PROFORMA RECOMMENDATION FOR BEYOND EC BIOMEDICAL EQUIPMENT MAINTEN	ONOMIC REPAIR (RBER) ANCE 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	*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 the machine and found that Machine has n Need to replace these spares for further checking.	o fumes out, found motor and piston are defective
Recommendations for repair (required service details): Not recomme	ending for repair
	The state of the s
Cost of spares (specify parts and cost): N/A	
#Percentage value of the cost of spares	Asset Value:1875
with respect to Cost of Purchase/ Asset Value: N/A	
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 macl found motor and piston are defective. In ticket master installation date is 08/04/2021. Quotation not submitted since spares are not available for condemnation.	s 07/04/2021. As per stock register installation date is
ioi condemiation	Jayesh langhrow Signiful.  Name & Signature of CYRIX Authority with dat
Remarks of Junior Consultant (Biomedical) NHM: Checked Al	a material and stayed allege
machine has no tames our trund made	er and pisson are defeative.
machine has no fames our found made licker master installation date is ofto installation date is ofto	4/21. As per Block register
installation date 18 08/04/21, Quotation	not submitted by egria.
	Jr. CUNSULTANT
Recommended for BER (Yes/ No): Yes	Biomedic Dayingering
Date: 10 11   24	Signature of JC BM (NAM)
10 (11) 450 00000	0.4
Date:	Signature of Superintendent / Medical Officer (i/o
*Not mandatory in the period of life and ve	alue as per the BITE Andeliness * Attach Photograp
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## **BIOMEDICAL EQUIPMENT** MAINTENANCE PROGRAMME **UNDER NATIONAL HEALTH MISSION**



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



127504 No:

ISO 13485 : 2012 & ISO 9001-2008 CE Service Report 30/64 1 B, Petta Junc Ph : 98472 99500 Website	tion, Poonith	ura, Kochi- 682	038, Kerala	gency	
Health Facility DIF tomphume  Address Consherregul  Eugurgul  Ph: 9400669071	C. C. C. D. A. E. M	all Registration aller ID : ate of Visit : sset No : QPT Name : anufacture. گ	Date:30.1.1 13.687 01.11124	1: CX -01W	
Service Classification : Breakdown ca	ıll P	MS Calib	ration  Cust	. Training 🗌	
Problem Identified : Tume	s not	Comi	z g		
ActionTaken: Checked  And Piston Lama  These Spares for  Ompleted Date:	ged for	Meed	to seg Sectifica	hoto.	
Spare Replaced Requested					
Description	Qty.	Part N	umber	PR Number	
1. 2 3.					
Cyrix Engineer	W -1	Date	Start Time	End Time	
(ayell knothans	T 4 4	01/11/24	10.394m	11- NAM	
Customer Remark  Cervice Engineer Name: Cuelly Manager Signature: Cuelly Care Signature: Cu	E 129	11511	Pendi	of the same of the	
Contact Number: 7593847156	Clo clour	Designation	. Boughteen Cha	حو	

## Government District Hospital, Kasaragod - Kanhangad STOCK REGISTER 87

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Date	Name of articles	Received Qty.	Issued Qty.	Balance Qty.	Signature of receiver	Remarks
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