



# BIOMEDICAL EQUIPMENT MAINTENANCE PROGRAMME UNDER NATIONAL HEALTH MISSION



**SERVICE PROVIDER**  
Tender No. WO-37/2021-2022/598

## CYRIX

HEALTHCARE PVT LTD

No. : 232253

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 : 92472 99500 Website : www.cyrix.com | E-mail : bemp.kl@cyrix.in

|  |  |
|--|--|
| <p>Health Facility <u>PHC</u></p> <p>Address <u>Chettivilakam.</u><br/><u>Thiruvananthapuram.</u></p> <p>Ph : <u>7736214386.</u></p> | <p>Call Registration Date : <u>08-07-2024</u></p> <p>Caller ID : <u>121768</u></p> <p>Date of Visit : <u>10-07-2024.</u></p> <p>Asset No. : <u>0143143</u></p> <p>EQPT Name : <u>Bp Apparatus.</u></p> <p>Manufacture <u>OMRON</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 working.

Action Taken : Checked and found pump and the main board defective. Need to replace these spares for further checking and working condition of the equipment.

Completed  Date : 10/07/24 Time : 10:30 AM Spare Required

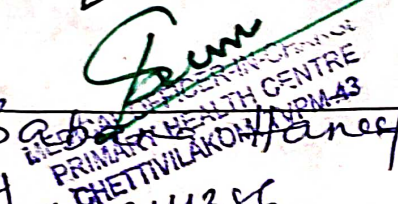
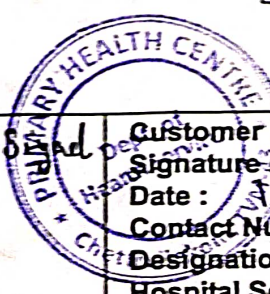
Spare Replaced  Requested

| No. | Description | Qty.      | Part Number | PR Number |
|-----|-------------|-----------|-------------|-----------|
| 1.  | <u>NA</u>   | <u>NA</u> | <u>NA</u>   | <u>NA</u> |
| 2.  |             |           |             |           |
| 3.  |             |           |             |           |

| Cyrux Engineer | Date           | Start Time      | End Time        |
|----------------|----------------|-----------------|-----------------|
| <u>Siyad</u>   | <u>10/7/24</u> | <u>10:00 AM</u> | <u>10:30 AM</u> |

Customer Remark \_\_\_\_\_ Completed  Pending

|  |  |
|--|--|
| <p>Service Engineer Name : <u>Mohammed Siyad</u></p> <p>Signature : <u>[Signature]</u></p> <p>Date : <u>10/07/2024</u></p> <p>Contact Number : _____</p> | <p>Customer Name : <u>Saba</u></p> <p>Signature : <u>[Signature]</u></p> <p>Date : <u>10/7/24</u></p> <p>Contact Number : <u>7736214386</u></p> <p>Designation : <u>Nursing Officer</u></p> <p>Hospital Seal : _____</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 CHETTIVILAKAM  |
| 3             | Name of Equipment with Make, Model and Serial Number                           | Equipment Name : BP Apparatus<br>Make : Omron<br>Model : NA<br>Serial No : NA  |
| 4             | Equipment ID/ Barcode  | 121768/0143143   |
| 5             | Date of purchase/ Year of manufacture/Installation Date                        | 17/03/2021   |
| 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) | 08/07/2024   |
| 9             | Action taken   | Checked and found that the mainboard and pump 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  | 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) | CYRIX SERVICE REPORT ATTACHED   |
| 16 | Reasons for recommending the equipment as BER  | Checked and found that the mainboard and pump defective. The unit was installed on 17/03/2021 and covered upto 3+ years. Since the spares are not available in the market. Recommending the unit of 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:

Main board and pump defective. So can be RBER.

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

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

Date: \_\_\_\_\_



Signature of  
Superintendent/MANAGER-IN-CHARGE  
MEDICAL OFFICER IN CHARGE  
PRIMARY HEALTH CENTRE  
CHETTIVILAKOM, TVPM-43

