

PROFORMA

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

Name of Hospital: THQH PARASSALA	Name of District: Thiruvananthapuram
Name of Equipment: Dental Scalar	Equipment ID & Barcode: 127720 & 0120460
Make: BOB CAT PRO	Model: CAVITRON
Serial Number : NA	Warranty details : No Warranty
Date of purchase/ Year of manufacture/ Installation Date: 17/03/2012	Present status of the equipment: Fully Damaged
Date of breakdown: 06/08/2024 (Toll free) (Date of registration of complaint through email/ Toll free)	*AMC/ CAMC Period agreed at the time of purchase: No AMC/CAMC
Action taken: Checked and found unit is not getting on. Identified that the mainboard, transformer and handpiece defective. Needs to replace these spares for further checking and working condition of the equipment. Enquired spares from vendor.	
Recommendations for repair (required service details) : Not recommending for repair.	
Cost of spares (specify parts and cost) : NA	

# Percentage value of the cost of spares with respect to Cost of Purchase/ Asset Value: NA	Asset Value: 13665 /-
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Abstract of Service Report provided by the OEM/ Authorized Service Provider/ CYRIX (Attached or Not):
Cyrinx service report and EOL Letter attached.

Reasons for recommending the equipment as BER: Checked and found that the mainboard, Transformer and handpiece defective. The equipment was installed on 17/03/2012 and aged up to 12+ years. Enquired spares from Vendor. Received EOL Letter. The unit is very old and the cavitron type models has been discontinued from the market. So that the spares are not available. As per the tender clause 5.3.14.2 recommending the unit for condemnation.

Kasyep.p.v *[Signature]*
Name & Signature of CYRIX Authority with date

Remarks of Junior Consultant (Biomedical) NHM:
As per tender conditions, this can be RBER, submitted on 30-9-2024. So decision can be taken by KMSCL for further actions.

Recommended for BER (Yes/ No):
Date: 30-9-2024

[Signature]
MANEESHA MOHAN M R
Junior Consultant (Biomedical)
National Health Mission
Thiruvananthapuram
Signature of JCBM (NHM)

Date: *[Signature]*
Signature of Superintendent Medical Officer (i/c)



[Signature]
Signature of Superintendent Medical Officer (i/c)



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



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

No : 1016103

CYRIX[®]
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>THQH</u>	Call Registration Date: <u>6-8-2024</u>
Address..... <u>Pavassala</u>	Caller ID: <u>127720</u>
..... <u>Thiruvananthapuram</u>	Date of Visit: <u>7-8-2024</u>
Ph: <u>9633225785</u>	Asset No: <u>0120460</u>
	EQPT Name: <u>Dental Scalar</u>
	Manufacture: <u>Cavitron</u> , Model: <u>Bobcat Pro</u>
	S. No. <u>130A-0293</u> Dept: <u>Dental Department</u>

Service Classification : Breakdown call PMS Calibration Cust. Training

Problem Identified : Not working

Action Taken : checked and found unit is not getting on. Identified that the mainboard, transformer and handpiece defective. Needs to replace these spares for further checking and working condition of the equipment.

Completed Date: 7-8-2024 Time: 11:45 a.m Spare Required

Spare Replaced Requested

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

Cyrix Engineer	Date	Start Time	End Time
<u>Ajith George</u>	<u>7-8-2024</u>	<u>10:45 a.m</u>	<u>11:45 a.m</u>

Customer Remark

Completed Pending

Service Engineer Name : Ajith George
Signature: A.
Date: 7-8-2024
Contact Number: 759384 7111



Customer Name : [Signature]
Signature: [Signature]
Date: 7/8/24
Contact Number: 9496204602
Designation: dental hygienist.
Hospital Seal

01/08/2016 - 10/10/2016

Taluk Hospital Stock

Name of the Article ..ULTRASONIC SCALERS UNIT..S.C.O.L.L.P. UNIT

2016 (10/10) (458) (69) (716) MN

Date	Name of Article	Voucher No.	Receipts	Issues	Balance		Initials of Receiver
			Quantity	Quantity	Quantity	Quantity	
8/8/16	ultra sonic scaler unit			1		1	
12/8/16	"			1		2	<i>[Signature]</i>
	8/8/16 page no 115 Book Vol 1?						
	8/8/16 page no 105 Book Vol 1?						
	2016 01/08/16						
1/1/16	ultrasonic scaler unit			1		3	<i>[Signature]</i>
	8/2/2002 condemned as per						
	order no C-2352/2015/7100						
	dated 25/12/2016		(3-1=2)			2	<i>[Signature]</i>
23/1/16	ultrasonic scaler unit.			1		3	<i>[Signature]</i>
	Order - 0120/11/16						
7/3/16	ultrasonic scaler unit			1		4	<i>[Signature]</i>
	Order - 0120/11/16						



19/2/16
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CHIRU DENTAL EQUIPMENTS KERALA



AVS TOWER, 1140/3

CHEMPAZHANTHY P.O.,

THIRUVANANTHAPURAM-695087

MD42 REG NO: KL/THU/MD42/2022/000001

Phone no.: 9809124530 Email: chirudentalkerala@gmail.com GSTIN:

32FTMPK9189J1ZV, State: 32-Kerala

To,

CYRIX HEALTHCARE, Thiruvananthapuram

Sub : **Regarding Spares for Bob Cat Pro cavitron model**

Dear Sir,

Thankyou for your recent inquiry regarding the availability of the Mainboard, Transformer and Handpiece for Bob Cat Pro Cavitron Model Dental scalar.

We regret to inform you that the Cavitron model Dental scalar is an Obsolete model and spares for this model are not available in the market.

For: CHIRU DENTAL EQUIPMENTS KERALA

Authorized Signatory

