



# BIOMEDICAL EQUIPMENT MAINTENANCE PROGRAMME UNDER NATIONAL HEALTH MISSION



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

## CYRIX

HEALTHCARE PVT LTD

**No. :** 223953

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>DHC</u></p> <p>Address <u>Pozhiyoor</u> <u>Travancore</u></p> <p>Ph : <u>0238177918</u></p>	<p>Call Registration Date : <u>11/7/24</u></p> <p>Caller ID : <u>122544</u></p> <p>Date of Visit : <u>12/7/24</u></p> <p>Asset No. : <u>0144332</u></p> <p>EQPT Name : <u>BP apparatus</u></p> <p>Manufacture <u>Accusure</u> Model : <u>NA</u></p> <p>S. No. <u>NA</u> Dept. <u>FWL</u></p>
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**Service Classification :** Breakdown Call  PMS  Calibration  Cust.Training

**Problem Identified :** mercury spillage

**Action Taken :** checked and found mercury spillage. I detected mercury leak and glass rod defective. Need to replace the O spares for further checking and working condition of the equipment.

Completed  Date : 12/7/24 Time : 12pm Spare Required

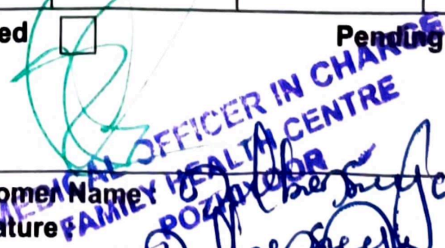
Spare Replaced  Requested

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

Cyrix Engineer	Date	Start Time	End Time
<u>Asith George</u>	<u>12/7/24</u>	<u>11.30am</u>	<u>12pm</u>

**Customer Remark** Completed  Pending

<p><b>Service Engineer Name :</b> <u>Asith George</u></p> <p><b>Signature :</b> <u>Asith</u></p> <p><b>Date :</b> <u>12/7/24</u></p> <p><b>Contact Number :</b> <u>7593847111</u></p>	<p><b>Customer Name :</b> <u>Dr. S. S. Suresh</u></p> <p><b>Signature :</b> <u>[Signature]</u></p> <p><b>Date :</b> <u>12/7/24</u></p> <p><b>Contact Number :</b> <u>NO. 91146380271</u></p> <p><b>Designation :</b></p> <p><b>Hospital Seal :</b></p>
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**REPAIR OF BIOMEDICAL EQUIPMENTS UNDER BIOMEDICAL EQUIPMENT  
MAINTENANCE PROGRAM (BEMP)**

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

**PROFORMA**

<b>Sl. No</b>	<b>Particulars</b>	<b>Details</b>
1	Name of District	THIRUVANANTHAPURAM
2	Name of Hospital	PHC POZHIIYOOR
3	Name of Equipment with Make, Model and Serial Number	Equipment Name : BP Apparatus Make : Accusure Model : NA Serial No : NA
4	Equipment ID/ Barcode	122544/0144332
5	Date of purchase/ Year of manufacture/Installation Date	04/11/2012
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)	11/07/2024(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 equipments as BER	Checked and found mercury spillage. Identified mercury tank and glass rod defective. The unit is installed on 04/11/2012 and covered upto 11+ years. Since the mercury is not available in the market. Recommending the unit for condemnation.
17	Name & Signature of CYRIX Authority	AJITH GEORGE 

\*Not mandatory


#Based on the period of life and value as per the BER guidelines

\* Attach Photograph

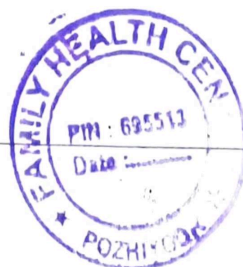
Remarks and Recommendations of Junior Consultant (Biomedical) NHM:

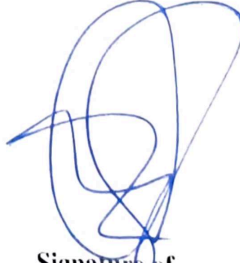
Mercury spillage, Identified mercury tank and glass rod defective. So can be RBGR

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

  
08-08-2024  
Signature of JC BM (NHM)

Date: 08/08/2024.





Signature of Superintendent/Medical Officer (I/c)

സംസ്ഥാന ആരോഗ്യ ഉപാധിപതി  
കുടുംബാരോഗ്യ കേന്ദ്രം  
പോളിന്ദൂർ

CALULOMETER.

DATE	From whom Rld	Rld qty	Jld qty	Bal.	Remarks
4/11/12	Received from CHC Pover for AID Camp.	7		7	
	Jld to HI		7	Nil	Rd P. Shankar 201.
23/11/13	Rld from kinsl	2		2	
24/1/10	Jld to HI		2	Nil	

B.P. APPARATUS.

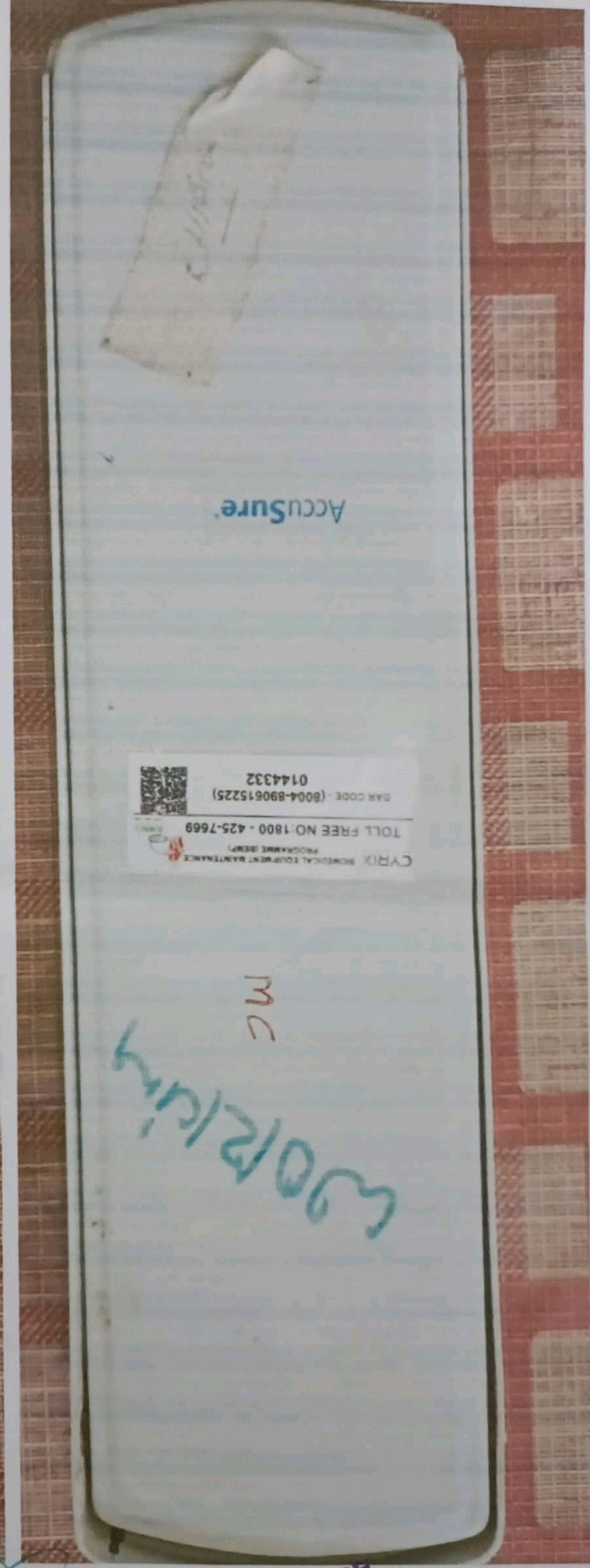
DATE	From whom Rld.	Rld qty	Jld qty	Bal.	Remarks
4/11/12	Received from CHC Pover for AID Camp.	7		7	
	Jld to HI		7	Nil	Rd P. Shankar He

*[Handwritten signature]*

08/08/24



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 - കുടുംബ ആരോഗ്യ കേന്ദ്രം  
 പാലക്കാട്



FAMILY HEALTH CENTRE  
PIN : 695313  
Date : \_\_\_\_\_  
POZHYYOOR

*[Handwritten signature]*

MEDICAL OFFICER IN CHARGE  
FAMILY HEALTH CENTRE  
POZHYYOOR