



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



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

**CYRIX**  
HEALTHCARE PVT LTD

No. : 223388

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 : <u>CHC</u>	Call Registration Date : <u>05/07/2024</u>
Address : <u>Vakkom</u>	Caller ID : <u>121248</u>
<u>Thiruvananthapuram</u>	Date of Visit : <u>10/07/2024</u>
Ph : <u>6235603619</u>	Asset No. : <u>0130338</u>
	EQPT Name : <u>Central Page</u>
	Manufacture <u>Remj</u> Model : <u>C-854/8</u>
	S. No. <u>AELAEL680</u> Dept. <u>Lab</u>

Service Classification : Breakdown Call  PMS  Calibration  Cust.Training

Problem Identified : Armature NOT rotating

Action Taken : checked and found Central Page Motor and RPM Controller defective. Need to Replace these spares for further checking and working condition of the equipment. Enquired spares from OEM

Completed  Date : 10/7/24 Time : 12pm Spare Required

Spare Replaced  Requested

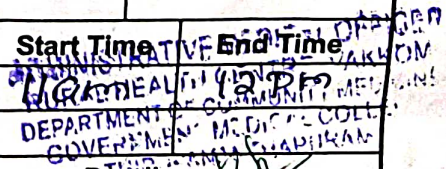
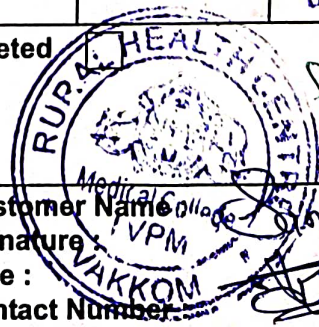
Description	Qty.	Part Number	PR Number
1.			
2.			
3.			

Cyrix Engineer	Date	Start Time	End Time
<u>Deepak.E.M</u>	<u>10/7/24</u>	<u>12:00 PM</u>	<u>12:00 PM</u>

Customer Remark : Completed Pending for 19/5/2024

Service Engineer Name : Deepak.E.M  
Signature : [Signature]  
Date : 10/7/24  
Contact Number : 7902881038

Customer Name : [Signature]  
Signature : [Signature]  
Date : 10/7/24  
Contact Number : [Signature]  
Designation : [Signature]  
Hospital Seal : 949462200

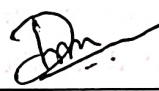


**REPAIR OF BIOMEDICAL EQUIPMENTS UNDER BIOMEDICAL EQUIPMENT  
MAINTENANCE PROGRAM (BEMP)**

**Recommendations for Beyond Economic Repair (BER)**

**PROFORMA**

<b>Sl. No</b>	<b>Particulars</b>	<b>Details</b>
1	Name of District	THIRUVANANTHAPURAM
2	Name of Hospital	CHC VAKKOM
3	Name of Equipment with Make, Model and Serial Number	Equipment Name : Centrifuge Make : REMI Model : R-4C Serial No : C_854/8
4	Equipment ID/ Barcode	121248/0130338
5	Date of purchase/ Year of manufacture/Installation Date	20/01/2009
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)	05/07/2024
9	Action taken	Checked and found centrifuge motor, switch and RPM controller 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	9651/-
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 equipments as BER	Checked and found centrifuge motor, switch and RPM controller defective. The equipment was installed on 20/01/2009 and covered up to 15+ years. The machine is too old, Since the spares are not available in the market, Recommending the unit for condemnation.
17	Name & Signature of CYRIX Authority	DEEPAK EM 

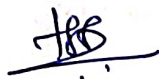
\*Not mandatory #Based on the period of life and value as per the BER guidelines

\* Attach Photograph


Remarks and Recommendations of Junior Consultant (Biomedical) NHM:

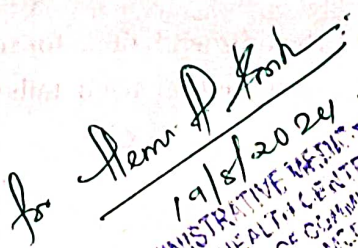
Motor, Switch and RPM controller defective. So as per tender condition this can be RBCR.

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

  
23-08-2024  
Signature of JC BM (NHM)

Date: \_\_\_\_\_



for   
19/8/2024  
Administrative Medical Officer  
Rural Health Centre Vakkom  
Department of Community Medicine  
Government Medical College  
Thiruvananthapuram

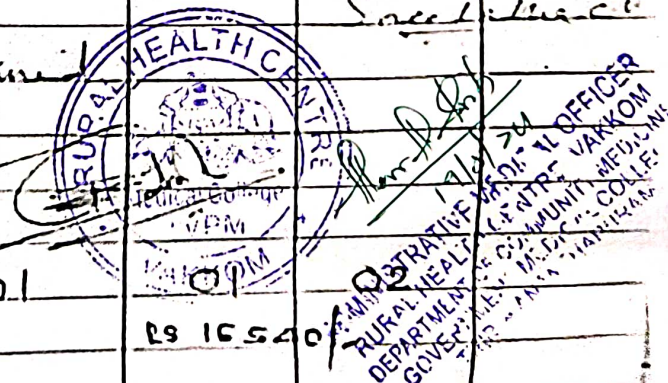
Signature of  
Superintendent/Medical Officer (i/c)

Name of article: Hand centrifuge

Date	Date and no. of Voucher or invoice	From whom received or to whom issued	Receipt	Issued	Balance	Initial of receiver
Before			1		1	(Broken)
12-7-84					none	
2-8-03			1		2	(Broken)
20/1/09		Item not working		Supplied		

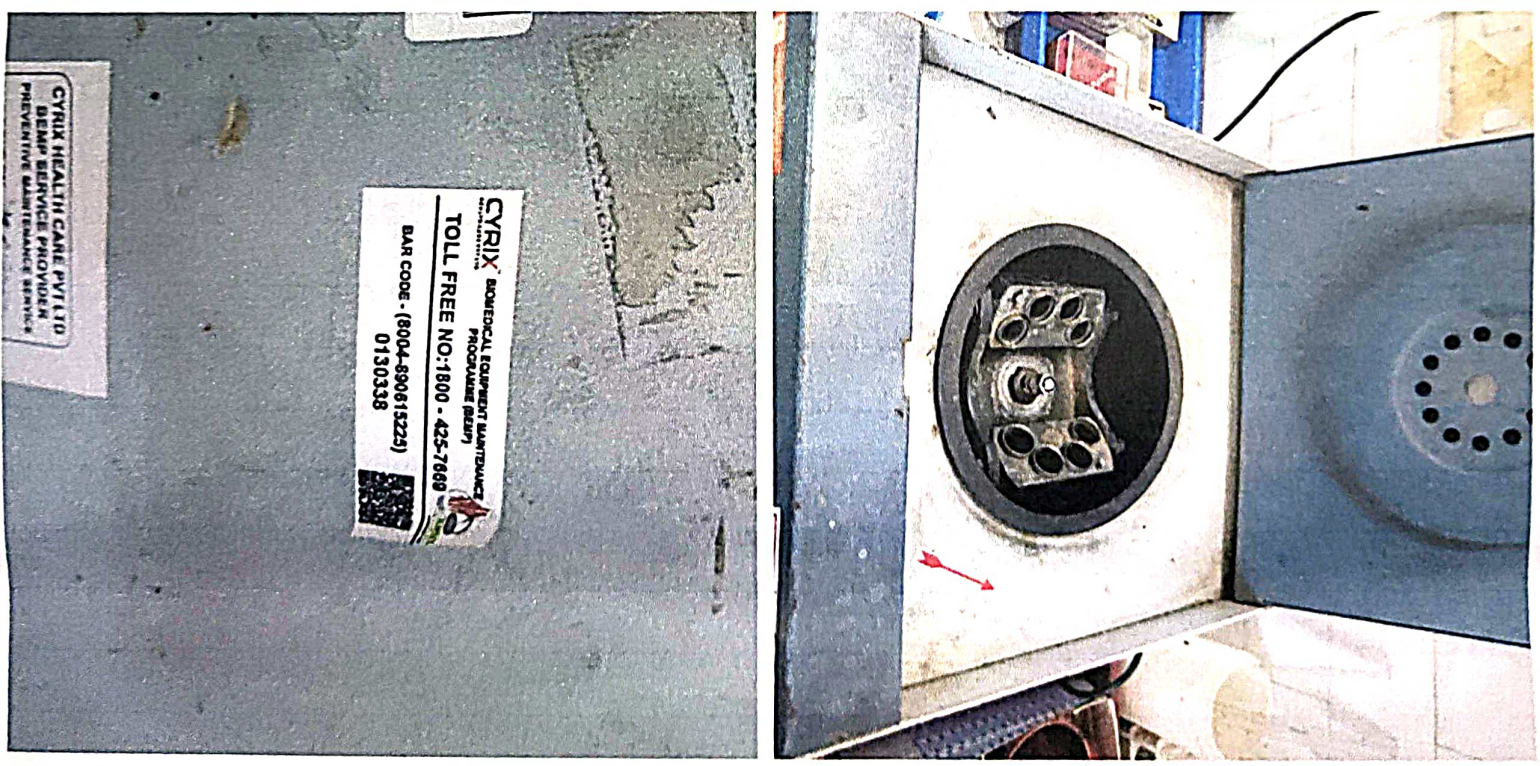
Name of article: Centrifuge electric

24/4/08			1		1	
20/1/09			0		1	
		Not working. Repaired Gave all things now Request for new one				
21.10.16		Received from store	01		03	
27/3/19		Received from store Main stockbook No. 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100	01	01	03	Particulars given in next page



Details given on next page

Particulars given in next page



*For*  
*Dr. A. K. S. S. S.*  
 15/1/24

ADMINISTRATIVE MEDICAL OFFICER  
 RURAL HEALTH CENTRE, VAKKOM  
 DEPARTMENT OF COMMUNITY MEDICINE  
 GOVERNMENT MEDICAL COLLEGE  
 VAKKOM

