

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

| | |
|---|--|
| Name of Hospital: WOMEN & CHILDREN HOSPITAL KOZHIKODE | Name of District: KOZHIKODE |
| Name of Equipment: BLOOD COLLECTION MONITOR | Equipment ID & Barcode: 139423 & 1111330 |
| Make: Terumo Penpol Limited | Model: D601 |
| Serial Number: 0702128 | Warranty details: No Warranty |
| Date of purchase/Year of manufacture/ Installation Date: In ticket master installation date is 08/04/2007, As per stock book installation date is 04/08/2007 | Present status of the equipment: Fully damaged |
| Date of breakdown: 08/10/2024 | *AMC/ CAMC Period agreed |
| Date of registration of complaint through email/Toll free): Toll free | at the time of purchase: No AMC/CAMC |
| Action taken: Checked and found display unit, load cell, main board, time keeper nvram, microcontroller, battery, smps and tray assembly defective. Enquired spares with oem. | |

Recommendations for repair (required service details): Not recommending for repair

Cost of spares (specify parts and cost):

- 1) Display Unit - 1 nos = 3671/-
- 2) Load cell - 1 nos = 9450 /-
- 3) Main Board - 1 nos = 20508 /-
- 4) Time Keeper NVSRAM - 1 nos = 7212 /-
- 5) Microcontroller - 1 nos = 1054 /-
- 6) Battery - 1 nos = 1502 /-
- 7) SMPS - 1 nos = 13513 /-
- 8) Tray assembly - 1 nos = 2400

GST 18% = 10676 /-
GRAND TOTAL = 69986 /-

#Percentage value of the cost of spares with respect to Cost of Purchase/ Asset Value: 83.42%

Asset Value: 83893/-

Abstract of Service Report provided by the OEM/ Authorized Service Provider/ CYRIX (Attached or Not): Cyrix service report attached and vendor quotation attached.

Reasons for recommending the equipment as BER: Checked and found display unit, load cell, main board, time keeper nvram, microcontroller, battery, smps and tray assembly defective. In ticket master installation date is 08/04/2007, as per stock book installation date is 04/08/2007 (stock book attached for reference). Equipment out lived 17 years 2 months. Spare cost is 83.42% with respect to asset value, both criteria for RBER met, As per tender clause 5.3.14.1 we recommending the equipment for condemnation.

JINEESH PP
Name & Signature of CYRIX Authority with date

Remarks of Junior Consultant (Biomedical) NHM:

checked & found that display unit, load cell, main board, time keeper system, microcontroller, battery, smps and tray assembly damaged. Machine installed on 08/04/2007

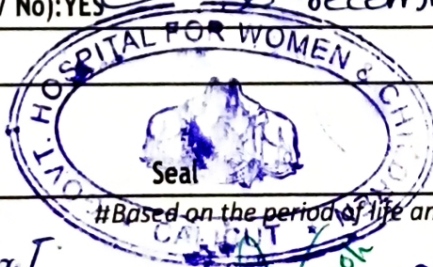
Recommended for BER (Yes/ No): YES

So recommended for condemnation

Date: 25/10/24

Consultant Bio Medical Engineer
National Health Mission
Kozhikode
Signature of JC BM (NHM)

Date: 26/10/2024



Signature of Superintendent / Medical Officer (i/c)

*Not mandatory

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

* Attach Photograph

*BBT. Gr. I
Khadaja Myothas
26/10/24*

*26/10/24
Deputy Superintendent
Govt. Women & Children Hospital
Kozhikode*

26/10/24



BIOMEDICAL EQUIPMENT MAINTENANCE PROGRAMME UNDER NATIONAL HEALTH MISSION



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

CYRIX

HEALTHCARE PVT LTD

No. : 148482

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>WOMEN & CHILDREN</u></p> <p>Address <u>HOSPITAL KOZHIKODE</u></p> <p>Ph : <u>90 61 89 62 90</u></p> | <p>Call Registration Date : <u>8/10/2024</u></p> <p>Caller ID : <u>139 423</u></p> <p>Date of Visit : <u>9/10/2024</u></p> <p>Asset No. : <u>1111 330</u></p> <p>EQPT Name : <u>Blood collection monitor</u></p> <p>Manufacture <u>Terumo Penpol</u> Model : <u>DGO 1</u></p> <p>S. No. <u>070 2128</u> Dept. <u>Blood Bank</u></p> |
|---|---|

Service Classification : Breakdown Call PMS Calibration Cust. Training

Problem Identified : Not Switching on

Action Taken : checked and found Display unit, (load cell) main board, time keeper, nv sram, micro controller, battery, smps and tray Assembly defective. Enquired spares with oem.

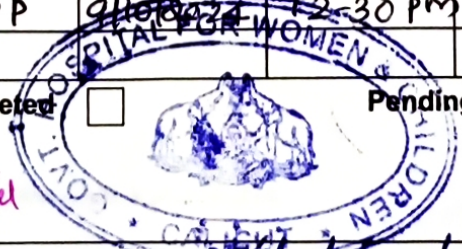
Completed Date : 9/10/2024 Time : 1 PM Spare Required

Spare Replaced Requested

| Sl. No. | Description | Qty. | Part Number | PR Number |
|---------|-------------|------|-------------|-----------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

| Cyrix Engineer | Date | Start Time | End Time |
|-------------------|----------------|-----------------|-------------|
| <u>Jineesh-PP</u> | <u>9/10/24</u> | <u>12:30 PM</u> | <u>1 PM</u> |

Deputy Superintendent
Govt. Women & Children Hospital
Kozhikode



Customer Remark Completed Pending

| | |
|--|---|
| <p>Service Engineer Name : <u>Jineesh-PP</u></p> <p>Signature : <u>[Signature]</u> <u>Sr. BME</u></p> <p>Date : <u>9/10/2024</u></p> <p>Contact Number : <u>8943527662</u></p> | <p>Customer Name : <u>[Signature]</u> <u>Merathe</u></p> <p>Signature : <u>[Signature]</u></p> <p>Date : <u>9/10/24</u></p> <p>Contact Number : <u>9061896290</u></p> <p>Designation : <u>Blood Bank Technician Govt</u></p> <p>Hospital Seal :</p> |
|--|---|



Kochin Inlab Equipments India Pvt Ltd

KI/RE/0129a/24-25

Dated :16.10.2024

To,
Cyrix Healthcare Pvt Ltd
Kochi

Sub: Spare Quotation for D601,Serial No.0702128

With reference to the above, we are giving our estimate as per the request.

| Sl.No | Description | Qty | Rate | Amount |
|-------|--------------------|------|-----------------|------------------|
| 1 | Display Unit | 1 No | 3671.00 | 3671.00 |
| 2 | Load Cell | 1 No | 9450.00 | 9450.00 |
| 3 | Main Board | 1 No | 20508.00 | 20508.00 |
| 4 | Time Keeper NVSRAM | 1 No | 7212.00 | 7212.00 |
| 5 | Microcontroller | 1No | 1054.00 | 1054.00 |
| 6 | Battery | 1 No | 1502.00 | 1502.00 |
| 7 | SMPS | 1 No | 13513.00 | 13513.00 |
| 8 | Tray assembly | 1 No | 2400.00 | 2400.00 |
| | | | Taxable Value | 59,310.00 |
| | | | Gst 18% | 10,676.00 |
| | | | G.Total: | 69,986.00 |

Rupees Sixty Nine Thousand Nine Hundred And Eighty Six Only

Kindly confirm the above estimate .

1. Payment -100 % Advance

2.Mention GST No: in the purchase orders.

3.Delivery will be made in 4 to 5 weeks from the date of order acceptance by the company service Department

Thanking you,

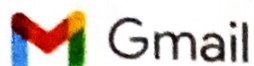
Yours faithfully,

For Kochin Inlab Equipments India Pvt Ltd



Authorized Signatory

Door No.28/2391-D,Vihaan,Chilavannur,Kadavanthara.P.O, Kochi-682020



Anjitha T L <purchasecyrix2@gmail.com>

spare Quotation

2 messages

Kochin Inlab Service <service@inlabinstruments.com>

Wed, Oct 16, 2024 at 2:18 PM

To: jineeshcyrix@gmail.com

Cc: "Kochin Inlab Equipments India Pvt. Ltd." <info@inlabinstruments.com>, "Cc: Anjitha T L" <purchasecyrix2@gmail.com>, DM Sarang-KLBEMP <dm1.klbemp@cyrix.in>, Blesson Jose <zm2.klbemp@cyrix.in>, "KJ, Aneesh" <Aneesh.KJ@terumobct.com>

Dear Sir,

Please find the attached spare Quotation.

Regards

Sreejith

Service Engineer

Kochin Inlab Equipments India Pvt Ltd

 **129 dtd 16.10.24.pdf**
465K**Kochin Inlab Service** <service@inlabinstruments.com>

Wed, Oct 23, 2024 at 2:32 PM

To: jineeshcyrix@gmail.com

Cc: "Kochin Inlab Equipments India Pvt. Ltd." <info@inlabinstruments.com>, "Cc: Anjitha T L" <purchasecyrix2@gmail.com>, DM Sarang-KLBEMP <dm1.klbemp@cyrix.in>, Blesson Jose <zm2.klbemp@cyrix.in>, "KJ, Aneesh" <Aneesh.KJ@terumobct.com>

Dear Sir,

Please find the attached amended spare Quotation.

Regards

Sreejith

Service Engineer

Kochin Inlab Equipments India Pvt Ltd

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465K

| Col. No. | Description | |
|----------|---|------------------------------|
| 1. | Name of Equipment | BLOOD COLLECTION MONITOR (1) |
| 2. | Whether Medical/Office equipment | MEDICAL. |
| 3. | SL. No. of item with sticker of hospital or stock register | 070 2128 |
| 4. | Scheme under which purchased with year and order | |
| 5. | Whether shifted from other station, if so, Station details | NO. |
| 6. | Whether Donated by MPLADS-MLADS-PMGSY-RBSK-JSSK scheme | YES. BDF-CALICUT. |
| 7. | Whether supplied by KMSCL/KSACS/or other scheme | NO. |
| 8. | Cost of equipment (each item to be specified) | 2 83295/- |
| 9. | Date of receipt with details of communication | 4.8.2007. |
| 10. | Whether warranty provided with details | |
| 11. | Whether AMC available if details | YES. |
| 12. | Name of manufacturer with completed address Ph. No. & Email, website etc. | PENPOL |
| 13. | Whether item is working or Idle if so details | WORKING. |
| 14. | Name and address of supplier with Tel. No. email, website | |
| 15. | Whether transferred as idle to other station with details | NO. |
| 16. | If vehicles Registration No./make/details | NO. |
| 17. | Customer care contact No. of the equipment | |
| 18. | Whether calibration required | Calibration done. |
| 19. | Details calibration and service if any done | |
| 20. | If idle or not serviceable the assessed value | NO. |
| 21. | Whether declare for condemnation with details of order and assessment | |
| 22. | Whether log book or service Register maintained | |



Lejney
Dr. A. Lamin

Signature of RMO 11C 27/5/15

Signature of Store Superintendent

Signature of Ng. Superintendent

Signature of LS and T

Counter Signature of Superintendent

Deputy Superintendent
Govt. Women & Children Hospital
Kozhikode

Shreejy Murothas
BBT Unit

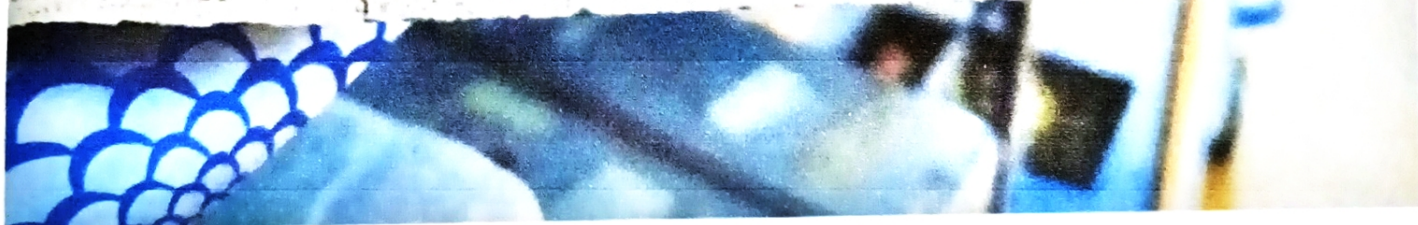
Model : D601 **Sl. No.:** 0702128
Operating Voltage : 100-250VAC, 50/60Hz, Single Phase
Power : 12W (Max)
Classification : Class I, Type B ⚡ Internally Powered
Operation : Continuous Operation with Intermittent Loading
Battery : 12V, 2.3Ah SMF Lead Acid Battery
Fuse : 500mA, 250V, 5X20mm, Type M SB
Warning : For continuous protection against fire,
 replace fuse with same type and rating



NO USER SERVICEABLE PART INSIDE

TERUMO PENPOL Limited

MADE IN INDIA




BIOMEDICAL EQUIPMENT MAINTENANCE PROGRAMME (BEMP)
TOLL FREE NO: 1800 - 425-7669
BMP CODE - (8004-890615225) 1111330




Handwritten signature
 Deputy Secretary
 Govt. Women & Children's Hospital
 Kozhikode

Handwritten signature
 Khadeija Noorha. BBT. Govt