



BIOMEDICAL EQUIPMENT MAINTENANCE PROGRAMME UNDER NATIONAL HEALTH MISSION



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

CYRIX

HEALTHCARE PVT LTD

No. : 197393

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>PHC</u></p> <p>Address <u>PHC PERUMON</u> <u>KOLLAM</u></p> <p>Ph : <u>8086256146</u></p>	<p>Call Registration Date : <u>12-06-2024</u></p> <p>Caller ID : <u>116673</u></p> <p>Date of Visit : <u>13-06-2024</u></p> <p>Asset No. : <u>0240494</u></p> <p>EQPT Name : <u>Pharmacy Refrigerator</u></p> <p>Manufacture <u>LG</u> Model : <u>NA</u></p> <p>S. No. <u>NA</u> Dept. <u>OP</u></p>
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Service Classification : Breakdown Call PMS Calibration Cust.Training

Problem Identified : Not cooling, Compressor not getting on

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Action Taken : Checked the Refrigerator found that not cooling, Compressor not getting on, Informed the Refrigerator technician to service the unit.

Completed Date : 13-06-2024 Time : 12:00 pm Spare Required

Spare Replaced Requested

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

Cyrix Engineer	Date	Start Time	End Time
<u>Wilfert Duni</u>	<u>13.06.2024</u>	<u>11:30am</u>	<u>12:00 pm</u>

Customer Remark Completed Pending

Service Engineer Name : Wilfert Duni Customer Name : _____

Signature : [Signature] Signature : _____

Date : 13.06.2024 Date : 13/6/24

Contact Number : 9778526652 Contact Number : 1066/24

Contact Number : 8086256146 Designation : Assistant Officer

Hospital Seal : _____





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Service Report

<p>Health Facility : <u>PHC</u></p> <p>Address : <u>PHC PERUMON</u> <u>KOLLAM</u></p> <p>Ph : <u>8086256146</u></p>	<p>Call Registration Date : <u>12-06-2024</u></p> <p>Caller ID : <u>116673</u></p> <p>Date of Visit : <u>13-06-2024</u></p> <p>Asset No. : <u>0240494</u></p> <p>EQPT Name : <u>Pharmacy Refrigerator</u></p> <p>Manufacture : <u>LG</u> Model : <u>NR</u></p> <p>S. No. : <u>NR</u> Dept. : <u>OP</u></p>
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Service Classification : Breakdown Call PMS Calibration Cust.Training

Problem Identified : Not cooling, Compressor not getting ON.

Action Taken : Checked the Refrigerator found that not cooling, Compressor not getting ON. Refrigerator technician attended and informed compressor, defrost timer, Bimetal Control defective, the refriger gas charging, filter, capillary need to change. Enquired quotation with vendor.

Completed Date : 18-06-2024 Time : 01:50pm Spare Required

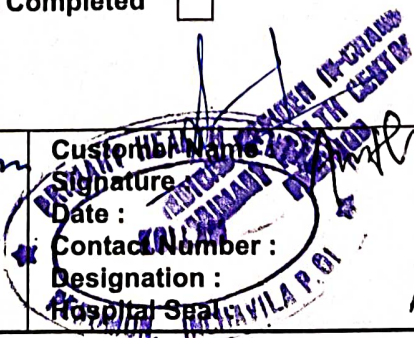
Spare Replaced Requested

No.	Description	Qty.	Part Number	PR Number
1.				
2.				
3.				

Cyrix Engineer	Date	Start Time	End Time
<u>Wilfest Anil William</u>	<u>18/06/2024</u>	<u>12.30pm</u>	<u>01.50pm</u>

Customer Remark Completed Pending

<p>Service Engineer Name : <u>Wilfest Anil William</u></p> <p>Signature : <u>[Signature]</u></p> <p>Date : <u>18/06/2024</u></p> <p>Contact Number : <u>9778526652</u></p>	<p>Customer Name : <u>[Signature]</u></p> <p>Signature : <u>[Signature]</u></p> <p>Date : <u>18/6/24</u></p> <p>Contact Number : <u>8086256146</u></p> <p>Designation : <u>Nursing Officer</u></p>
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**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	Kollam
2	Name of Hospital	PHC PERUMON
3	Name of Equipment with Make, Model and Serial Number	Pharmacy Refrigerator Make : LG Model : NA SI no: NA
4	Equipment ID & Barcode	Barcode : 0240494 / Ticket id : 116673
5	Date of purchase / Year of manufacture /Installation Date	10-12-2006
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)	12-06-2024
9	Action taken	Checked the machine found that Compressor, Defrost timer, Bimetal Control defective Need to replace these spares for further checking and working condition of the equipment. bottom part & Legs in Rusted condition , Enquire spare with OEM
10	Present status of the equipment (Fully damaged / partially damaged)	Fully damaged
11	Recommendations for repair (required service details)	Not Recommending
12	Cost of spares (specify parts and cost)	Compressor = 4800 Gas charging, Filter, Capillary = 2800 Defrost timer = 650 Bimetal Control = 350 Transportation = 2000 TOTAL = 10,600/-

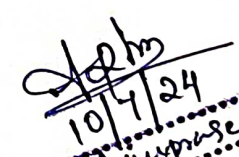
13	Asset Value	14200/-
14	# Percentage value of the cost of spares with respect to Cost of Purchase/ Asset Value	74.64 %
15	Abstract of Service Report provided by the OEM/ Authorized Service Provider/ CYRIX (Attached or Not)	Cyrix Service report & Quotation attached
16	Reasons for recommending the equipment as BER	Checked and found Compressor, Defrost timer, Bimetal Control are defective. thereafter gas charging, filter, capillary need to change. bottom part & Legs in Rusted condition. Machine installed on 10-12-2006 equipment outlived 17 years 6+ month. Repairing cost of equipment is 74.64 %. As per tender clause 5.3.14.1 both criteria met so recommend equipment for condemnation
17	Name & Signature of CYRIX Authority	Wilfret Sunil 

*Not mandatory #Based on the period of life and value as per the BER guidelines


* Attach Photograph

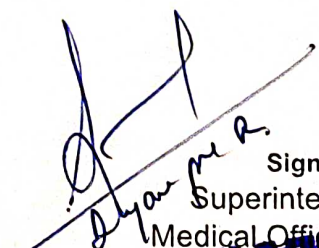
Remarks and Recommendations of Junior Consultant (Biomedical) NHM:

Old Ridge and repairing cost is high.
 Recommended for Beyond economic repair


 10/7/24
 JC
 Signature of JC (Biomedical) NHM, KOLLAM

Date


 Seal

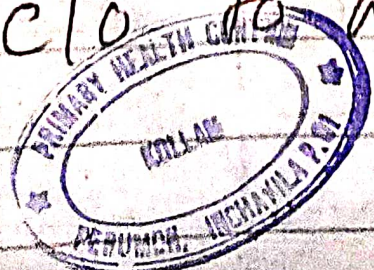

 Signature of Superintendent / Medical Officer (i/c)
 MEDICAL OFFICER IN CHARGE
 PRIMARY HEALTH CENTRE
 KOLLAM

Refrigerator.

Date	Received	From	To	Sheet
10/12/06	From Book no I page - 29			I
	clo to new register p no = 34 in Refrigerator Amount 14200			

Kidney tray S.S

Date	Received	From	To	Sheet
20/3/07	1 kidney tray received from Abide by Syadh.			
	clo to new register p.no			




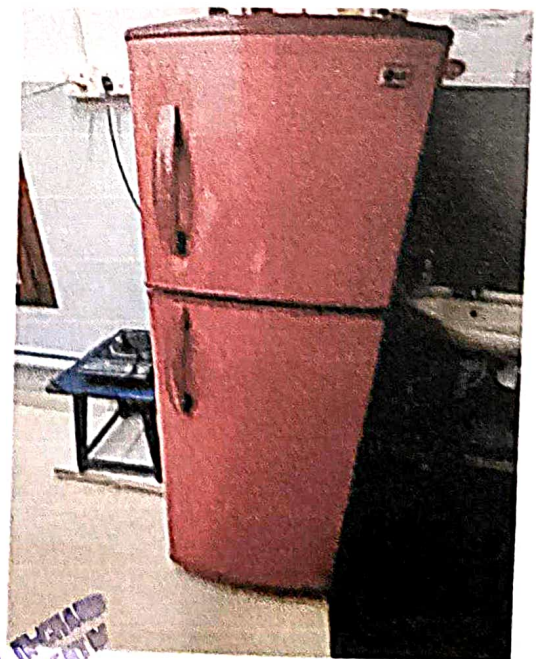
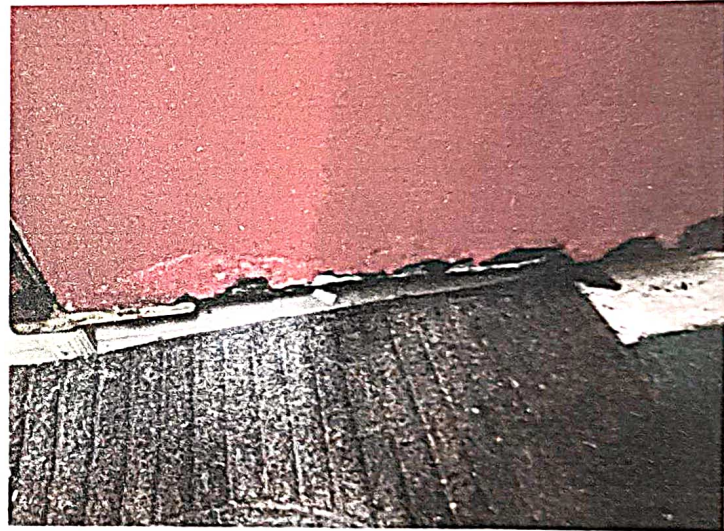
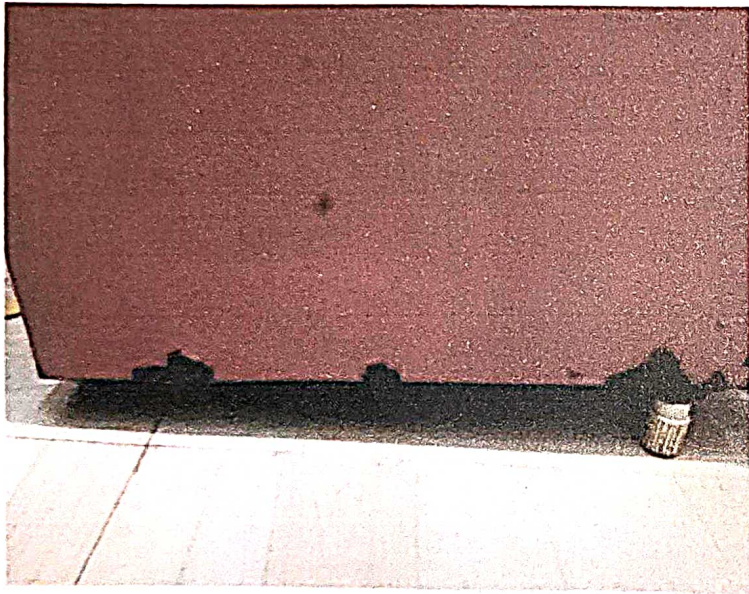
[Signature]
 OFFICER IN-CHARGE
 PRIMARY HEALTH CENTRE
 PERUMTHI



CYRIX BIOMEDICAL EQUIPMENT MAINTENANCE PROGRAMME (BEMP)

TOLL FREE NO: 1800 - 425-7669

BAR CODE - (8004-890615225) 0240494

PRIMAARY HEALTH CENTRE
KORLAJAO
PERUMBAI, HIGHWAY 1001

[Handwritten signature]

GENERAL OFFICER IN-CHARGE
PRIMAARY HEALTH CENTRE
PERUMBAI



PERFECT AIR CONDITIONER

Chemmathoor near private bus stand
punalur, contact number: 9562185059
Kollam, Kerala, 691305

QUOTATION

Quotation No. : 751
Quotation Date : 06/07/2024
Expiry Date : 13/07/2024

BILL TO

Cyrix Health Care

S.NO.	ITEMS/SERVICES	QTY.	RATE	AMOUNT
1	COMPRESSOR CHANGE	1 PCS	4,800	4,800
2	GAS CHARGING & FILTER CHANGE & CAPILLARY CHANGE	1 PCS	2,800	2,800
3	DEFROST TIMER CHANGE	1 PCS	650	650
4	BIMETAL CONTROL CHANGE	1 PCS	350	350
5	TRANSPORTATION	1 PCS	2,000	2,000

SUBTOTAL

5

₹ 10,600

NOTES	TAXABLE AMOUNT	₹ 10,600
	TOTAL AMOUNT	₹ 10,600

Peruman PHC LG double door

BANK DETAILS

Name: ANIJA A J
IFSC Code: SBIN0070779
Account No: 67261447806
Bank: State Bank of India ,PSBADOOR

Total Amount (in words)
Ten Thousand Six Hundred Rupees



Authorised Signature for
PERFECT AIR CONDITIONER



[Handwritten Signature]
OFFICE OFFICER IN-CHARGE
PRIMARY HEALTH CENTRE
PERUMON