



BIOMEDICAL EQUIPMENT MAINTENANCE PROGRAMME UNDER NATIONAL HEALTH MISSION



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

CYRIX

HEALTHCARE PVT LTD

No. : 223725

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 Ptte Muliola</p> <p>Address Muliola</p> <p>..... Thiruvananthapuram, Kerala</p> <p>Ph : 7025212436</p>	<p>Call Registration Date : 05/01/24</p> <p>Caller ID : 105059</p> <p>Date of Visit : 06/01/24</p> <p>Asset No. : 0145910</p> <p>EQPT Name : BP Apparatus Mercury</p> <p>Manufacture Diasond Model : Regular</p> <p>S. No. Dept. OP</p>
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Service Classification : Breakdown Call PMS Calibration Cust.Training

Problem Identified : Checked the machine and found mercury bank broken and mercury spilled out completely

Action Taken : Need to replace the mercury bank and refill mercury for further checking of working condition of the machine

Completed Date : 06/01/24 Time : 01:00pm Spare Required

Spare Replaced Requested

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

Cyrix Engineer	Date	Start Time	End Time
Mohamed Syadh M	06/01/24	12:00pm	01:00pm

Customer Remark Completed Pending

<p>Service Engineer Name : Mohamed Syadh M</p> <p>Signature : <i>[Signature]</i></p> <p>Date : 06/01/24</p> <p>Contact Number : 7293499127</p>	<p>Customer Name : <i>[Signature]</i></p> <p>Signature : <i>[Signature]</i></p> <p>Date : 06/01/24</p> <p>Contact Number : 7025212436</p> <p>Designation : MEDICAL OFFICER IN CHARGE</p> <p>Hospital Seat : FAMILY HEALTH CENTRE</p> <p style="text-align: center;">VIZHINJAM (NEW), MUKKOLA THIRUVANANTHAPURAM</p>
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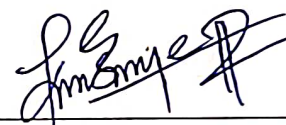
MEDICAL OFFICER IN CHARGE
FAMILY HEALTH CENTRE
VIZHINJAM (NEW), MUKKOLA
THIRUVANANTHAPURAM
Nursing Officer in I.

**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	PHC MUKKOLA
3	Name of Equipment with Make, Model and Serial Number	Equipment Name : BP Apparatus Manufacturer : Diamond Model : Regular Sl: NA
4	Equipment ID/ Barcode	105059/0145910
5	Date of purchase/ Year of manufacture/Installation Date	25/03/2013
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)	05/04/2024 (Toll free)
9	Action taken	Checked the found merury spillage from the tank ,Identified mercury tank and glass rod 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	Rs . 1323/-
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 RBER	Checked and found mercury spillage from the tank. Identified mercury tank and glass rod defective. The apparatus was installed on 25/03/2013 and covered upto 11+ years since the mercury is not available in the market, Recommending for 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:

Mercury spillage. can be RBER

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


10.7.2024

Signature of JC BM (NHM)

Date:





Signature of
Superintendent/Medical Officer (i/c)
MEDICAL OFFICER IN-CHARGE
FAMILY HEALTH CENTRE
VIZHINJAM (NEW) MUKKOLA
THIRUVANANTHAPURAM-695521

Name of Article..... Items

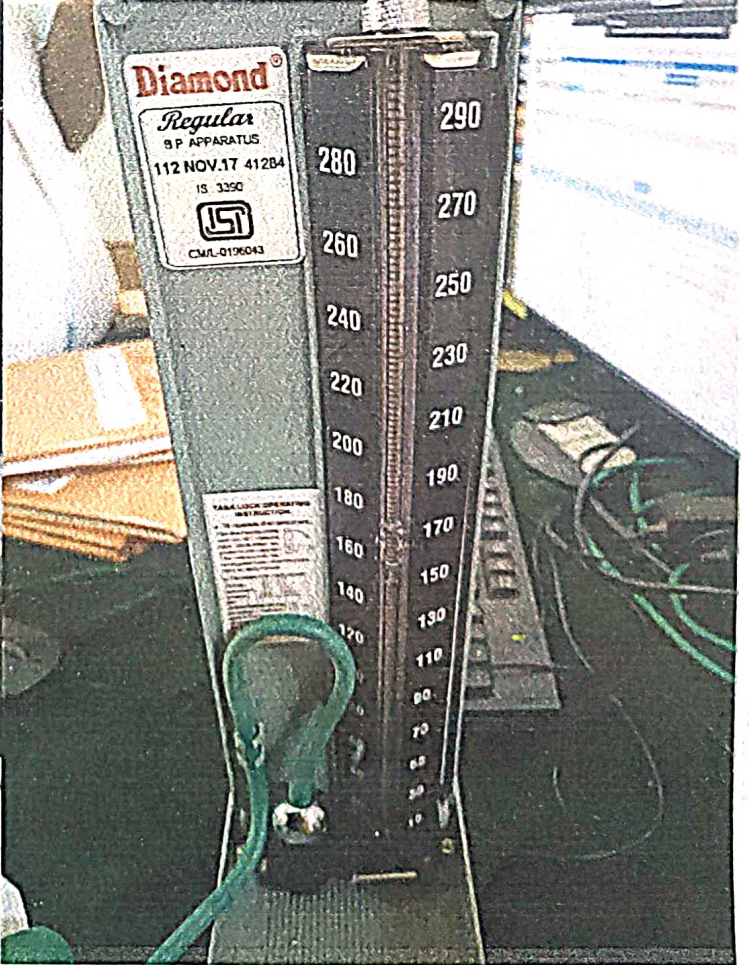
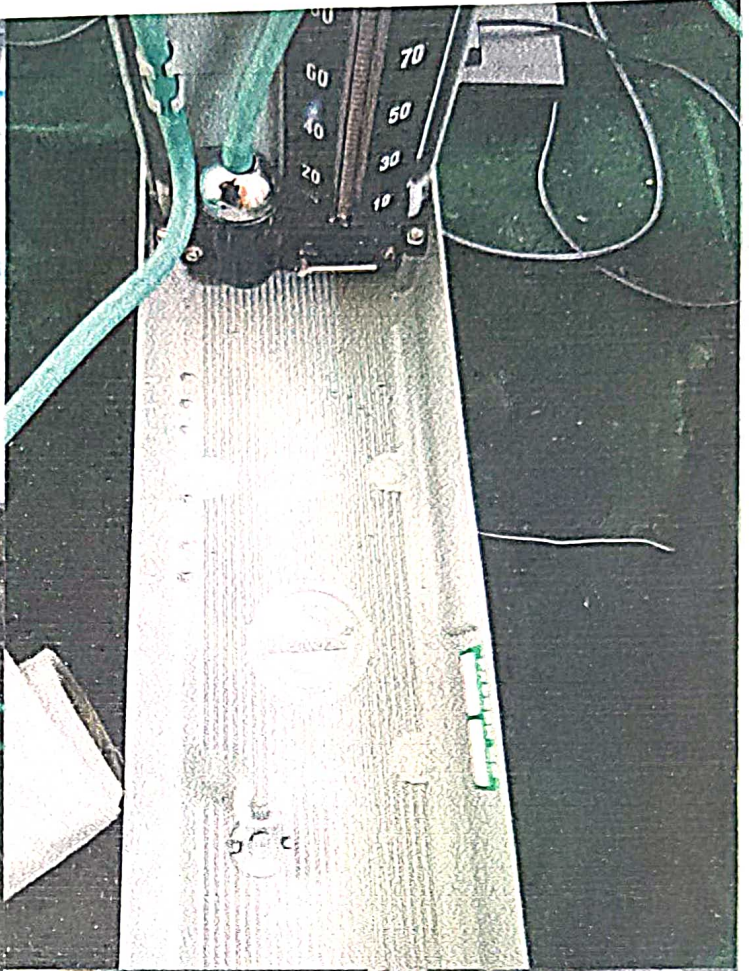
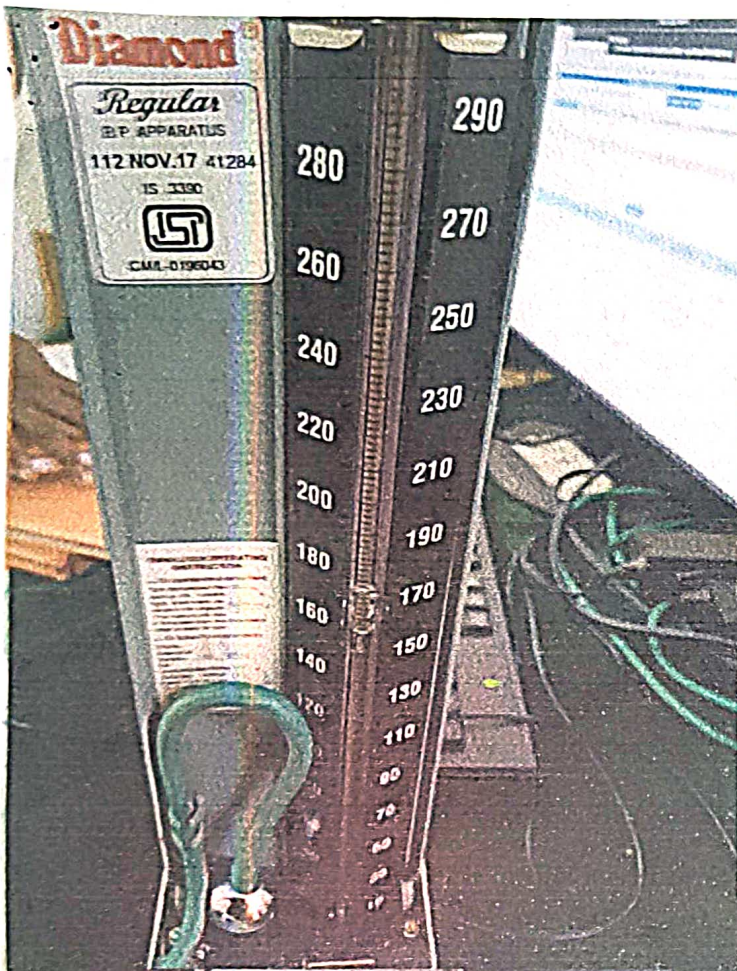
Date	No and date of voucher OC Invoice	From Whom received or to Whom Issued	Receipt	Issued	Balance after each transaction	Initials of Receiver	Remarks
		Brought forward					
1.		DHC materials					
1.		Table with mark -		1			
2.		medicine sack		1 (2) sack (damaged)			
2.		Plastic chair		2			
4		Table fan		1 sack			
5.		Bucket & lid		1			
6.		Plastic mug		1			
7.		Steam sterilizer		1 (Cookeer disturbance) (PHC)			
8.		weighing machine (Adult)		1			
9.	25/3/20	BP apparatus & slates rope		- 2			(1 working) 1 Not working
10		BP apparatus (Electronics)		1			
11		Iron shelf (4 sack)		1			
12		stove (metal)		1 (damaged)			
13.		Seal & Pad (stump)					
14.	2/1/20	condometer (sugar) 1					
15							



[Signature]
Dr. Babbar

[Signature]

MEDICAL OFFICER IN-CHARGE
FAMILY HEALTH CENTRE
VIZHINJAM (NEW) MUKKOLA
THIRUVANANTHAPURAM-695521



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