



BIOMEDICAL EQUIPMENT MAINTENANCE PROGRAMME UNDER NATIONAL HEALTH MISSION



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

No : 1000977

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>DHL</u> | Call Registration Date : <u>18/9/24</u> |
| Address..... <u>Kallikkadu new</u> | Caller ID : <u>135590</u> |
| <u>Irivandram</u> | Date of Visit : <u>18/9/24</u> |
| Ph : <u>9526589744</u> | Asset No : <u>0140616</u> |
| | EQPT Name : <u>Nebuliser</u> |
| | Manufacture. <u>Liteca</u> Model : <u>NO</u> |
| | S. No..... <u>NO</u> Dept..... <u>OP</u> |

Service Classification : Breakdown call PMS Calibration Cust. Training

Problem Identified : not working

Action Taken : checked and found that the unit is not switching on. Identified that the motor and piston defective. Need to replace these spares for further checking and working condition of the equipment

Completed Date : 18/9/24

Time : 11am

Spare Required

Spare Replaced Requested

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

| Cyrix Engineer | Date | Start Time | End Time |
|----------------|----------------|----------------|----------------|
| <u>Pranav</u> | <u>18/9/24</u> | <u>10:30am</u> | <u>11:00am</u> |

Customer Remark Completed Pending



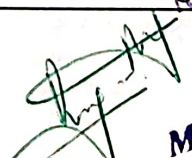
Service Engineer Name : Pranav DS
Signature: [Signature]
Date: 18/9/24
Contact Number: 907457062

Customer Name : XAV
Signature: [Signature]
Date: 18.09.2024
Contact Number: 9526589744
Designation : SIN
Hospital Seal

Medical Officer in charge
Govt. Family Health Cent
Kallikkadu



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

| | |
|---|---|
| Name of Hospital: PHC KALLIKAD | Name of District: Thiruvananthapuram |
| Name of Equipment: NEBULIZER | Equipment ID & Barcode: 135590 & 0140616 |
| Make: LIFECARE | Model: NA |
| Serial Number: NA | Warranty details: No Warranty |
| Date of purchase/ Year of manufacture/ Installation Date: 02/11/2020 | Present status of the equipment: Fully damaged |
| Date of breakdown: 18/09/2024 (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 unit is not switching on. Identified that the motor and piston defective. 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: 1353/- |
| Abstract of Service Report provided by the OEM/ Authorized Service Provider/ CYRIX (Attached or Not) : Cyrix service report attached. | |
| Reasons for recommending the equipment as BER: Checked and found motor and piston defective. The unit was installed on 02/11/2020 and covered up to 3+ years. Quotation not submitted since the spares are not available in the market, recommending the unit for condemnation. | |
| <p align="right">Karyep.pv </p> <p align="right">Name & Signature of CYRIX Authority with date</p> | |
| Remarks of Junior Consultant (Biomedical) NHM: <i>As per tender guidelines, this can be RBER.</i> | |
| Recommended for BER (Yes/ No) | <i>Yes</i> |
| Date: 28-09-2024 |  |
| Date: |  MANEESHA MOHAN M.R. Junior Consultant (Biomedical) Regional Health Mission Thiruvananthapuram District Medical Officer (i/c) |
| Date: | Seal Signature of Superintendent, Medical Officer in charge Family Health Centre Kallikadu |

