


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

Name of Hospital: PHC PUDUKODE	Name of District: PALAKKAD
Name of Equipment: BP APPARATUS	Equipment ID & Barcode: #140415 -0943007
Make: ELKO	Model: NA
Serial Number: NA	Warranty details: No Warranty
Date of purchase/ Year of manufacture/ Installation Date: 20/08/2019	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 found not switching on. Found Problem with main board, main board need to be replace for further checking of machine.	
Recommendations for repair (required service details): No recommendations	
Cost of spares (specify parts and cost): NA	
#Percentage value of the cost of spares with respect to Cost of Purchase/ Asset Value: NA	Asset Value: 2200/-
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 found not switching on. Found Problem with main board, main board need to be replace for further checking of machine. Equipment installed on 20/08/2019 aged up to 5 years 1 months. Quotation not submitted since spare parts are not available on market. So we recommending the equipment for condemnation	

AKHILESH P 
 Name & Signature of CYRIX Authority with date 25/10/24

Remarks of Junior Consultant (Biomedical) NHM:
 B P apparatus installed on 20/8/2019 and aged up to 5 years. Quotation not submitted.

Recommended for BER (Yes/ No): Yes

Date: _____

Signature of JC BM (NHM)  25/10/24

Date: _____

Signature of Superintendent / Medical Officer (i/c)  for no/c



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

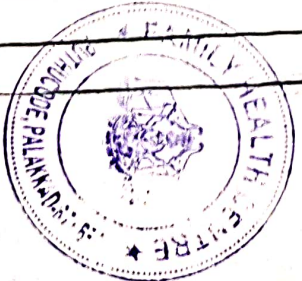
MEDICAL OFFICER
FAMILY HEALTH CENTRE,
PUTHUCODE.
PIN-678 687

STOCK REGISTER OF..... 11.....

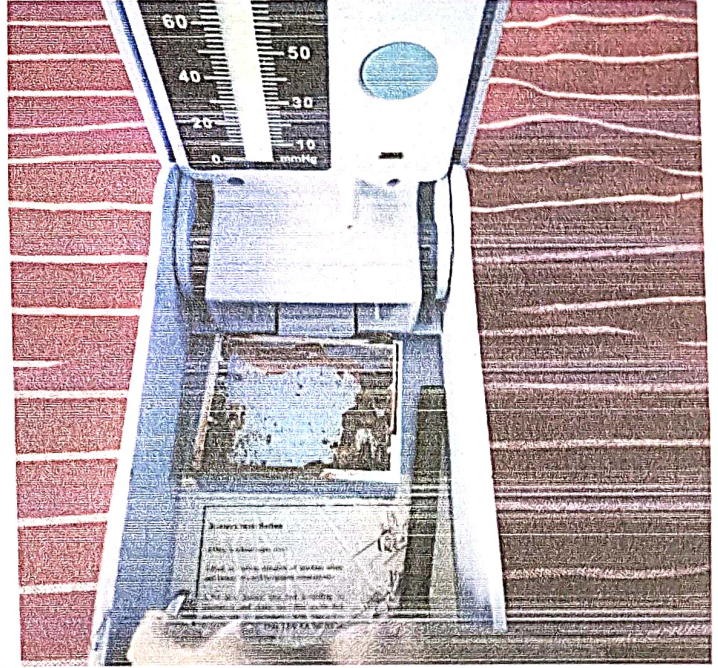
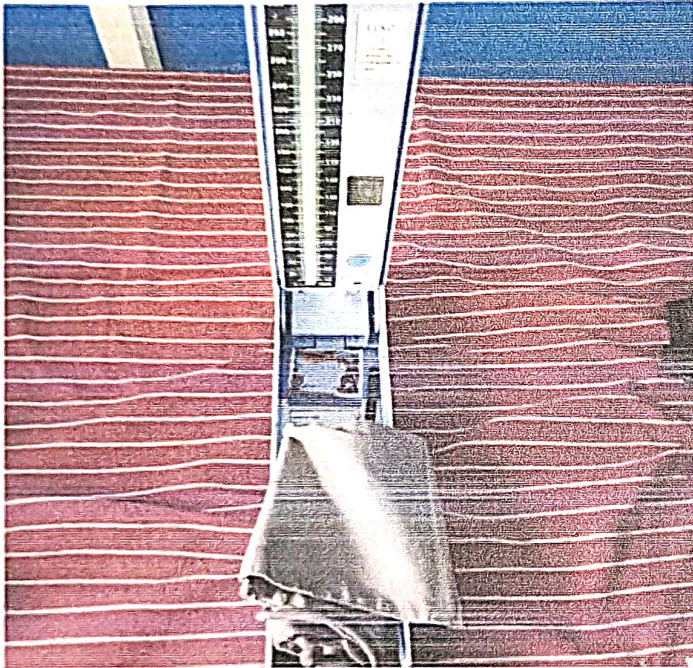
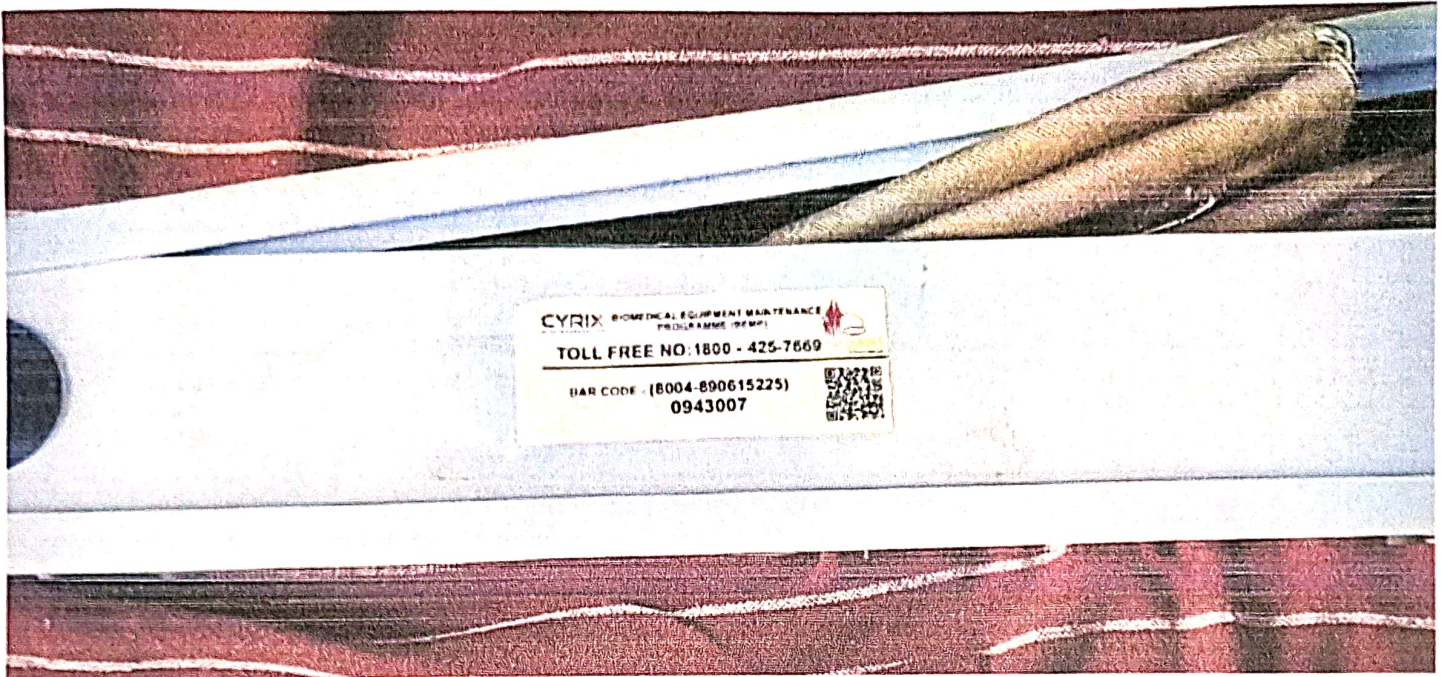
NAME OF ARTICLE... B.P. APPARATUS... DIGITAL.....

Date	From whom received or to whom issued	Receipt	Issued	Balance	Remarks
11/11		1		1	21-
11/11	Trial to conservative request pages: 5	1			
11/11	Recd from the store - Home Dept				
11/11	Recd - Home purchase Vol no. 10 page 115	1		1	
11/11	Issued & using in opd		1	NIL	Dr
11/11	Recd from the store (mercury free LED)				Chit
11/11	15 1440.62 PS1 - (Audiogram)	1		1	Dr
11/11	Issued & using in opd		1	NIL	Dr
11/11	Recd from the store (NCD supply) (mercury free)	1		3	Chit
11/11	Issued & using in opd		1		Chit
11/11	Recd from the store (mercury free)	1		4	Dr
11/11	Recd from the store E Adaptor	1		5	Dr

*ADD
for info*



MEDICAL OFFICER
FAMILY HEALTH CENTRE
PUTHUCODE.
PIN-078 087



ASD
for mo/k
28/10/24



**MEDICAL OFFICER
FAMILY HEALTH CENTRE
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