


**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	KOZHIKODE
2	Name of Hospital	THQH KOYILANDY
3	Name of Equipment with Make, Model and Serial Number	Equipment: NEBULIZER Make: NA Model: NA SN: NA
4	Equipment ID & Barcode	124651 & 1121184
5	Date of purchase / Year of manufacture /Installation Date	Ticket master installation date is 04/06/2021 (As per stock book installation date is 14/02/2021, stock book attached for reference)
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)	22-07-2024
9	Action taken	Checked and found compressor motor with piston defective. Need to replace these spares for further checking of 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)	NA

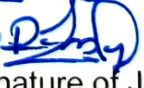
13	Asset Value	1875/-
14	# Percentage value of the cost of spares with respect to Cost of Purchase/ Asset Value	NA
15	Abstract of Service Report provided by the OEM/ Authorized Service Provider/ CYRIX (Attached or Not)	Cyrix service report attached
16	Reasons for recommending the equipment as BER	Checked and found compressor motor with piston defective. Need to replace these spares for further checking of working condition of the equipment Machine installed on 14-02-2021 aged up to 03 years 5 months. Quotation not submitted since spares are not available in the market So we recommend the equipment for condemnation
17	Name & Signature of CYRIX Authority	AKHILRAJ MP 

\*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:

Checked & found that compressors motor with piston defective. Need Equipment installed on 14/2/2021. Quosparas are not available in the market So recommended for condemnation 

Signature of JC BM (NHM)  
 Consultant Bio Medical Engineer  
 National Health Mission  
 Kozhikode

Recommended





SUPERINTENDENT  
 Taluk Head Quarters Hospital  
 Kovilandy  
 Signature of

Date

Seal

Superintendent / Medical Officer (i/c)





# BIOMEDICAL EQUIPMENT MAINTENANCE PROGRAMME UNDER NATIONAL HEALTH MISSION



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

## CYRIX

HEALTHCARE PVT LTD

**No. :**  
212189

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>THIYI Koyilandy</u></p> <p>Address ..... <u>Koyilandy</u> <u>Kozhikode</u></p> <p>Ph : ..... <u>9847805166</u></p>	<p>Call Registration Date : ..... <u>22/7/2024</u></p> <p>Caller ID : ..... <u>124651</u></p> <p>Date of Visit : ..... <u>23/7/2024</u></p> <p>Asset No. : ..... <u>112184</u></p> <p>EQPT Name : ..... <u>Nebuliser</u></p> <p>Manufacture ..... <u>na</u> Model : <u>na</u></p> <p>S. No. ..... <u>na</u> Dept. <u>Maleward</u></p>
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**Service Classification :** Breakdown Call  PMS  Calibration  Cust.Training

**Problem Identified :** ..... Fumes not getting

**Action Taken :** Checked and found compressor motor with piston defective, need to replace these spares for further checking the working condition of this equipment.

Completed  Date : 23/7/24 Time : ..... 4:30pm 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.				

Cyrix Engineer	Date	Start Time	End Time
<u>Abhil Suresh S</u>	<u>23/7/24</u>	<u>3:30pm</u>	<u>4:30pm</u>

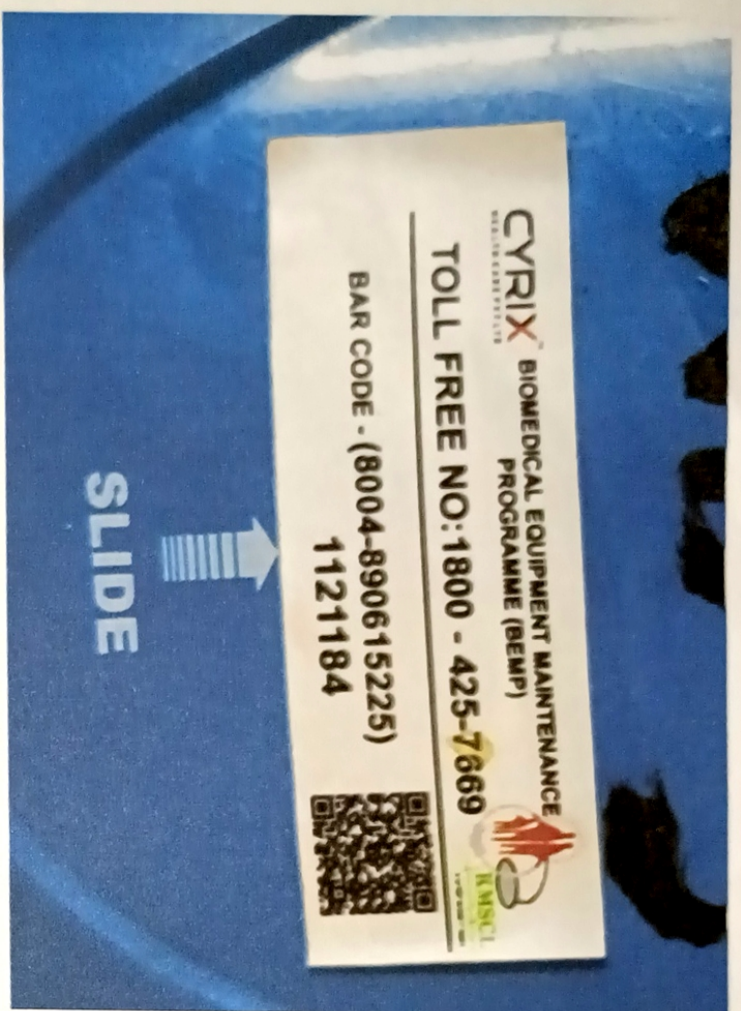
**Customer Remark** Completed  Pending  Recommended for Condemnation

<p>Service Engineer Name : <u>Abhil Suresh S</u></p> <p>Signature : <u>[Signature]</u></p> <p>Date : <u>23/7/24</u></p> <p>Contact Number : <u>9995706213</u></p>	<p>Customer Name : <u>For HWS Sindh D.K. Quarters</u></p> <p>Signature : <u>[Signature]</u></p> <p>Date : <u>23/7/24</u></p> <p>Contact Number : <u>28184353</u></p> <p>Designation : <u>NO KOS</u></p> <p>Hospital Seal : <u>[Seal]</u></p>
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Supriya  
Taluk Head Quarters Hospra  
Koyilandy