeLense</u></p> <p>S. No. <u>N/A</u> Dept. <u>OP (R.M.C.)</u></p>
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Service Classification : Breakdown Call PMS Calibration Cust.Training

Problem Identified : Checked and found mercury spillage. Mercury tank and glass rod defective.

Action Taken : Need to replace mercury tank and glass rod. and should refill the mercury to check the further working condition of the machine.

Completed Date : 20/06/24 Time : 02:00pm Spare Required

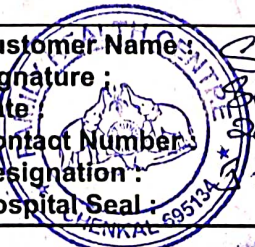
Spare Replaced Requested

Description	Qty.	Part Number	PR Number
1.			
2. <u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
3.			

Cyrix Engineer	Date	Start Time	End Time
<u>Mohanneel Sigal M</u>	<u>20/06/24</u>	<u>01:00pm</u>	<u>02:00pm</u>

Customer Remark Completed Pending

<p>Service Engineer Name : <u>Mohanneel Sigal M</u></p> <p>Signature : <u>[Signature]</u></p> <p>Date : <u>20/06/24</u></p> <p>Contact Number : <u>7293499127</u></p>	<p>Customer Name : <u>Sindham E.V</u></p> <p>Signature : <u>[Signature]</u></p> <p>Date : <u>20/06/24</u></p> <p>Contact Number : <u>984726224</u></p> <p>Designation : <u>Don</u>, <u>86060</u></p> <p>Hospital Seal : <u>[Seal]</u></p>
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MEDICARE OFFICER IN CHARGE
FAMILY HEALTH CENTRE
CHEMICAL

**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 CHENKAL
3	Name of Equipment with Make, Model and Serial Number	Equipment Name : BP Apparatus Make : Diamond Model : Deluxe Serial No : NA
4	Equipment ID/ Barcode	118026/0145158
5	Date of purchase/ Year of manufacture/Installation Date	22/05/2011
6	Warranty details (Yes/No)	No Warranty
7	*AMC/ CAMC Period agreed at the time of purchase	No CAMC/AMC
8	Date of breakdown (Date of registration of complaint through email/ Toll free)	19/06/2024(Toll free)
9	Action taken	Checked and found mercury spillage. Identified Mercury tank and glass rod defective. 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

13	Asset Value	1323/-
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 mercury spillage. Identified mercury tank and glass rod defective. The unit is installed on 22/05/2011 and covered upto 13+ years. Since the mercury is not available in the market. Recommending the unit for condemnation.
17	Name & Signature of CYRIX Authority	MOHAMMED SIYAD 


*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:


Mercury spillage and glass rod defective.
So as per tender conditions it can be
RBER.

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


20-9-2024
Signature of JC BM (NHM)

Date:



for, 
Signature of
Superintendent/Medical Officer (i/c)
MEDICAL OFFICER IN CHARGE
FAMILY HEALTH CENTRE
CHENKAL

STOCK REGISTER

Health Service Departments

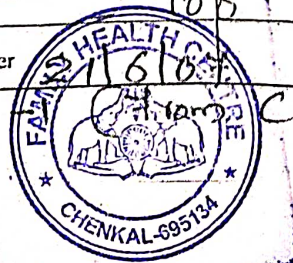
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Name of Article.....

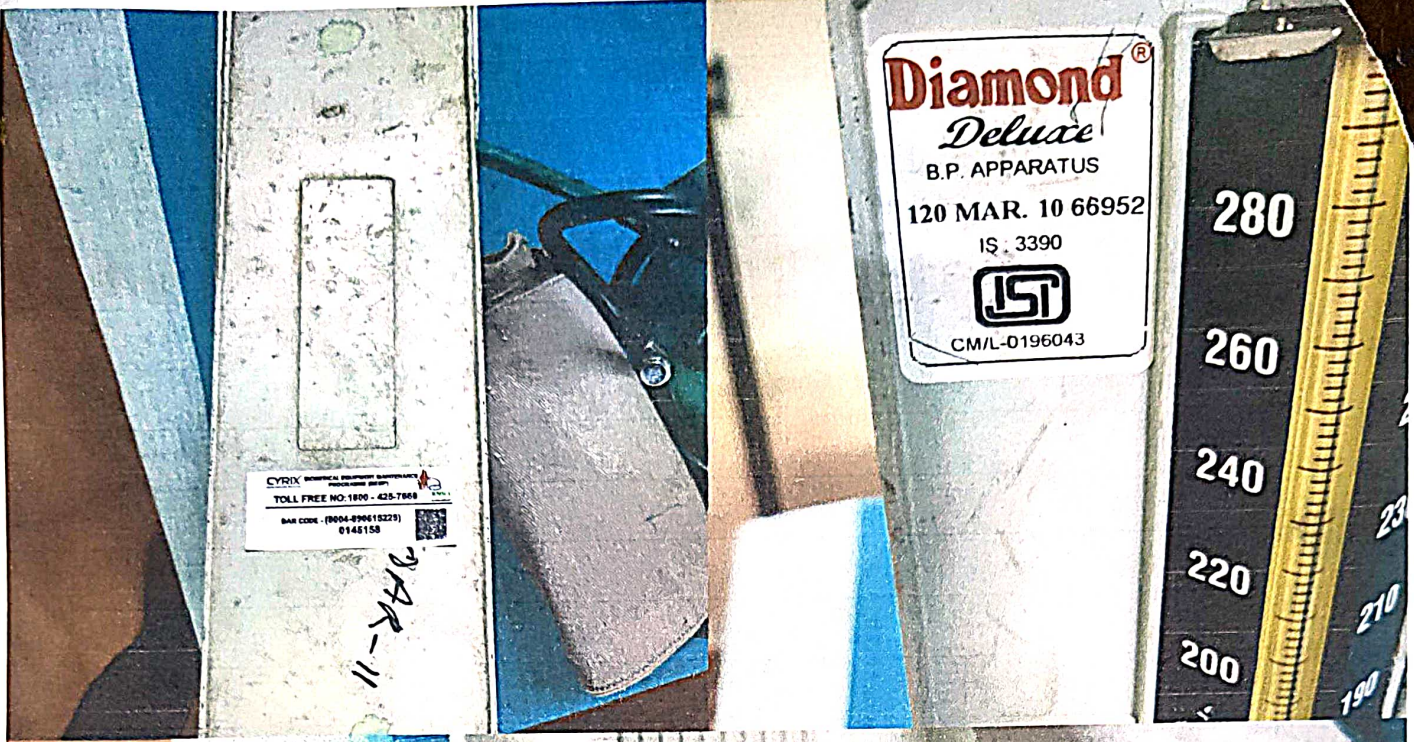
Receipt

Date	No. and date of voucher or invoice	From whom received or to whom issued	Receipt	Issued	Balance after each transaction	Initials of Receiver	Remarks
		Brought forward					
		22-5-07	from		m/o P/H C		
	FS (L)	—	18000				Receipt on 14/4/07
	FS (S)	—	12000				from m/o p/h e
	meber	—	1500	(i)	ORS	—	150 packets
	Albendazole	—	1500	(ii)	IFA(L)	—	18,000
	Colan	—	10	(iii)	IFA(S)	—	12,000
	Bandage	—	50	(iv)	Vit(A)	—	300ml
	22/24 BP Apparatus	—	2	(v)	gloves	—	50
	Thermometer	—	1	(vi)	Thermometer	—	1 (Digital)
	PI	—	2000	(vii)	Avil	—	150
	Avil	—	100	(viii)	Colistin zole	—	100 (paediatric)
	BC	—	5000	(ix)	" SS	—	100
	Vit A	—	300ml				
	Weighting machine	—	1		(Adult)		
	Colistin zole	—	100	(S)	—	100	
	Diageonemi	—	250				
	Betadine	—	50				
	Ciprofloxacin eye drops	—	50				
	ORS	—	100				
		Carried over					

Electronic BP Apparatus



CHC
 For Gillepanchayath
MEDICAL OFFICER IN CHARGE
FAMILY HEALTH CENTRE
CHENKHAL



For, Abree
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