## **PROFORMA** RECOMMENDATION FOR BEYOND ECONOMIC REPAIR (RBER) BIOMEDICAL EQUIPMENT MAINTENANCE PROGRAM (BEMP) Name of District: Thrissur Name of Hospital: PHC ANDATHODE Equipment ID & Barcode: #140624- 0840650 Name of Equipment: Oxygen Concentrator Model: OM-501 (5 Lpm) Make: Owgels oxy-med Warranty details: No Warranty Serial Number: W20181102-229 Present status of the equipment: Fully damaged Date of purchase/Year of manufacture/ Installation Date: Ticket master installation date Nil, As per Stock book installation date 26-12-2018 \*AMC/ CAMC Period agreed Date of breakdown: 15-10-2024 Date of registration of complaint through email/Toll free): Toll free at the time of purchase: No AMC/CAMC Action taken: Upon inspecting the machine, it was discovered that the compressor, sieve bed, pressure regulator and solenoid valve are faulty. Need to replace these spares for further checking of working condition of equipment. Recommendations for repair (required service details): Not Recommending Cost of spares (specify parts and cost): ${ m NA}$ #Percentage value of the cost of spares Asset Value: 26500/with respect to Cost of Purchase/ Asset Value: NA Abstract of Service Report provided by the OEM/ Authorized Service Provider/ CYRIX (Attached or Not): Cyrix report and EOL letter attached. Reasons for recommending the equipment as BER: Upon inspecting the machine, it was discovered that the compressor, sieve bed, pressure regulator and solenoid valve are faulty. Installation date as per hospital stock equipment received on 26-12-2018 and aged up to 5 years and 9 months. OEM informed that its an discontinued model repair and spare parts are no longer available, Obsolete letter issued. So As per tender clause 5.3.14.2 We recommending the equipment for condemnation. **BIJO T JOY** Name & Signature of CYRIX Authority with date Remarks of Junior Consultant (Biomedical) NHM: Madrine fully damaged. Recommended for BER (Yes/ No): 128

Date: 23/10/2024

ignature of Superintendent / Me

\*Not mandatory

Seal II Based on the period of life and

e as per the BER guidelines



## BIOMEDICAL EQUIPMENT MAINTENANCE PROGRAMME UNDER NATIONAL HEALTH MISSION



**SERVICE PROVIDER** 

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

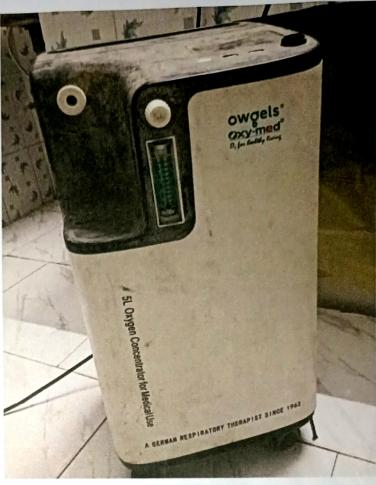


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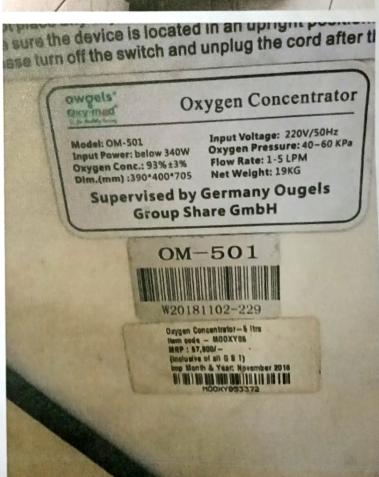
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|  | ISO 13485 : 2012 & ISO 9001-2008 (                           | CERTIFIED CO | MPANY   AERB                      | Approved Service A | gency      |  |  |  |                          |  |  |  |  |  |  |
|--|--|--------------|-----------------------------------|--------------------|------------|--|--|--|--------------------------|--|--|--|--|--|--|
| S  | ervice Report 30/64 1 B, Petta Jur<br>Ph : 98472 99500 Websi |              |                                   |                    |            |  |  |  |                          |  |  |  |  |  |  |
|  | Health Facility  |              | Call Registration Date: 15 (10124 |                    |            |  |  |  |                          |  |  |  |  |  |  |
|  |  |              | Caller ID: 140624                 |                    |            |  |  |  |                          |  |  |  |  |  |  |
|  | Address Andonode   | С            | Date of Visit: 17/10/24           |                    |            |  |  |  |                          |  |  |  |  |  |  |
|  | Thrukswy   |              | Asset No: 0840650                 |                    |            |  |  |  |                          |  |  |  |  |  |  |
|  | 0.01.11.10.00  | E            | EQPT Name: Oxygen longewrato      |                    |            |  |  |  |                          |  |  |  |  |  |  |
|  | Ph: 98461655-38  |              | Manufacture                       |                    |            |  |  |  |                          |  |  |  |  |  |  |
|  | V Z  | S. No        | N/A: Dept fairy pallerre          |                    |            |  |  |  |                          |  |  |  |  |  |  |
| Service Classification : Breakdown call PMS Calibration Cust. Training   |  |              |                                   |                    |            |  |  |  |                          |  |  |  |  |  |  |
|  | Problem Identified: Lawphen not going on                     |              |                                   |                    |            |  |  |  |                          |  |  |  |  |  |  |
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| ActionTaken: Upon inspecting the machine. It was discovered that the compressor, steve bed Pressure regulars and solenaid value are fairly Reed to replace these sparets by further Chedring of working condition of equipment |  |              |                                   |                    |            |  |  |  |                          |  |  |  |  |  |  |
|  |  |              |                                   |                    |            |  |  | Completed ☐ Date: 17/10/24 Time: 1.00 pm. Spare Required ☐ |                          |  |  |  |  |  |  |
|  |  |              |                                   |                    |            |  |  |  | Spare Replaced Requested |  |  |  |  |  |  |
|  | Description  | Qty.         | Part N                            | umber              | PR Number  |  |  |  |                          |  |  |  |  |  |  |
| 1.<br>2<br>3.  |  |              |                                   |                    |            |  |  |  |                          |  |  |  |  |  |  |
| 3.   | Cyrix Engineer   |              | Date                              | Start Time         | End Time   |  |  |  |                          |  |  |  |  |  |  |
|  | Choristy   |              | 17/10/24                          | 3:00pm             | 4:00pm     |  |  |  |                          |  |  |  |  |  |  |
| Customer Remark Completed Pending  |  |              |                                   |                    |            |  |  |  |                          |  |  |  |  |  |  |
| * **   |  |              |                                   |                    |            |  |  |  |                          |  |  |  |  |  |  |
| Service Engineer Name: Christy FAMIL 20ustomer Name: Jinyi Hawan Kunh  |  |              |                                   |                    |            |  |  |  |                          |  |  |  |  |  |  |
| Signature:   |  |              |                                   |                    |            |  |  |  |                          |  |  |  |  |  |  |
|  | 17/10/24 3/8   |              | Contact Nur                       | nber: 98 46        | 1655 38 Du |  |  |  |                          |  |  |  |  |  |  |
| Date: 6288644347 Designation: Phoumewist LS Caler  |  |              |                                   |                    |            |  |  |  |                          |  |  |  |  |  |  |
| Contact Number: MEDICAL OFF TO MEDICAL OFF TO MEDICAL OFF TO DE  |  |              |                                   |                    |            |  |  |  |                          |  |  |  |  |  |  |
|  |  | * /          |                                   |                    | MONTHODE   |  |  |  |                          |  |  |  |  |  |  |











## Obsolete Letter for Oxy-med Owgels Model (3 Lpm / 5 Lpm)

## Dear valued customers,

Medequip has discontinued support for the OXY-MED OWGELS 3Lpm and 5Lpm models, repair parts are no longer available for these models.



Please contact our OXY-MED Support staff or our Service team.

If you wish to exchange your old product with new updated Oxymed -Mini Product, Please contact our OXY-MED support staff or our service team. Should you have any commercial or product related questions please contact Mr. Jayakumar for Further Information

Thanks & Regards

Jayakumar Service Manager- India Mobile- +918795660006 Email-jayakumar@medequip.co.in



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