



# BIOMEDICAL EQUIPMENT MAINTENANCE PROGRAMME UNDER NATIONAL HEALTH MISSION



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

## CYRIX

HEALTHCARE PVT LTD

**No. :** 232382

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>CHC Arayanad</u></p> <p>Address <u>Trivanchuram</u> <u>Kerala</u></p> <p>Ph : <u>9656799045</u></p>	<p>Call Registration Date : <u>27/08/2024</u></p> <p>Caller ID : <u>131816</u></p> <p>Date of Visit : <u>03/09/2024</u></p> <p>Asset No. : <u>0130713</u></p> <p>EQPT Name : <u>Micro pipette</u></p> <p>Manufacture <u>NA</u> Model : <u>NA</u></p> <p>S. No. <u>NA</u> Dept. <u>Lab</u></p>
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**Service Classification :** Breakdown Call  PMS  Calibration  Cust.Training

**Problem Identified :** Not working

**Action Taken :** checked and found that the number based ones rotating identified con-shaft, rotating key, rotating number ring and rotating gears damaged need to replace these spares for further checking and working condition of this equipment

Completed  Date : 03/09/24 Time : 12:00pm Spare Required

Spare Replaced  Requested

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

Cyrix Engineer	Date	Start Time	End Time
<u>midhun - BM</u>	<u>03/09/24</u>	<u>11:30am</u>	<u>12:00pm</u>

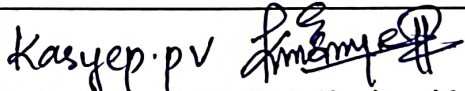
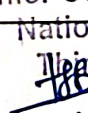
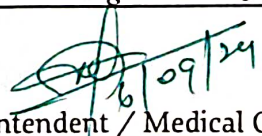
**Customer Remark** Completed  Pending

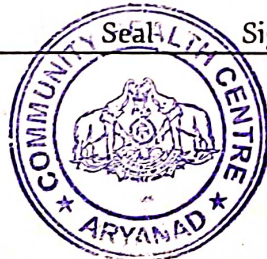
<p>Service Engineer Name : <u>midhun</u></p> <p>Signature : <u>[Signature]</u></p> <p>Date : <u>03/09/2024</u></p> <p>Contact Number : <u>9074167987</u></p>	<p>Customer Name : <u>SISI SIMON</u></p> <p>Signature : <u>[Signature]</u></p> <p>Date : <u>31/9/2024</u></p> <p>Contact Number : <u>9656799045</u></p> <p>Designation : <u>Lab Technician</u></p> <p>Hospital Seal : <u>[Seal]</u></p>
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OFFICIAL SEAL  
CHC ARYANAD

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

Name of Hospital: CHC ARYANAD	Name of District: Thiruvananthapuram
Name of Equipment: MICROPIPETTE	Equipment ID & Barcode: 131816 & 0130713
Make: Local Purchase	Model: NA
Serial Number: NA	Warranty details: No Warranty
Date of purchase/ Year of manufacture/ Installation Date: 23/11/2018	Present status of the equipment: Fully Damaged
Date of breakdown: 27/08/2024 (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 that the number barrel over rotating. Identified con-shaft, rotating key , rotating number ring and rotating gears damaged. Need to replace these spares for further checking and working condition of the equipment.	
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: 620/-
Abstract of Service Report provided by the OEM/ Authorized Service Provider/ CYRIX (Attached or Not): Cyrix service report and calibration certificate attached.	
Reasons for recommending the equipment as BER. Checked and found that the number barrel over rotating. Identified con-shaft, rotating key , rotating number ring , rotating gears damaged . The unit was installed on 23/11/2018 and covered upto 5+ years. Since the spares was not available in the market. Recommending the unit for condemnation.	
 Name & Signature of CYRIX Authority with date	
Remarks of Junior Consultant (Biomedical) NHM: <i>Since the spares are not available as per tender condition this can be RBER</i>	
Recommended for BER (Yes/ No):	 <b>MANEESHA MOHAN M.R.</b> Junior Consultant (Biomedical) National Health Mission Thiruvananthapuram Signature of JC BM (NHM)
Date: 6-09-2024	
Date:	 Signature of Superintendent / Medical Officer (i/c)



**MEDICAL OFFICER**  
**IN-CHARGE**  
**CHC, ARYANAD**

MICROPIPETTE

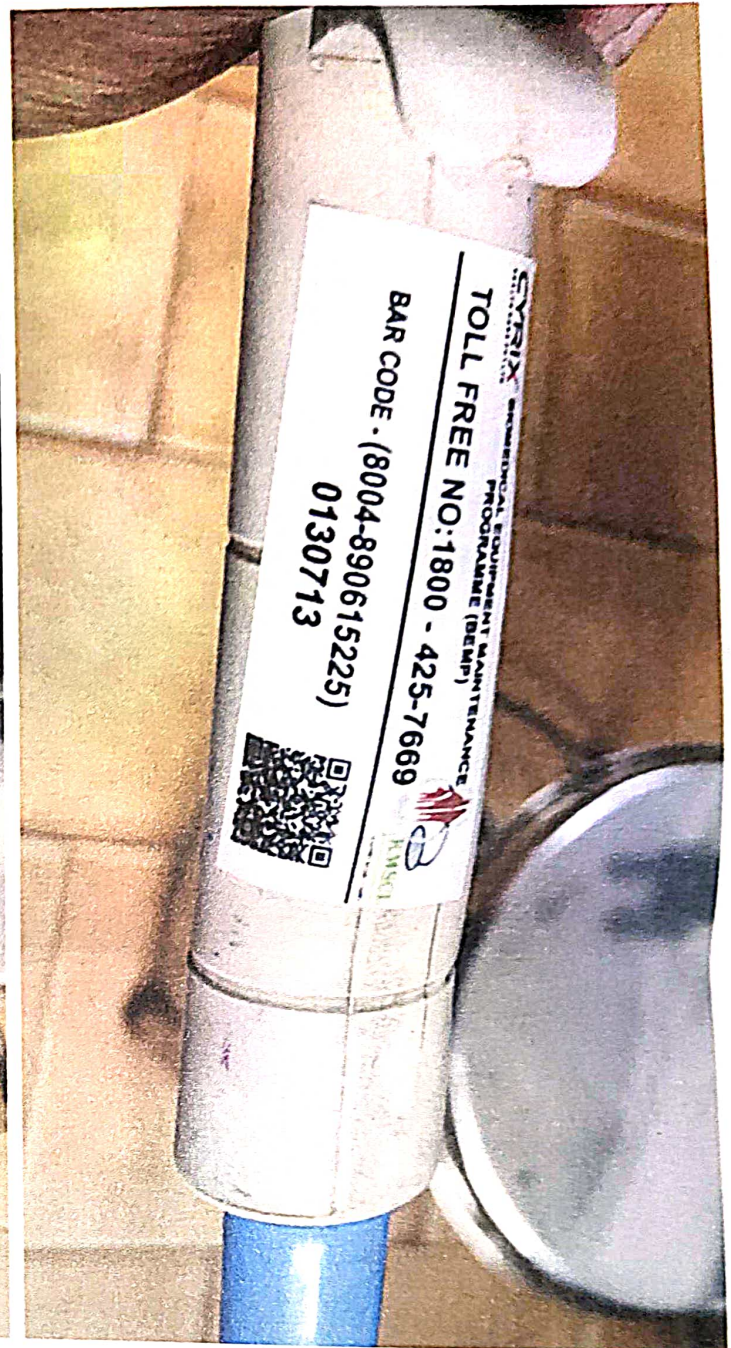
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Date	Description	No	Ret	Remarks
20/1/23	Recd from store			
	+ Micro pipette	1 No	✓	1 No
	Fixed volume (10/10)			✓
20/1/23	+ Micro pipette 100ul	1 No	✓	1 No
20/1/23	Received from store			
	Micro pipette (100ul)	1 No		1 No
	Issue to lab		1 No	
20/1/23	Received from store	1 No		1 No
	Issue to lab		1	NIL
19/1/23	Received from store	1 No		1 No
	(10-100ul)			
	Batch no: SN 453890743			
	7050/-			
20/1/23	Issued to lab	1 No		NIL

c/o Equipment Register.



*[Handwritten Signature]*  
 MEDICAL OFFICER  
 IN CHARGE  
 CH. ARIYAND



*Handwritten signature in green ink.*



**MEDICAL OFFICER  
IN-CHARGE  
CHC, ARYANAD**