

**PROFORMA**  
**RECOMMENDATION FOR BEYOND ECONOMIC REPAIR (RBER)**  
**BIOMEDICAL EQUIPMENT MAINTENANCE PROGRAM (BEMP)**

Name of Hospital: WOMEN & CHILDREN HOSPITAL	Name of District: KOZHIKODE
Name of Equipment: NEBULIZER	Equipment ID & Barcode: 132726 & 1111366
Make: OMRON	Model: NA
Serial Number: NA	Warranty details: NO Warranty
Date of purchase/Year of manufacture/ Installation Date: TICKET MASTER INSTALLATION DATE IS 5/5/2021 (AS PER STOCK BOOK INSTALLATION DATE IS 04/11/2019, STOCK BOOK ATTACHED FOR REFERENCE)	Present status of the equipment: Fully damaged
Date of breakdown: 01/09/2024 Date of registration of complaint through email/ Toll free) : Toll free	*AMC/ CAMC Period agreed at the time of purchase: NO AMC/CAMC
Action taken: Checked and found compressor motor with piston defective. Need to replace these spares for further checking of working condition of the equipment	

Recommendations for repair (required service details): Not recommending for repair

Cost of spares (specify parts and cost): N/A

# Percentage value of the cost of spares with respect to Cost of Purchase/ Asset Value: N/A	Asset Value: 1353/-
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Abstract of Service Report provided by the OEM/ Authorized Service Provider/ CYRIX (Attached or Not): Cyrix service report attached

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 . In Ticket master installation date is 5/5/2021, As per stock book installation date is 4/11/2019 (stock book attached for reference). Equipment out lived 4 years 10 months. Quotation not submitted since spares are not available in the market so we recommend the equipment for condemnation

JINEESH PP 12/9/24  
 Name & Signature of CYRIX Authority with date

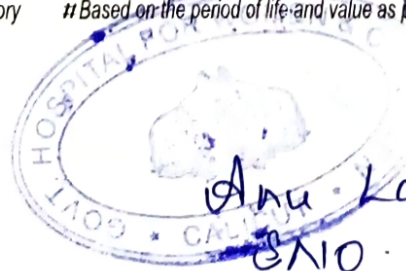
Remarks of Junior Consultant (Biomedical) NHM:  
 Checked & found that compressor motor with piston defective. Need to replace these spares. For further Machine installed on 4/11/2019. So recommended for condemnation. Spares are not available in the market.

Recommended for BER (Yes/ No): Yes	Consultant Bio Medical Engineer National Health Mission Signature of JC BM (NHM) Kozhikode
Date: 13/09/24	

Date: 18/09/24	Seal	Signature of Superintendent / Medical Officer (i/c) National Health Mission Kozhikode
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\*Not mandatory # Based on the period of life and value as per the BER guidelines Attach Photograph

*[Handwritten signature]*



*[Handwritten signature]*

**SUPERINTENDENT**  
 Govt. Women & Children Hospital  
 KOZHIKODE



**BIOMEDICAL EQUIPMENT  
MAINTENANCE PROGRAMME  
UNDER  
NATIONAL HEALTH MISSION**



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

No : 1011873

**CYRIX**<sup>®</sup>  
HEALTH CARE PVT LTD

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 | Email : bemp.kl@cyrix.in

Health Facility: <u>Women And Children Hospital</u>	Call Registration Date: <u>01/09/2024</u>
Address: <u>Kottaparamba</u>	Caller ID: <u>132726</u>
<u>Kozhikode</u>	Date of Visit: <u>02/09/2024</u>
Ph: <u>9847683901</u>	Asset No: <u>1111366</u>
	EQPT Name: <u>Mebulizer</u>
	Manufacture: <u>Omron</u> Model: <u>NA</u>
	S. No. <u>NA</u> Dept. <u>Ward 9/11</u>

Service Classification : Breakdown call  PMS  Calibration  Cust. Training

Problem Identified : Machine not getting ON.

Action Taken : Checked and found compressor motor with piston defective. Need to replace those spares for further checking of working condition of the equipment

Completed  Date: 02/09/24 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>Athul Raj.v</u>	<u>02/09/24</u>	<u>3:00pm</u>	<u>4:30pm</u>

Customer Remark  Completed  Pending

Service Engineer Name : <u>Athul Raj.v</u>	Customer Name : <u>Anu Lawhance</u>
Signature: <u>[Signature]</u>	Signature: <u>[Signature]</u>
Date: <u>02/09/2024</u>	Date: <u>21/9/2024</u>
Contact Number: <u>9072522059</u>	Contact Number: <u>984768390</u>
	Designation: <u>SNO.</u>
	Hospital Seal

**SUPERINTENDENT**  
Govt. Women & Children Hospi  
KOZHIKODE

Name of article Nebulizer

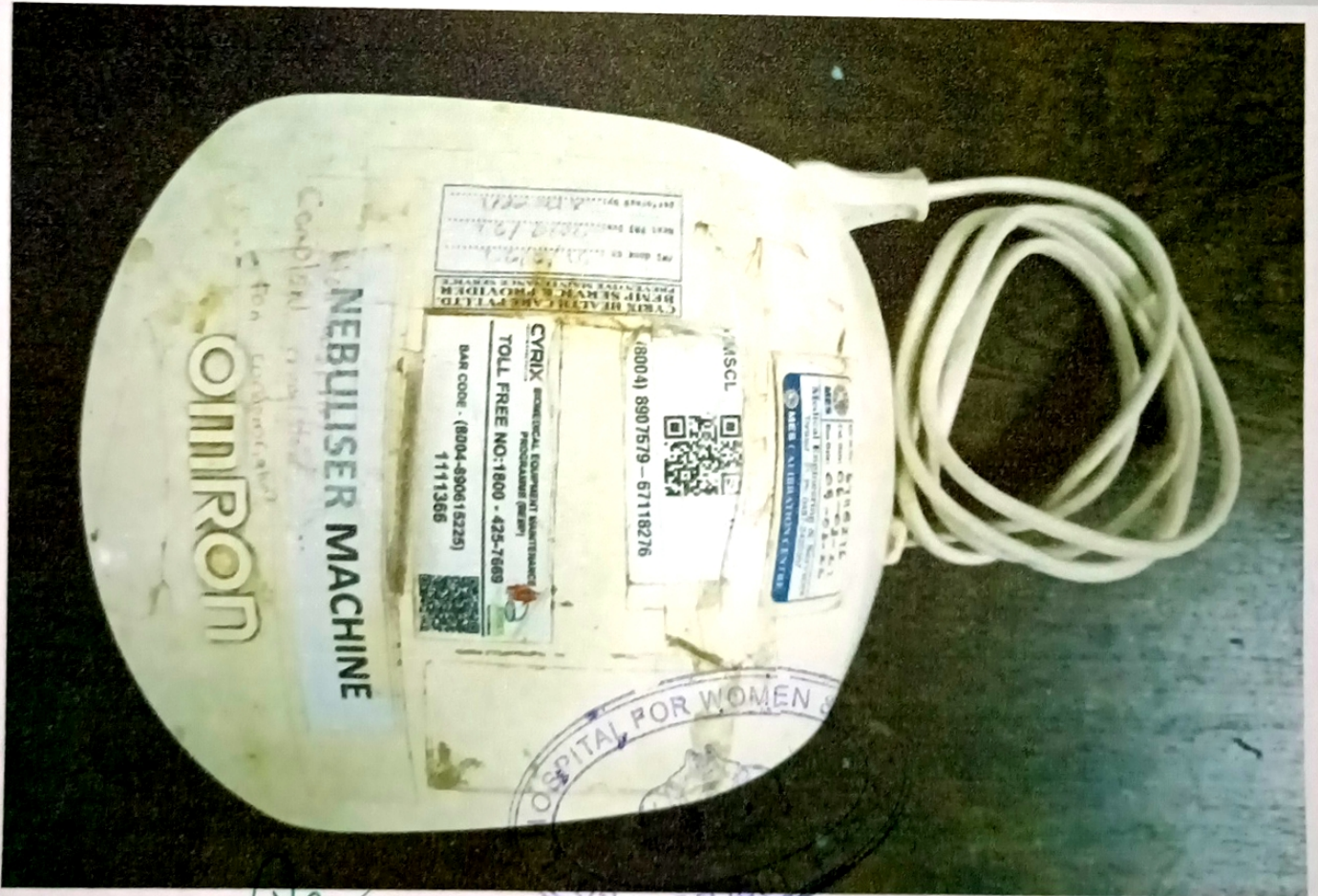
Date	No. and date of voucher or invoice	From whom received or to whom issued	Receipt	Issued	Balance after each transaction	Initials of Receiver	Remarks
		Brought Forward			52		
2/7/19		Rd from the Store					
		Tr is for LP Nc					
		Stock Register					
		Page No 152	1		53	Sally	
		(BRL- Breathe Ezee)					
		R 3200/- N2					
		Put in use					
10/9/19		Tr in from LP A/c bank					
		Page 152 (ELKO)	1		4	Shyam	
		Put in use					
4/11/19		Tr in from LP A/c	2		936	Shyam	
		bank page 152					
		ORDAN- E10 C 302					
		Rs-4800/-					
		Put in use					
3/12/20		Rd from Store	2	2	1038		
		(Handy Neb)					
		(F200) SUPPLY					
3/12/20		Put in use		2			
5/12/20		Condemned as per					
		order No C4/1504/2017	2		96		
		dated 5/12/2020					
7/9/20		Rd from Store.	1		1097		
		Nebulizer, NULL					
		(FNW Supply)					
7/9/20		Condemned					
		No- C4/1504/2017			53		
		7/9/20					
		Tr sent to page no - 41					




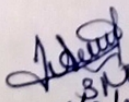
L1APT  
BN-01/19  
11/5/20  
Exp 31/12/20  
Price 1,379.00

For SUPERINTENDING  
Govt. Women & Children Hosp.  
KOZHIKODE

Amu Lawrance  
18/9/20



  
 SUPERINTENDENT  
 Govt. Women & Children Hospital  
 KOZHAKODE

Anu Lawrence   
 18/9/24