

BIOMEDICAL EQUIPMENT MAINTENANCE PROGRAMME UNDER NATIONAL HEALTH MISSION



No: 1000929

SERVICE PROVIDER

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



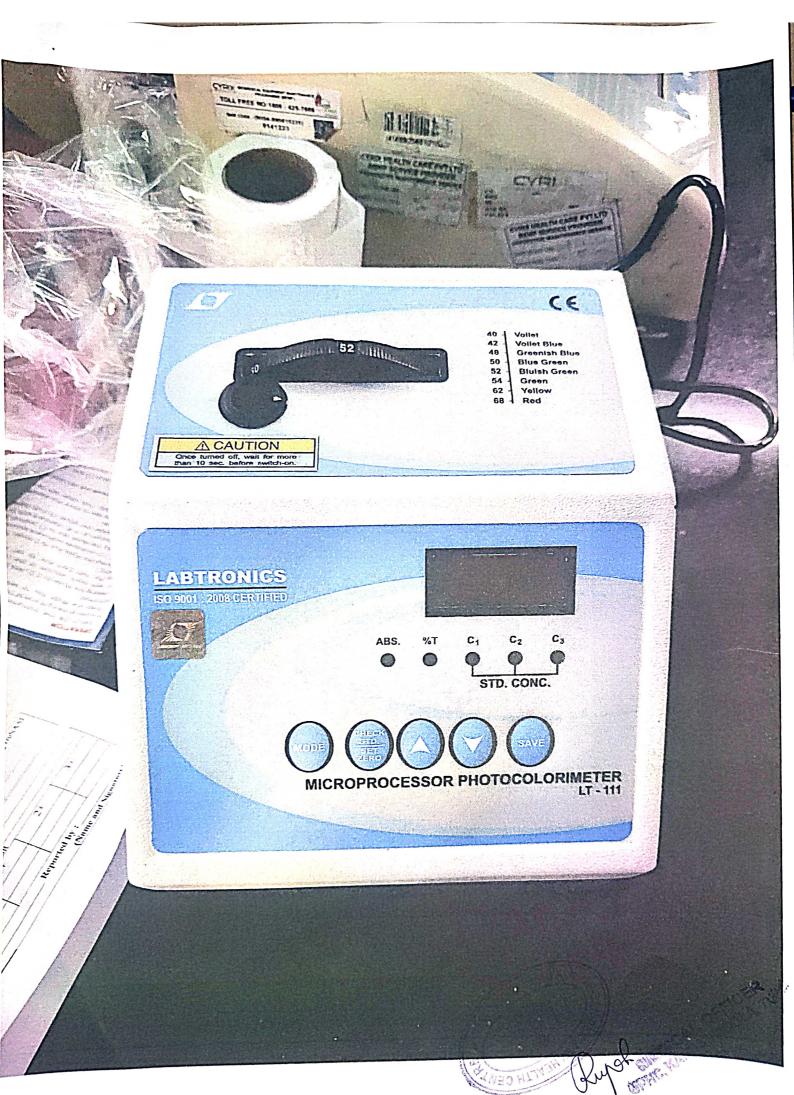
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| ISO 13485 : 2012 & ISO 9001-2008 C | | | | vice Agency | |
| Service Report 30/64 1 B, Petta June Ph: 98472 99500 Website | e :www.cyri | x.com Email : b | emp.kl@cyrix.i | | |
| Health Facility. UPHC Kannanneoole | | Call Registration Date: 13 (29.1.24. | | | |
| | | Caller ID: | | | |
| AddressKannaumoda | | Date of Visit: | | | |
| Thurasantanuar. Kerala | | Asset No: | | | |
| | | EQPT Name: Colouncle | | | |
| FII0.101341.42.24 | | Manufacture Labherner Model: LT.III | | | |
| | | S. No. No. Dept Low | | | |
| Service Classification : Breakdown ca | all 🕢 I | PMS Cali | bration | Cust. Training | |
| Problem Identified:Cheeled | and fo | end desple | ry Coved | and photometris | |
| Con defective The | | | | | |
| ActionTaken : Need to 4 | 200 | Parlan Bo | 2000 000 | 1.05.060 | |
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| Completed Date: 仏の9/있사 | Time :. | 04130 fr | • • • • | Spare Required | |
| Spare Replaced Requested Description | Qty. | Part N | Number | PR Number | |
| 1. | NIW. | 1 | i. | Ner | |
| 3. | 1010 | N | | | |
| Mohamara Sujedt M | | Pate IH OA DH | Start Tim | | |
| Customer Remark C | ompleted | | (F) | Pending | |
| | | | W. | Talana Manines Division of the Control of the Contr | |
| Service Engineer Name: Mohammed | iyadh H | Customer N Signature: | ame: DHA | NUTA. P.G DUN | |
| Signature: | | Date: 14/09/34 Shanje 15 | | | |
| Date: IMO9 Dy | Designation: (has been feel house). | | | | |
| Contact Number: +293499129 | Hospital Seal | | | | |

| PROFORM | A | | |
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| RECOMMENDATION FOR BEYOND | | | |
| BIOMEDICAL EQUIPMENT MAINTE | | | |
| Name of Hospital: UPHC KANNAMOOLA | Name of District: Thiruvananthapuram | | |
| Name of Equipment: COLORIMETER | Equipment ID & Barcode: 135006 & 0141226 | | |
| Make: LABTRONICS | Model: LT-111 | | |
| Serial Number : NA | Warranty details : No Warranty | | |
| Date of purchase/ Year of manufacture/ Installation Date: 28/12/2015 | Present status of the equipment: Fully Damaged | | |
| Date of breakdown: 13/09/2024 (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 display board and spares for further checking and working condition of the equi | photometric cell complaint. Needs to replace these oment. | | |
| Recommendations for repair (required service details) : Not re | commending 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 | | | |
| Abstract of Service Report provided by the OEM/ Authorized Cyrix service report attached. | Service Provider/ CYRIX (Attached or Not): | | |
| Reasons for recommending the equipment as BER: Checked a cell defective. The equipment was installed on 28/12/2015 not available in the market, Recommending the unit for conde | and covered up to 8+ years. Since the spares are | | |
| | Name & Signature of CYRIX Authority with date | | |
| Remarks of Junior Consultant (Biomedical) NHM: As per the tender Conditions can | r be RBGR. | | |
| Recommended for BER (Yes// No): | AB MOHAN WILL | | |
| Date: 23-09-2024 | MANEESHA MOHAN W.F. MANEESHA MOHAN W.F. Manedical) Manior Consultant (Biomedical) Junior Consultant (Biomedical) Junior Consultant (Biomedical) Matior Consultant (Biomedical) | | |
| | Thirday . | | |
| Date: Seal Si | nature of Superintendent / Medical Officer (i/c) | | |
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* KMANANMOOLA

SUB STOCKREGISTER

| | SUBSTOCKREGISTER | | | | | | | |
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| SI. No | Date | Issue note No. | No.of items | Value Balanu | | | | |
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| | | COLORIMETER | | | | | | |
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ISO 9001 : 2008 Certified Co. Ph; 9744555073

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