



**BIOMEDICAL EQUIPMENT
MAINTENANCE PROGRAMME
UNDER
NATIONAL HEALTH MISSION**



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

No : 1018580

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: <i>CHC, Kuzathikad</i>	Call Registration Date: <i>09/10/2024</i>
Address: <i>Alappuzha</i>	Caller ID: <i>138583</i>
<i>Kerala</i>	Date of Visit: <i>04/10/2024</i>
Ph: <i>9497338998</i>	Asset No: <i>0430084</i>
	EQPT Name: <i>BP apparatus</i>
	Manufacture: <i>Lifeline</i> Model: <i>No</i>
	S. No: <i>No</i> Dept: <i>Casualty</i>

Service Classification : Breakdown call PMS Calibration Cust. Training

Problem Identified : *Mercury glass tube is broken and mercury fully spilled out.*

Action Taken : *checked the machine and found that the mercury glass tube is broken and mercury totally spilled out. Needs to replace these spares & for further checking and working condition of the equipment.*

Completed Date : *04/10/24* Time : *12:00pm* Spare Required

Spare Replaced Requested

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

Cyrix Engineer	Date	Start Time	End Time
<i>Mazidub G</i>	<i>04/10/24</i>	<i>11:15 am</i>	<i>12:00pm</i>

Customer Remark Completed Pending

Service Engineer Name : *Mazidub G*
Signature: *Mazidub G*
Date: *04/10/2024*
Contact Number: *906199471*



Customer Name :
Signature:
Date:
Contact Number:
Designation :
Hospital Seal

Jayas
MEDICAL OFFICER IN CHARGE
Community Health Centre
Kuzathikad, Thekkarak
Mavelikkara - 690 107
SNO 5831

PROFORMA RECOMMENDATION FOR BEYOND ECONOMIC REPAIR (RBER) BIOMEDICAL EQUIPMENT MAINTENANCE PROGRAM (BEMP)	
Name of Hospital: CHC KURATHIKAD	Name of District: ALAPPUZHA
Name of Equipment: BP APPARATUS	Equipment ID & Barcode: 138533 & 0430084
Make: LIFE LINE	Model: BETA PORTABLE
Serial Number: NA	Warranty details: NO WARRANTY
Date of purchase/ Year of manufacture/ Installation Date: 22/12/2015	Present status of the equipment: FULLY DAMAGED
Date of breakdown: 03/10/2024 (Date of registration of complaint through email/ Toll free)	*AMC/ CAMC Period agreed at the time of purchase: NO AMC/CAMC
Action taken: CHECKED THE MACHINE AND FOUND THAT THE MERCURY GLASS TUBE IS BROKEN AND MERCURY LEAKING. INSUFFICIENT MERCURY IN THE MERCURY TANK.	
Recommendations for repair (required service details) NOT RECOMMENDED FOR REPAIR	
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: 1323/-
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 THE MERCURY GLASS TUBE IS BROKEN AND MERCURY TOTALLY SPILL OUT. INSUFFICIENT MERCURY IN THE MERCURY TANK. THIS MACHINE WAS INSTALLED ON 22/12/2015 AND AGED UP TO 9+ YEARS. QUOTATION IS NOT SUBMITTED SINCE MERCURY IS NOT AVAILABLE IN THE MARKET. SO WE RECOMMENDING THE EQUIPMENT AS BER.	
Name & Signature of CYRIX Authority with date:- MRIDULA G <i>Mridula</i> 4/10/2024	
Remarks of Junior Consultant (Biomedical) NHM:	
Recommended for BER (Yes/ No): YES	<i>[Signature]</i> Signature of JC BM (NHM)
Date: 02/11/24	
Date: <i>[Signature]</i> Medical Officer (i/c)	<i>Jyothish Thomas</i> Consultant (Biomedical Engineering) NHM ALAPPUZHA Signature of Superintendent /

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B.P. APPARATUS

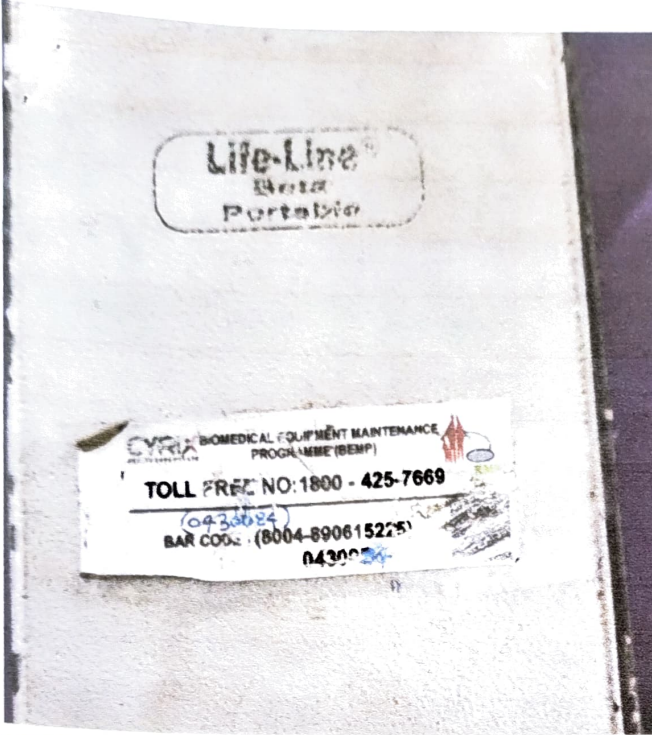
Date	No. & date of invoice	From whom received	Receipt	Quantity	Particulars	Sig. of the Receiver	Remarks
12/12/76		5/16 from page no. 60 of ward Sub stock Reg. Vol II (1 from General stock and 1 from store) (1 No kept in use store)			2 Nos	<i>[Signature]</i>	2 page. 60 of reg. Vol II - 12/76
25/1/82	No 2570 dt 19/1/82	B.P. Apparatus from Local purchase	2		4	<i>[Signature]</i>	
26/8/87	No 168 dt 26/5/87		1		5	<i>[Signature]</i>	
7/12/09		Rd from store	1		6	<i>[Signature]</i>	
10/5/12		Rd from JPHN (Subbu)	1		7	<i>[Signature]</i>	
12/3/15		Canceled & sanctioned I.N.O. of order No: 14/15/CH/10 dt 12/3/2015	3+1		3	<i>[Signature]</i>	
28/12/15		Received from store (Black Band)	5		8	<i>[Signature]</i>	
12/1/16		Received from store	3		11	<i>[Signature]</i>	
15/3/18		Rd from store (FW)	1		12	<i>[Signature]</i>	
3/9/19		Received from store	1		13	<i>[Signature]</i>	

25/1/15 B.P. Apparatus (3) Nos received on 26/8/07, 7/12/09, 10/5/12 transferred to untraceable articles register page no (33)



10/10 Pg. No 168
 In-charge
 MEDICAL OFFICER IN-CHARGE
 Community Health Centre
 Kurathikad, Thekkkara
 Mavelikara - 690 107

10-10



*Indira G
(for M.O.I.C)*

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