



BIOMEDICAL EQUIPMENT MAINTENANCE PROGRAMME UNDER NATIONAL HEALTH MISSION



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

CYRIX

HEALTHCARE PVT LTD

No. : 232296

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>CDH</u></p> <p>Address <u>Pulayanarkotta</u> <u>Thiruvananthapuram</u></p> <p>Ph : <u>9946748251</u></p>	<p>Call Registration Date : <u>27-07-2024</u></p> <p>Caller ID : <u>125850</u></p> <p>Date of Visit : <u>30-07-2024</u></p> <p>Asset No. : <u>0153418</u></p> <p>EQPT Name : <u>Nebulizer</u></p> <p>Manufacture <u>Omyon</u> Model : <u>NE-C28</u></p> <p>S. No. <u>20190110734U</u> Dept. <u>Ward 1,2,3.</u></p>
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Service Classification : Breakdown Call PMS Calibration Cust.Training

Problem Identified : Not working

Action Taken : Checked and found motor damage, piston and cord wire damage. Need to replace these spares for further checking and working status of the equipment.

Completed Date : 30/7/24 Time : 2:00 pm Spare Required

Spare Replaced Requested

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

Cyrix Engineer	Date	Start Time	End Time
<u>Alex</u>	<u>30/7/24</u>	<u>1:00 pm</u>	<u>2:00 pm</u>

Customer Remark Completed Pending

Service Engineer Name : Alex manohar
Signature : [Signature]
Date : 30/07/2024
Contact Number : 8921568751

Customer Name : Bregeeth M
Signature : [Signature]
Date : 30/7/24
Contact Number : 9946748251
Designation : Nursing officer w.r
Hospital Seal : [Seal]

[Signature]
Superintendent
Chest Diseases Hospital
Pulayanarkotta




[Signature]
(Forswa
welles)

**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	THIRUVANANTHAPURAM
2	Name of Hospital	CDH PULAYANARKOTTA
3	Name of Equipment with Make, Model and Serial Number	Equipment Name : Nebulizer Make : OMRON Model : NE-C28 SL : 20190110734UF
4	Equipment ID/ Barcode	125850 / 0153418
5	Date of purchase/ Year of manufacture/Installation Date	24/12/2019
6	Warranty details (Yes/No)	No Warranty
7	*AMC/ CAMC Period agreed at the time of purchase	No AMC/CMC
8	Date of breakdown (Date of registration of complaint through email/ Toll free)	27/7/2024 (Toll free)
9	Action taken	Checked the unit and identified nebuliser motor,piston and powercord wire 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

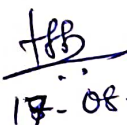
13	Asset Value	1353/-
14	# Percentage value of the cost of spares with respect to Cost of Purchase/ Asset Value	NA
15	Abstract of Service Report provided by the OEM/ Authorized Service Provider/ CYRIX (Attached or Not)	CYRIX SERVICE REPORT ATTACHED
16	Reasons for recommending the equipment as BER	Checked the unit and identified nebuliser motor, piston and powercord wire defective. The equipment was installed on 24/12/2019 and covered upto 4 + years. Since the spares are not available in the market recommending the unit for condemnation
17	Name & Signature of CYRIX Authority	AKHIL MANOHAR 

*Not mandatory #Based on the period of life and value as per the BER guidelines

* Attach Photograph

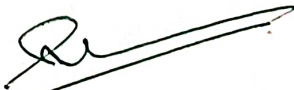
Remarks and Recommendations of Junior Consultant (Biomedical) NHM:

Checked the unit and identified nebuliser, motor piston and power cord were defective. So as per tender conditions this can be BER.


17.08.2024
Signature of JC BM (NHM)

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

Date:


Signature of
Superintendent/Medical Officer (i/c)



Superintendent
Chest Diseases Hospital
Pulayankottai

STOCK REGISTER OF.....

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Name of Article..... NEBULIZER

No and date of voucher or invoice	From whom received or to whom issued	Receipt	Issued	Balance after each transaction	Initials of Receiver	Remarks
	Brought forward					
6/2019	1 Nebulizer	1	Tr to	from		
	St. As (Page no: 6)			7	<u>SDP</u>	
12/2019	Received from	3	from	10	SDP	(omen)
	MSS-185 PN. (2700/one piece) (warranty - 1 year)					
19/2019	Condemned & auctioned as per order No. ACI-362/19/CDHP dt. 16/9/2019.		6	4		
11/11/22	Tr. out to unserviceable page no - 122		2	2		
12/2022	Received from Vol. 5 main stock	1	from			Model COMRON 15-C25
	Register 155	①		3		
13/2/23	Rel from 8/2019 Page no 185 Vol. 5	2		5		H/S/O
11/10/23	Excess out to New Page no 103		Substock Register	5	NIL	



SDP
R/S/O

Superintendent
Chest Diseases Hospital
M. Jayaramiah

