



BIOMEDICAL EQUIPMENT MAINTENANCE PROGRAMME UNDER NATIONAL HEALTH MISSION



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

CYRIX

HEALTHCARE PVT LTD

No. :

228314

551

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>Urban Primary Health Center</u></p> <p>Address <u>Kalippankulam</u> <u>Thiruvananthapuram</u></p> <p>Ph : <u>7356351010</u></p>	<p>Call Registration Date : <u>05.06.2024</u></p> <p>Caller ID : <u>115158</u></p> <p>Date of Visit : <u>08.06.2024</u></p> <p>Asset No. : <u>0140883</u></p> <p>EQPT Name : <u>S/A Biochemistry Analyser</u></p> <p>Manufacture <u>Robonik</u> Model : <u>Primer touch</u></p> <p>S. No. <u>DT2540515R Bk</u> Dept. <u>Laboratory</u></p>
---	--

Service Classification : Breakdown Call PMS Calibration Cust. Training

Problem Identified : Sold wire issue

Action Taken : checked the equipment. found component is Primary board. Aled to replace the spare for further checking and working conditions of the equipment.

Completed Date : 08.06.2024 Time : 3.00pm Spare Required

Spare Replaced Requested

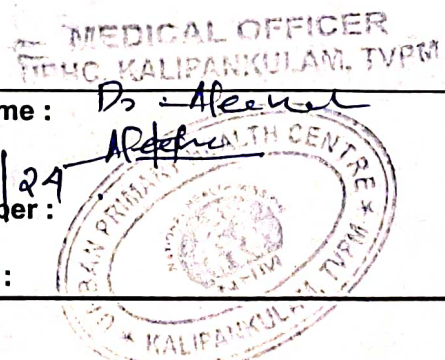
Description	Qty.	Part Number	PR Number
1. <u>Primary board</u>	<u>1 no</u>		
2.			
3.			

Cyrix Engineer	Date	Start Time	End Time
<u>Mohammed Shery</u>	<u>08.06.2024</u>	<u>2.00pm</u>	<u>3.00pm</u>

Customer Remark Completed Pending

Service Engineer Name : Mohammed Shery
Signature : [Signature]
Date : 08.06.2024
Contact Number : 792402447

Customer Name : Dr. Ameen
Signature : [Signature]
Date : 8/6/24
Contact Number :
Designation :
Hospital Seal :



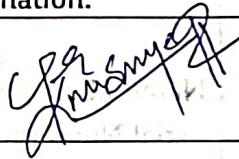
**REPAIR OF BIOMEDICAL EQUIPMENTS UNDER BIOMEDICAL EQUIPMENT
MAINTENANCE PROGRAM (BEMP)**

551

Recommendations for Beyond Economic Repair (BER)

PROFORMA

Sl. No	Particulars	Details
1	Name of District	THIRUVANANTHAPURAM
2	Name of Hospital	UPHC KALIPPANKULAM
3	Name of Equipment with Make, Model and Serial Number	Equipment Name :Biochemistry Analyser Make : Robonik Model : Prietest Touch Serial No : AT2540315RBK
4	Equipment ID/ Barcode	115158/0140883
5	Date of purchase/ Year of manufacture/Installation Date	19/09/2015
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)	05/06/2024
9	Action taken	Checked and found primary board defective.Need to replace the spare for further checking and working condition of the equipment.Enquired spare from OEM.
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	64760/-
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 AND OEM EOL LETTER ATTACHED
16	Reasons for recommending the equipments as BER	Checked and found Primary board defective. Enquired spare from OEM.OEM declared End Of Life. The unit was installed on 19/09/2015 and covered upto 8+ years. Since OEM declared End Of Life. As per the tender clause 5.3.14.2 recommending the unit for condemnation.
17	Name & Signature of CYRIX Authority	KASYEP PV 

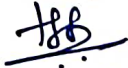
*Not mandatory #Based on the period of life and value as per the BER guidelines

* Attach Photograph

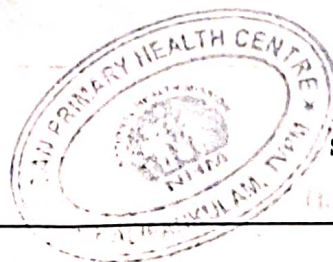
Remarks and Recommendations of Junior Consultant (Biomedical) NHM:

Primary board defective. EOL received and verified. So as per tender this can be RBER.

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


18.07.2024
Signature of JC BM (NHM)

Date: 11/07/2024




Signature of Superintendent/Medical Officer (I/c)

MEDICAL OFFICER
THIRU. KALIPANKULAM, TVM

INSTALLATION CERTIFICATE

HOSP CODE / Hospital Name: U.P.H.C. Kalipprakulam		SUP. CODE / Name of the Supplier: ROBONIK (INDIA) PVT. LTD.,	
EQPT CODE / Name of the Equipment:		Model: prietest TOUCH	Serial No: KT 25A0315 PBY
Original Equipment Manufacturer: ROBONIK		Installation Date: 17/9/15	
Installed by: AMALNADH K.T		Service Cr. Name / ID No: AmalNadh	Mobile No: 9566005191
Service center address:			
Service Centre Manager's name:		Mob. No.:	
Installation location / Department / Room No.:		Project Name:	
Purchase Order No.:		Dated:	Value:
Comprehensive Warranty Period	From: 17/9/15	To: 20/9/18	
Whether the sticker (as per cl 5.5.4 of the tender doc) affixed on all the key components of the equipment or on a conspicuous place in the installed room/storage area? YES/NO (tick one)			
Whether a digital Photograph of the installed equipment taken after affixing the sticker in the presence of the hospital personnel? YES/NO (tick one)			
Accessories Supplied			
Item	Qty.	Serial No	Remarks
Power Cord	01	NA	
Thermal Paper Roll	02	NA	
Paper Roll Rod	01	NA	
Dust Cover	01	NA	
Tubing (2 Feet)	01	NA	
Stylus	03	NA	
Flow cell cleaning wire (1 feet)	01	NA	
Waste Bottle	01	NA	
Variable Pipette : 10 to 100 µl	01	NA	
Fixed Volume Pipette : 500 µl	01	NA	
Sine Wave UPS (30 Minutes Back Up)	01	NA	
Halogen Lamp	01	NA	
User Manual	01	NA	
Urea Mod	01	NA	500 ml
Creatinine	01	NA	500 ml
Bilirubin T & D	01	NA	500 ml
Glucose	01	NA	500 ml
Cholesterol	01	NA	500 ml
Q. C. Abnormal	01	NA	5 ml
Q. C. Normal	01	NA	5 ml
Whether the Demonstration of the equipment with accessories on the Technical Specification/key features was conducted to the satisfaction at the time of installation? YES/NO (tick one)			
Whether training was conducted to the satisfaction at the time of installation? YES/NO (tick one)			
Short supply items, if any:			
Preventive Maintenance Schedule	Year 1	Year 2	Year 3
	2/4 visits	2/4 visits	2/4 visits
Remarks of Hospital Authorities:			
Recommend to release 60% payment YES <input type="checkbox"/> NO <input type="checkbox"/>		The equipment is working satisfactorily YES <input type="checkbox"/> NO <input type="checkbox"/>	
Signature of Service Cr. <i>[Signature]</i> Name: AmalNadh ID No.	Signature of End User <i>[Signature]</i> Name: Amal Department: Subspecialty	Signature of BME <i>[Signature]</i> Name: Organization:	Signature of the Supdt. <i>[Signature]</i> Name: VINOD.P
Date:		Date:	
Seal of Supplier: Should be Sealed		Hospital Seal: <i>[Seal]</i>	

[Handwritten Signature]

Date : 14.06.2024

Dear Valued Customer,



Thank you for choosing **Robonik (India) Pvt. Ltd.** We appreciate the opportunity to support our business. This letter is to inform you regarding the EOL (End of Life) of the instrument Semi Automated Biochemistry Analyser (Model : Prietest Touch) having Serial No. **AT2540315RBK.**

As required, we stated herewith that the said instrument Semi Automated Biochemistry Analyser (Model : Prietest Touch) having Serial No. **AT2540315RBK** as **End of Life (EOL) Notified.** (During from installation is 09 years).

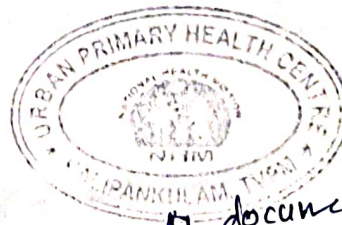
Thank you in advance for your understanding and your cooperation. If you have any questions, please contact our Customer Care Department at Toll Free No. 18005727977.

Yours faithfully,

For **ROBONIK (INDIA) PVT. LTD.**

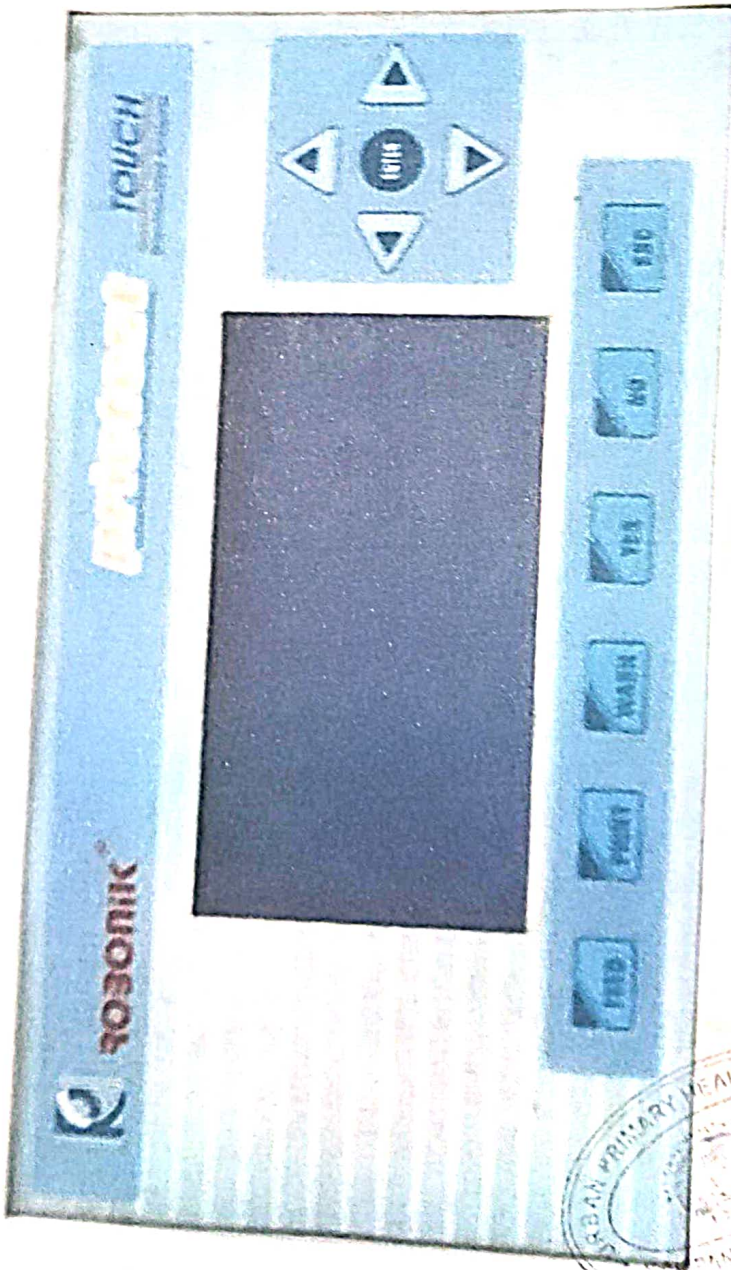
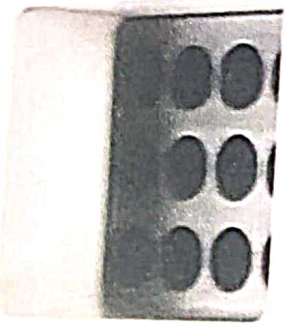
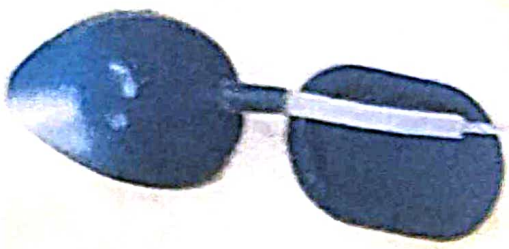


Authorised Signatory



-17 documents seen & verified

Allegu
Dr. Alena M.



Handwritten signature and date
11/10/2019

CYRIX BIOMEDICAL EQUIPMENT MAINTENANCE PROGRAMME (BEMP)



TOLL FREE NO: 1800 - 425-7669

**BAR CODE - (8004-890615225)
0140883**



AP/PC

Product BIOCHEMISTRY ANALYSER

IVD

Model
prietest TOUCH

Voltage
115-230VAC, 50-60Hz

SN
AT2540315RBK

Power
100VA



Contrast



Handwritten signature