



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

Name of Hospital: PHC MUNDERI	Name of District: KANNUR
Name of Equipment: BP APPARATUS	Equipment ID & Barcode: 142934-1340072
Make: ELKO	Model: NA
Serial Number: NA	Warranty details: No Warranty
Date of purchase/ Year of manufacture/ Installation Date: 24.08.2019	Present status of the equipment: Fully damaged
Date of breakdown: 25.10.2024	*AMC/ CAMC Period agreed at the time of purchase: No AMC/CAMC
Date of registration of complaint through email/Toll free): Toll free	
Action taken: Checked the equipment found that equipment is not switching ON. Found that Main Board, Pressure Sensor and Display defective. Need to replace these spares for further checking.	
Recommendations for repair (required service details): No recommendations	
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: 2200/-
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 the equipment found that equipment is not switching ON. Found that Main Board, Pressure Sensor and Display defective. Need to replace these spares for further checking. Equipment installed on 24.08.2019 aged up to 5 years 2 months. Quotation not submitted since spares are not available in the market. So we recommend the equipment for condemnation.	
 Name & Signature of CYRIX Authority with date	
Remarks of Junior Consultant (Biomedical) NHM: checked & identified that machine not working due to main board & display defective. need to replace with spares. But the service cost economically not feasible and also aged up to 5 years & above. So recommended for BER as per BER protocol.	
Recommended for BER (Yes/ No):	 Signature of JC BM (NHM)
Date: 04/11/24	

Date: 05.11.24



Signature of Superintendent / Medical Officer (i/c)

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*Not mandatory

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



BIOMEDICAL EQUIPMENT MAINTENANCE PROGRAMME UNDER NATIONAL HEALTH MISSION



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

No : 1008203

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..... <i>p.h.c. munderi</i>	Call Registration Date : <i>25-10-24</i>
Address..... <i>Kannur</i>	Caller ID : <i>142934</i>
..... <i>Kerala</i>	Date of Visit : <i>26-10-24</i>
Ph : <i>9496452180</i>	Asset No : <i>1340072</i>
	EQPT Name : <i>BP Apparatus</i>
	Manufacture..... <i>E.L.K.O</i> Model : <i>NA</i>
	S. No..... <i>NA</i> Dept..... <i>Sub Centre</i>

Service Classification : Breakdown call PMS Calibration Cust. Training

Problem Identified :*Main board, pressure sensor, display are defective*.....

Action Taken :*checked the equipment. Found that equipment is not switching on. Found that main board, pressure sensor & display defective. Need to replace these spares for further checking.*.....

Completed Date : *26-10-24* Time :*10:30 Am*..... Spare Required

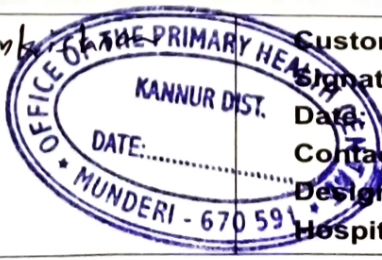
Spare Replaced Requested

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

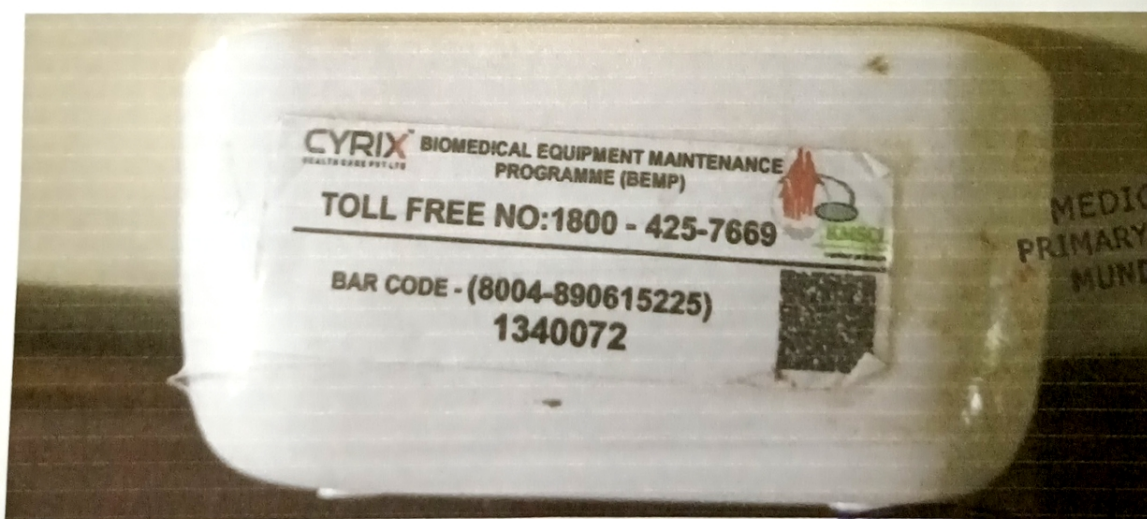
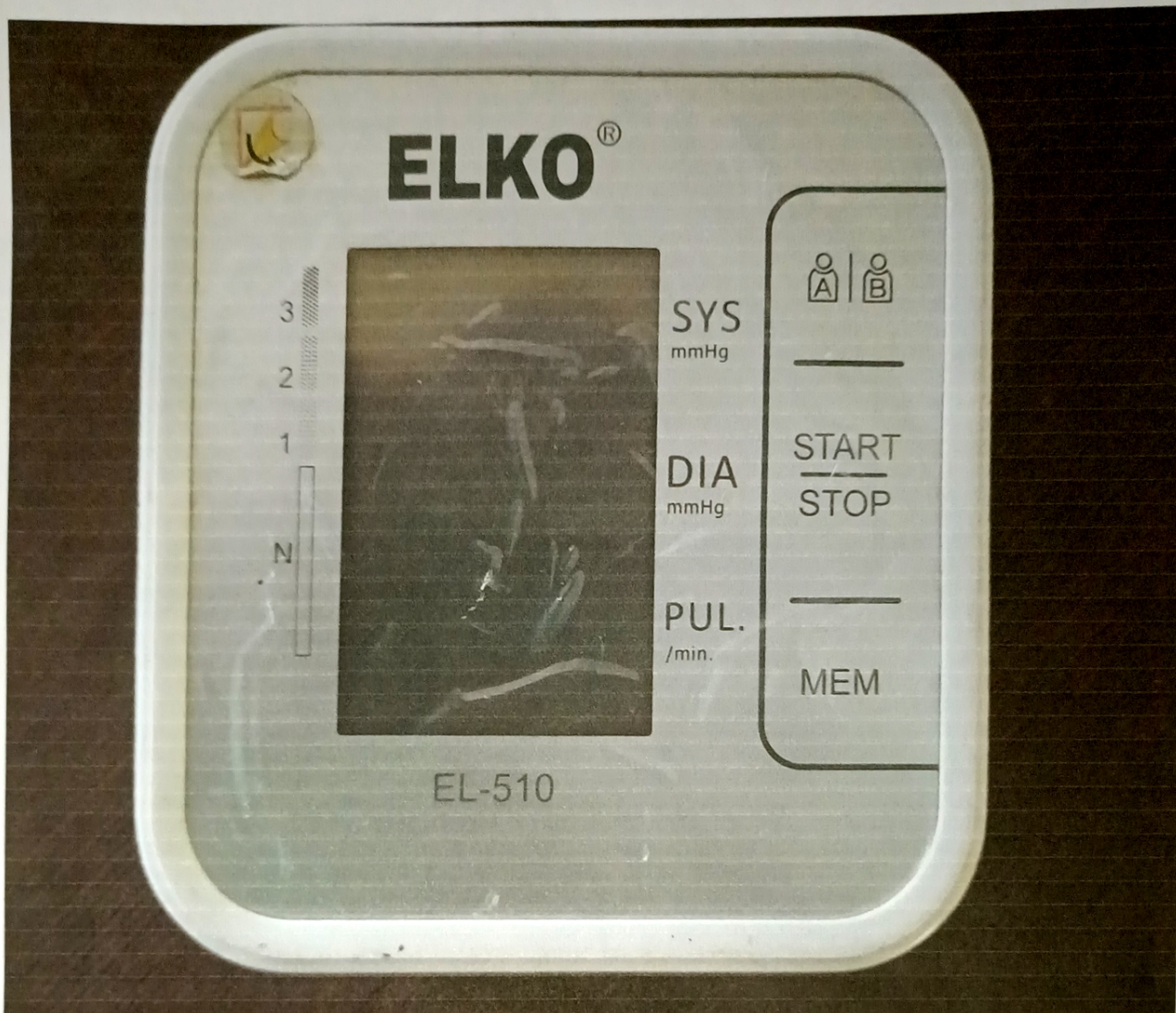
Cyrix Engineer	Date	Start Time	End Time
<i>Shyamkrishnan</i>	<i>26-10-24</i>	<i>10:00 Am</i>	<i>10:30 Am</i>

Customer Remark Completed Pending

Service Engineer Name : *Shyamkrishnan* Customer Name : *Beena Mathu*
 Signature: *[Signature]* Signature: *[Signature]*
 Date: *26-10-24* Date: *26/10/24*
 Contact Number: *8281188574* Contact Number: *9496352022*
 Designation : *PHN*
 Hospital Seal



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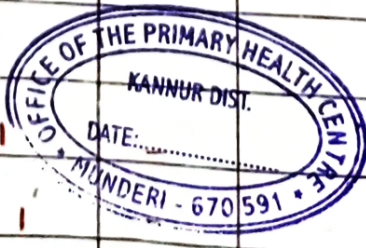
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STOCK REGISTER OF

Name of Article

Date	No. and date of voucher or invoice	From whom received or to whom issued	Receipt	Issued	Balance after each transaction	Initials of Receiver	Remarks
		Brought forward				Rate	
	19	Oxygen Cylinder Spurn	1			166.75	12/2028
	20	Oxygen Cylinder Proly	1			413.35	12/2028
	21	Oxygen flow meter with humidifier	1			1179.23	12/2028
	22	Salt testing kit for iodine to test/kit	5			21.80 1	10/2020
	23	Stadiometer	1			467.80	12/2024
	24	Stethoscope	1			308.04	12/2028
	25	Thermometer (Digital)	1			67.76	1/2028
	26	Urine strip (Glucose albumin) 100 test /kit	9			102.68 1	3/2021
	27	weighing machine (adult)	1			1608.04	1/2028
	28	weighing machine (Paediatric)	1			4239.44	12/2028
	29	Black disposal bag	1			58.00	
	30	Red disposal bag	1			58.00	
	31	Yellow disposal bag	1			58.00	
	32	Hand Towels	1			36.40	
	33	Bed sheet examination table	1			330.00	
8/9/2019		Issued to S/C/Block Munderi		above items		Received	
9/25/2019		Received from Munderi (included in kit)	1				
		1. BP apparatus Digital	1			Rate exp.	
		2. Dust bin (Black swing type)	1			119.19	
		3. Dust bin (Red swing type)	1			194.91	1/2028



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