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| | h : 98472 99500 Website : www | | | |] |
| Health Facility Call Registration Date : 1018/24 Call Registration Date : 1018/24 Caller ID : 128650 | | | | | |
| Address | | Date of Vis | it : | [24 | |
| 10.000 | ALAPPOZHA | | - | 364 red lan | the second se |
| Ph : 984- | 1507709 | | | A.Y. Model : | 1 |
| | | | | Dept. PM | |
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REPAIR OF BIOMEDICAL EQUIPMENTS UNDER BIOMEDICAL EQUIPMENT MAINTENANCE PROGRAM (BEMP)

Recommendations for Beyond Economic Repair (BER)

PROFORMA

| SI. No | Particulars | Details | | |
|-----------|---|--|--|--|
| 1 | Name of District | ALAPPUZHA | | |
| 2 | Name of Hospital | GH ALAPPUZHA | | |
| 3 | Name of Equipment with Make, Model and Serial Number | INFRARED LAMP MAKE :- MURPHY MODEL :- NA SN :- NA | | |
| 4 | Equipment ID & Barcode | 128650 & 0410364 | | |
| 5 | Date of purchase / Year of manufacture /Installation Date | 14/06/2013 | | |
| 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) | 10/08/2024 | | |
| 9 | Action taken | CHECK THE MACHINE AND FOUND THAT THE IR LAMP, LAMP HOLDER ARE DEFECTIVE AND HINGES ASSEMBLY IS DAMAGED. | | |
| 10 | Present status of the equipment (Fully damaged / partially damaged) | FULLY DAMAGED | | |
| 11 | Recommendations for repair (required service details) | NOT RECOMMENDED FOR REPAIR | | |
| 12 | Cost of spares (specify parts and cost) | NA | | |

| 13 | Asset Value | RS:- 495/- |
|----|--|---|
| 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) | |
| 16 | Reasons for recommending the equipment as BER | CHECK THE MACHINE AND FOUND THAT THE IR LAMP, LAMP HOLDER ARE DEFECTIVE AND HINGES ASSEMBLY IS DAMAGED WEAR AND TEAR HAPPENES. THIS EQUIPMENT WAS INSTALLED ON 14/06/2013, AGED UP TO 10 + YEARS. THIS MACHINE IS IRREPARABLE CONDITION. SO WE RECOMMENDING THE EQUIPMENT FOR CONDEMNATION |
| 17 | Name & Signature of CYRIX Authority | MIDHUN RAJ R |

* Attach Photograph

Remarks and Recommendations of Junior Consultant (Biomedical) NHM: Reconcerded for BER Signature of dice BM (NHM) NHM A Signature of GENERAL HOSPITAL Nitendent / Medication ALAPY UZVIA 01 Signature of GENERIAP' O Superintendent / Medical Officer (i/c) Date 741192 Seal

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