



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



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

CYRIX
HEALTHCARE PVT LTD

No. : 197376

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

Health Facility : TB CENTRE	Call Registration Date : 30-04-2024
Address : TB CENTRE Kollam Kerala	Caller ID : 108754
Ph : 9645904171	Date of Visit : 02-05-2024
	Asset No. : 0211566
	EQPT Name : WATER BATH
	Manufacture : ROTEK Model : RSW-03
	S. No. 1263 Dept. LABORATORY

Service Classification : Breakdown Call PMS Calibration Cust.Training

Problem Identified : Not heating , leakage in the bottom of water bath chamber

Action Taken : Checked the water bath found that the bottom chamber corroded this cause water leakage , Leaking from bodycoil & thermostat is defective its not in repairable condition.

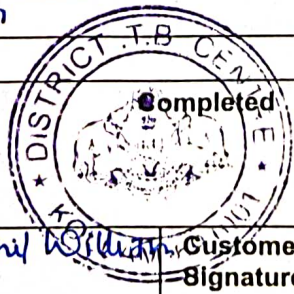
Completed Date : 02-05-2024 Time : 12:15pm Spare Required

Spare Replaced Requested

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

Cyrix Engineer	Date	Start Time	End Time
Wilfest Sunil William	02-05-2024	11:30am	12:15pm

Customer Remark Completed Pending



[Signature]
DISTRICT T.B. OFFICER
DISTRICT T.B. CENTRE
KOLLAM - 691 001

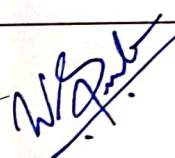
Service Engineer Name : Wilfest Sunil William Customer Name : GAYATHRY
Signature : *[Signature]* Signature : *[Signature]*
Date : 02-05-2024 Date : 21/5/24
Contact Number : 9778526652 Contact Number : 9497776773
Designation : Lab. Tech Senior Grade
Hospital Seal :

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	KOLLAM
2	Name of Hospital	TB CENTRE KOLLAM
3	Name of Equipment with Make, Model and Serial Number	Equipment : WATER BATH Make: ROTEK Model: RSW-03 SN : 1263
4	Equipment ID & Barcode	Ticket id: 108754 / Barcode : 0211566
5	Date of purchase / Year of manufacture /Installation Date	25-04-2012
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)	30-04-2024
9	Action taken	Checked and found that the Water bath bottom chamber is corroded this cause water leakage, Leaking from Body, coil & thermostat is defective.
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)	NA


13	Asset Value	RS .7800
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 & images attached.
16	Reasons for recommending the equipment as BER	Checked and found that the Water bath bottom chamber is corroded this cause water leakage, Leaking from body, coil & thermostat is defective. It's not in repairable condition totally damaged. Its installed on 25-04-2012 outlived 12+ year.so recommending to condemnation
17	Name & Signature of CYRIX Authority	WILFRET SUNIL 

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


* Attach Photograph

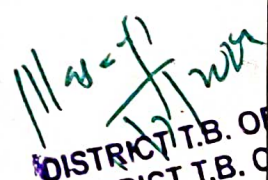
Remarks and Recommendations of Consultant (Biomedical) NHM:

*Fully damaged & Rusted condition.
Recommended for Beyond economic repair.*


29/05/24
Signature of Consultant (NHM)
ABMO
NHM, KOLLAM

Date




Signature of Superintendent / Medical Officer
DISTRICT T.B. OFFICER
DISTRICT T.B. CENTRE
KOLLAM - 691 001

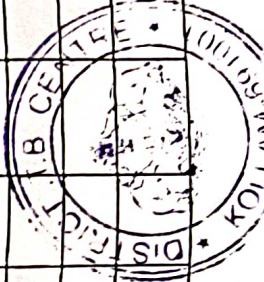
Brought forward from stock Ref of Lab equipment and biomedical Page no: 33.
REGISTER (SR)
STOCK

Folio No.

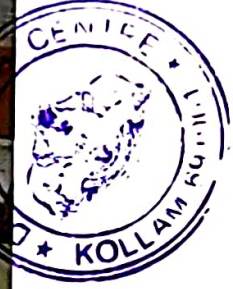
Unit of Measurement (UOM): Boxes

Water Sab

Sl No	PARTICULARS OF RECEIPT & ISSUES					Receipt (Qty)	Issue (Qty)	Balance (Qty)	DATE - WISE EXPIRY DETAILS OF BALANCE (QTY)				Signature of Store Keeper	Remarks		
	Date (DD/MM/YY) of Transaction (Receipt/Issue)	Name of Party (GVND/SDS/DIC/TLU)	Receipt Voucher No (For Receipts only)	Issue Voucher No (For Issues only)	Date of Issue Voucher				Batch No.	Date of Expiry	Expiry Date (.....)	Expiry Date (.....)			Expiry Date (.....)	Expiry Date (.....)
1	25/6/2012	Received from Store				01	01	01								
2		Ret from Kanaka Small Laboratories														
3		Development Corporation														
4		IN No 6567/dt 9/2/2012														
5	28/4/2012	Transferred to Lab						01								
6																
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DISTRICT T.B. OFFICER
 DISTRICT T.B. CENTRE
 KOLLAM - 691 001



DISTRICT T.B. OFFICE
DISTRICT T.B. CENTRE
KOLLAM
691 001





DISTRICT TB OFFICER
DISTRICT TB CENTRE
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11/3/24

