


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

Name of Hospital: DH Mananthavady	Name of District: Wayanad
Name of Equipment: Nebuliser	Equipment ID & Barcode: #140307-1210625
Make: Trucheck	Model: N8001
Serial Number: 80011800240	Warranty details: No warranty
Date of purchase/Year of manufacture/ Installation Date: In ticket Master installation date is NIL, As per the stock book installation date is 29/03/2019	Present status of the equipment: Fully damaged
Date of breakdown: 14/10/2024 Date of registration of complaint through email/ Toll free): Toll free	*AMC/ CAMC Period agreed at the time of purchase: No AMC/CAMC
Action Taken: Checked the machine and found that Machine is not switching on, found motor and piston are defective. Need to replace the piston and motor for further checking.	
Recommendations for repair (required service details): No recommendation for repair	
Cost of spares (specify parts and cost): N/A	
# Percentage value of the cost of spares with respect to Cost of Purchase/ Asset Value: N/A	Asset Value: 1353/-
Abstract of Service Report provided by the OEM/ Authorized Service Provider/ CYRIX (Attached or Not): Cyrix report Attached	
Reasons for recommending the equipment as BER: Checked the machine and found that Machine is not switching on, found motor and piston are defective. In ticket master installation date is Nil, As per the stock book Equipment installed on 29/03/2019 aged up to 5 years 7 months. Quotation not submitted since spares are not available from the market. So we recommend the equipment for condemnation.	

NIYAS HADI. *Niyas*
 District Incharge *21/10/24*
 Name & Signature of CYRIX Authority with date

Remarks of Junior Consultant (Biomedical) NHM:
Piston and motor of this nebulizer were impliment and beyond repair

Recommended for BER (Yes/ No): <i>Y U</i>	
Date: <i>25/11/24</i>	Signature of J.C.BM (NHM): <i>[Signature]</i>
	Signature of Superintendent / Medical Officer (i/c) <i>[Signature]</i> National Health Mission (Arogyakeralam) Wayanad-673122
Date:	Signature of Superintendent / Medical Officer (i/c) <i>[Signature]</i> DISTRICT HOSPITAL WAYANAD, MANANTHAVADY

*Not mandatory #Based on the period of life and value as per the BER guidelines Attach Photograph



BIOMEDICAL EQUIPMENT MAINTENANCE PROGRAMME UNDER NATIONAL HEALTH MISSION



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

No : 1024047

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>DH</u> Address... <u>DH Mananthavady,</u> <u>Wayanad</u> Ph: <u>7012840617</u>	Call Registration Date : <u>14/10/24</u> Caller ID : <u>140307</u> Date of Visit : <u>16/10/24</u> Asset No : <u>1210625</u> EQPT Name : <u>Nebuliser</u> Manufacture <u>Truecheck</u> Model : <u>N8001</u> S. No <u>800118100240</u> Dept <u>Injection Room</u>
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Service Classification : Breakdown call PMS Calibration Cust. Training

Problem Identified : No fumes

Action Taken : Checked and found that the motor and piston are defective. Needs to replace the same

Completed Date : 16/10/24 Time : 12:00 PM Spare Required

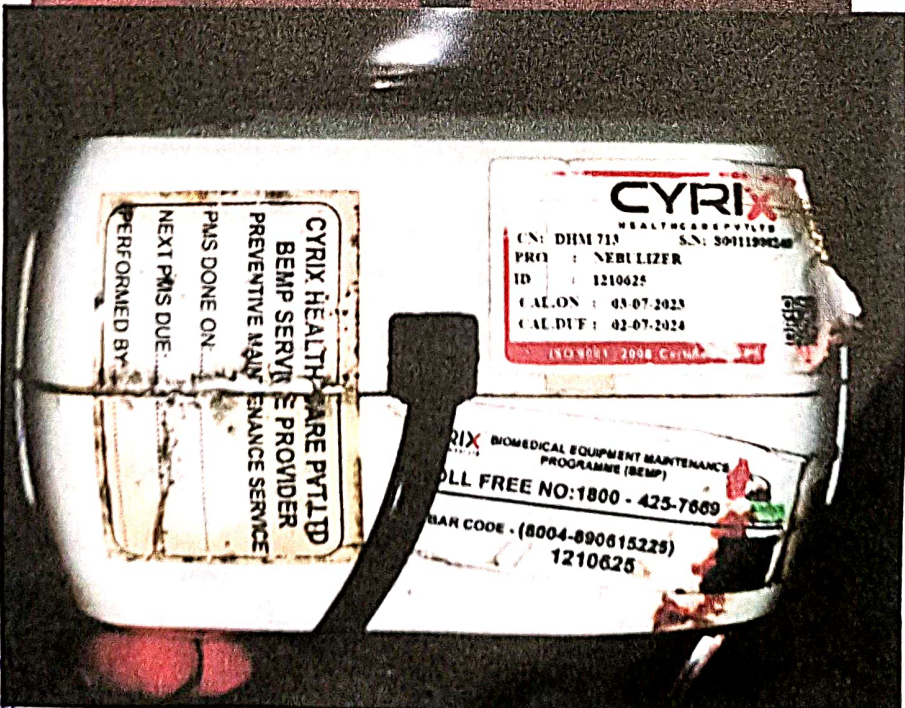
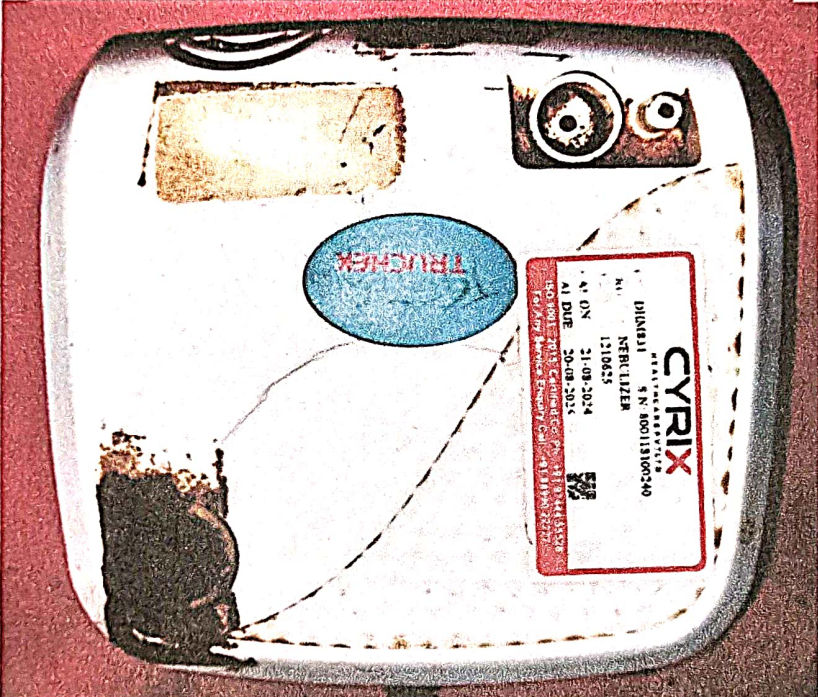
Spare Replaced Requested

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

Cyrux Engineer	Date	Start Time	End Time
<u>Ameer C.H</u>	<u>16/10/24</u>	<u>10:00 AM</u>	<u>12:00 PM</u>

Customer Remark Completed Pending

Service Engineer Name : <u>Ameer C.H</u> Signature: <u>Ameer C.H</u> Date: <u>16/10/24</u> Contact Number: <u>7994374680</u>	Customer Name : <u>Shaby Joseph</u> Signature: <u>Shaby</u> Date: <u>16/10/24</u> Contact Number: <u>9495864717</u> Designation : <u>SNO</u> Hospital Seal: <u>23/10/24</u> <div style="text-align: right;"> </div>
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23/10/24
 SUPERINTENDENT
 DISTRICT HOSPITAL
 WAYANAD, MAHANTHAPURAM

Shelcy Joseph
 SMO
 23/10/24