



BIOMEDICAL EQUIPMENT MAINTENANCE PROGRAMME UNDER NATIONAL HEALTH MISSION



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

CYRIX

HEALTHCARE PVT LTD

No. : 224017

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>PHC</u></p> <p>Address <u>Chembur</u> <u>Tiruvanduram</u></p> <p>Ph : <u>81398 50695</u></p> | <p>Call Registration Date : <u>23/7/24</u></p> <p>Caller ID : <u>124941</u></p> <p>Date of Visit : <u>24/7/24</u></p> <p>Asset No. : <u>0142928</u></p> <p>EQPT Name : <u>BP apparatus</u></p> <p>Manufacture <u>Lifecece</u> Model : <u>NA</u></p> <p>S. No. <u>022019</u> Dept. <u>FWC</u></p> |
|--|--|

Service Classification : Breakdown Call PMS Calibration Cust.Training

Problem Identified : not switching on

Action Taken : checked the machine and found that main board and battery socket defective need to replace these. Spares for further check and working condition of the equipment.

Completed Date : 24/7/24 Time : 11 am Spare Required

Spare Replaced Requested

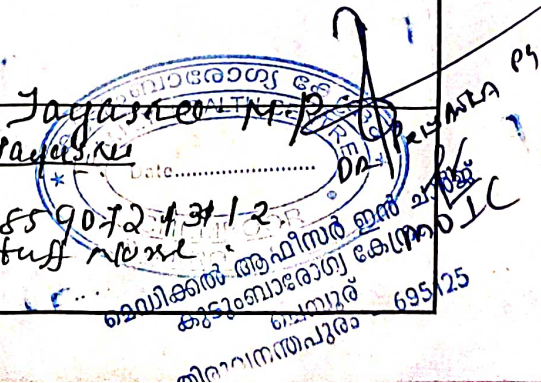
| Description | Qty. | Part Number | PR Number |
|-------------|------|-------------|-----------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

| Cyrix Engineer | Date | Start Time | End Time |
|---------------------|----------------|----------------|--------------|
| <u>Djith George</u> | <u>24/7/24</u> | <u>10.30am</u> | <u>11 am</u> |

Customer Remark Completed Pending

Service Engineer Name : Djith George
Signature : [Signature]
Date : 24/7/24
Contact Number : 25938 4911

Customer Name : Jagadevan
Signature : [Signature]
Date : 28/08/24
Contact Number : 8590724312
Designation : Staff Nurse
Hospital Seal : [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 | THIRUVANANTHAPURAM |
| 2 | Name of Hospital | PHC CHEMBOOR |
| 3 | Name of Equipment with Make, Model and Serial Number | Equipment Name : BP Apparatus Make : Lifecare Model : NA Serial No : 032019 |
| 4 | Equipment ID/ Barcode | 124941/0142928 |
| 5 | Date of purchase/ Year of manufacture/Installation Date | 26/10/2019 |
| 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) | 23/07/2024(Toll free) |
| 9 | Action taken | Checked and found Mainboard and battery socket 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 | 2200/- |
| 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 as BER | Checked and found Mainboard and battery socket defective. The unit is installed on 26/10/2019 and covered up to 4+ years. Since the spares are not available in the market. Recommending the unit for condemnation. |
| 17 | Name & Signature of CYRIX Authority | AJITH GEORGE  |

*Not mandatory

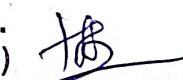
#Based on the period of life and value as per the BER guidelines

* Attach Photograph

Remarks and Recommendations of Junior Consultant (Biomedical) NHM:

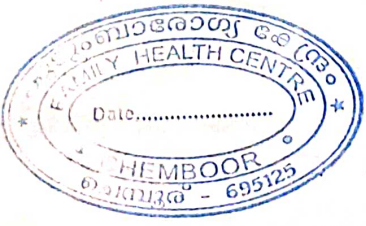
Main board and battery socket defective.
So RBER

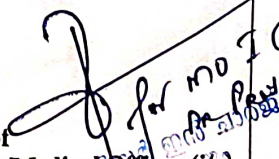
MANEESHA MOHAN M.R.
Junior Consultant (Biomedical)
National Health Mission
Thiruvananthapuram


24.08.2024

Signature of JC BM (NHM)

Date: _____



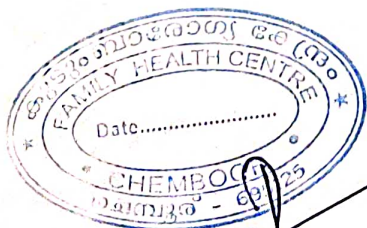
Signature of 
Superintendent/Medical Officer (i/c)

മെഡിക്കൽ ഓഫീസർ (i/c)
ഹെംബൂർ കുടുംബാരോഗ്യ കേന്ദ്രം
തിരുവനന്തപുരം - 695125

STOCK REGISTER

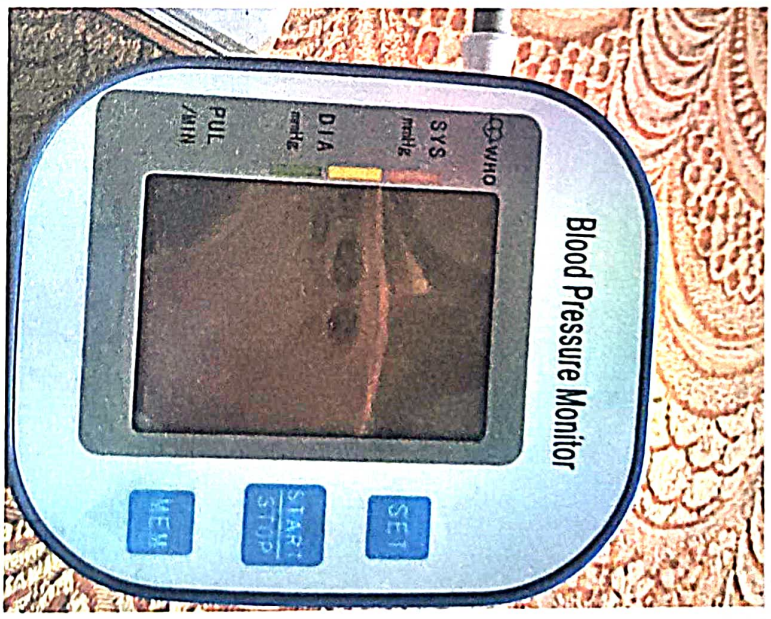
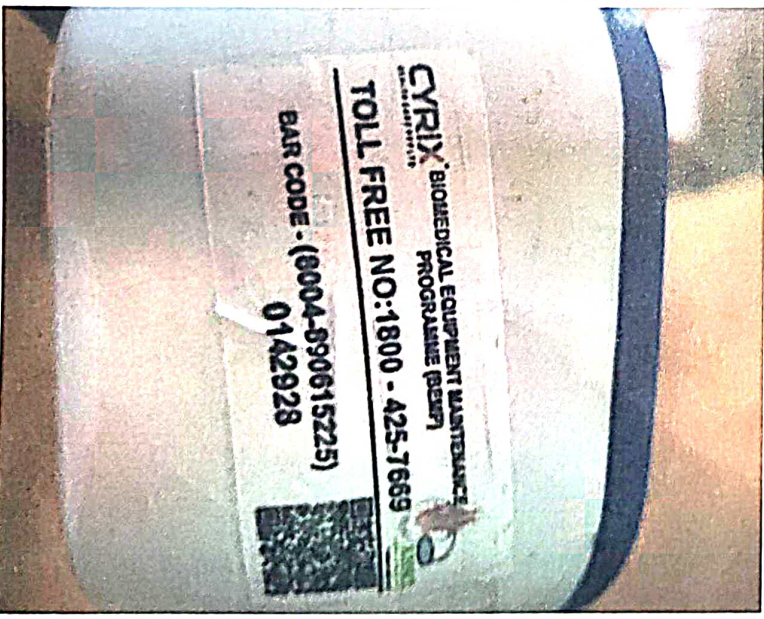
ITEM.....

| Date/No. | Received/issued to whom | Opening Balance | Receipt | Total | Issue | Balance | Initials of receiver | Remarks |
|----------|--------------------------|-----------------|---------|-------|-------|---------|----------------------|---------|
| 26/10/19 | Received from Pharmacist | | | | | | | |
| 1. | BP Apparatus (Cervical) | | | | | | | |
| 2. | Dust Bin (Black) | | | | | | | |
| 3. | Dust bin (red) | | | | | | | |
| 4. | Dust bin yellow | | | | | | | |
| 5. | Examination torch | | | | | | | |
| 6. | Stethoscope | | | | | | | |
| 7. | Gloves | | | | | | | |



Dr. Parvathy PG

മെഡിക്കൽ ഓഫീസർ ഇൻ ചാർജ്ജ്
 മുംബൈ ഹെൽത്ത് സെന്റർ
 തിരുവനന്തപുരം - 695125



DR. P. ANJANA P.G.
 M.B.B.S.

കുടുംബാരോഗ്യ കേന്ദ്രം ഇൽ ചാർജ്ജ്
 കെ.എ.എ.പി.ഒ. കെ.എ.എ.പി.ഒ.
 ഫോൺ നമ്പർ - 695125