

**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	KASARGOD
2	Name of Hospital	TH NILESWAR
3	Name of Equipment with Make, Model and Serial Number	Nebulizer Make: Devilbiss Model: Airforce 1 SN:00009709
4	Equipment ID/ Barcode	124172, 1420226
5	Date of purchase/ Year of manufacture/Installation Date	07-11-2018
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)	Toll free- 19-07-2024
9	Action taken	Checked the machine and found that No fumes, Found problem with compressor and piston. Need to replace these spares for further checking.
10	Present status of the equipment (Fully damaged / partially damaged)	Fully damaged
11	Recommendations for repair (required service details)	No recommendations
12	Cost of spares (specify parts and cost)	NA



BIOMEDICAL EQUIPMENT MAINTENANCE PROGRAMME UNDER NATIONAL HEALTH MISSION



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

CYRIX

HEALTHCARE PVT LTD

No. : 209283

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>Taluk Hospital.</u></p> <p>Address <u>Nileswar</u> <u>Kasaragod.</u></p> <p>Ph : <u>9400869161</u></p>	<p>Call Registration Date : <u>19.07.2024</u></p> <p>Caller ID : <u>124172</u></p> <p>Date of Visit : <u>23.07.2024</u></p> <p>Asset No. : <u>1420226.</u></p> <p>EQPT Name : <u>Nebulizer</u></p> <p>Manufacture <u>Devilbliss</u> Model : <u>Air force</u></p> <p>S. No. <u>00009709.</u> Dept. <u>ward.</u></p>
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Service Classification : Breakdown Call PMS Calibration Cust. Training

Problem Identified : Fumes not getting.

Action Taken : Checked the machine and found problem with machine compressor and compressor piston. Need to replace the both for further servicing of the equipment.

Completed Date : 23.07.24 Time : 4.30pm Spare Required

Spare Replaced Requested

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

Cyrix Engineer	Date	Start Time	End Time
<u>Abhinav . O</u>	<u>23.07.24</u>	<u>3.40pm</u>	<u>4.30pm.</u>

Customer Remark Completed Pending



(Handwritten signature and notes)
 താലൂക്ക് ഹെഡ് ക്വാർട്ടേഴ്സ് ആരോഗ്യ (ത) മന്ത്രാലയം, പി.ഒ. മിഡിയറ്റം - 671314

Service Engineer Name : Abhinav . O
Signature : (Signature)
Date : 23.07.2024
Contact Number : 8943392989.

Customer Name : Mayeronil C
Signature : (Signature)
Date : 23/7/24
Contact Number : 9400869161
Designation : AO M. Narsing office
Hospital Seal : (Signature)



Handwritten text in Malayalam:
 താലൂക്ക് ഹെൽത്ത് കൗൺസിലർ ആശുപത്രി
 നൂലാലുരുപ്പം റി. ടി. നമ്പൂരിപ്പാട് - 671314

