

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

Name of Hospital: DH KANHANGAD	Name of District: KASARGOD
Name of Equipment: NEBULISER	Equipment ID & Barcode: 143687, 1410573
Make: SAFE & TOUCH	Model: CN-01W
Serial Number: 004686	Warranty details: No Warranty
Date of purchase/ Year of manufacture/ Installation Date: In ticket master installation date is 07/04/2021. As per stock register installation date is 08/04/21	Present status of the equipment: Fully damaged
Date of breakdown: 30/10/2024 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 has no fumes out, found motor and piston are defective. Need to replace these spares for further checking.	

Recommendations for repair (required service details): Not recommending 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: 1875
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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 machine and found that Machine has no fumes out, found motor and piston are defective. In ticket master installation date is 07/04/2021. As per stock register installation date is 08/04/2021. Quotation not submitted since spares are not available from the market. So we recommend the equipment for condemnation.

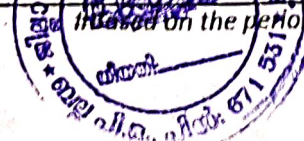
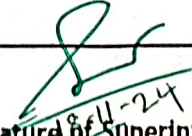

 Name & Signature of CYRIX Authority with date

Remarks of Junior Consultant (Biomedical) NHM: checked the machine and found that machine has no fumes out, found motor and piston are defective. Ticket master installation date is 07/04/21. As per stock register installation date is 08/04/21. Quotation not submitted by cyrix.

Recommended for BER (Yes/ No): Yes	Jr. CONSULTANT Biomedical Engineering Arogya (NHM) Kanhangad Signature of JC BM (NHM)
Date: 10/11/24	

Date: _____ Signature of Superintendent / Medical Officer (i/c)

*Not mandatory based on the period of life and value as per the guidelines * Attach Photograph



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BIOMEDICAL EQUIPMENT MAINTENANCE PROGRAMME UNDER NATIONAL HEALTH MISSION



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

No : 127504

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

<p>Health Facility: <u>DH Kanchungal</u></p> <p>Address: <u>Kanchungal</u> <u>Kasaragod</u></p> <p>Ph: <u>9400669021</u></p>	<p>Call Registration Date : <u>30/10/24</u></p> <p>Caller ID : <u>143687</u></p> <p>Date of Visit : <u>01/11/24</u></p> <p>Asset No : <u>1410573</u></p> <p>EQPT Name : <u>Nebulizer</u></p> <p>Manufacture: <u>Safesound</u> Model : <u>CS-01W</u></p> <p>S. No. <u>004686</u> Dept. <u>FSWI</u></p>
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Service Classification : Breakdown call PMS Calibration Cust. Training

Problem Identified : Fumes not coming

Action Taken : Checked the unit, found motor and piston damaged. Need to replace these spares for further rectification of the complaint.

Completed Date : Time : Spare Required

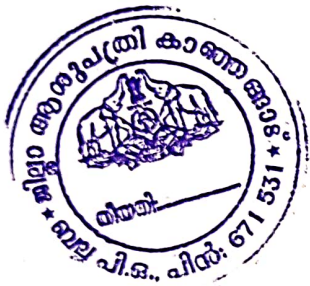
Spare Replaced Requested

No.	Description	Qty.	Part Number	PR Number
1.				
2.				
3.				

Cyrix Engineer <u>Jayesh Prabhakaran</u>	Date <u>01/11/24</u>	Start Time <u>10:30 AM</u>	End Time <u>11:00 AM</u>
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Customer Remark _____ Completed Pending

<p>Service Engineer Name : <u>Jayesh Prabhakaran</u></p> <p>Signature: <u>[Signature]</u></p> <p>Date: <u>01/11/24</u></p> <p>Contact Number: <u>7593847156</u></p>	<p>Customer Name : <u>[Signature]</u></p> <p>Signature: <u>[Signature]</u></p> <p>Date: <u>[Date]</u></p> <p>Contact Number: <u>[Number]</u></p> <p>Designation : <u>[Designation]</u></p> <p>Hospital Seal <u>[Seal]</u></p>
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ജില്ലാ ആരോഗ്യ
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