

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

Name of Hospital: DH WADAKKANCHERRY	Name of District: Thrissur
Name of Equipment: Cautery	Equipment ID & Barcode: 128802 & 0812317
Make: Ascon	Model: WBC-980D
Serial Number: 1103363	Warranty details: No Warranty
Date of purchase/ Year of manufacture/ Installation Date: ticket master installation date-5-12-2013. As per Stock book installation date-12-03-2012	Present status of the equipment: fully damaged
Date of breakdown: 12-08-2024 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 Main board and bipolar cable are defective. Need to replace these spares for further checking working condition of equipment.

Recommendations for repair (required service details)- Not recommending

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: 10505/-
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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: Regarding the inspection of the equipment, cautery machine. Upon examination, it has been discovered that critical spare parts, including the Main board and bipolar cable are severely damaged. Equipment installed on 12/03/2012 and aged up to 12 years and 05 months. In our effort to source replacement parts, we inquire with the original manufacturer, Ascon Healthcare. However, it has come to our attention that Ascon Healthcare has ceased its operations and has permanently closed down. Consequently, there are no available spares from the manufacturer. Considering the circumstances and in adherence to the tender clause 5.3.14.2, which stipulates that manufacturer not existing, the equipment should be evaluated for condemnation, we recommend that this equipment is marked for condemnation.

BIJO T JOY
 Name & Signature of CYRIX Authority with date

Remarks of Junior Consultant (Biomedical) NHM:
Company closed and hence the spare parts are not available at market/OEM

Signature
 JUNIOR CONSULTANT (Biomedical)
 THRISSUR

Recommended for BER (Yes/ No): <i>yes</i>	Signature of JC BM (NHM) <i>Signature</i> 21/9/24
Date: 21/9/24	

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



Signature
 DISTRICT HOSPITAL WADAKKANCHERRY
 THRISSUR
 PIN 681 590
 KUMARANELLU

*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 : 1000182

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 wadakkancherry</u></p> <p>Address: <u>wadakkancherry,</u> <u>Thrissur</u></p> <p>Ph: <u>7508031324</u></p>	<p>Call Registration Date : <u>12/8/2024</u></p> <p>Caller ID : <u>128802</u></p> <p>Date of Visit : <u>13/8/2024</u></p> <p>Asset No : <u>0812317</u></p> <p>EQPT Name : <u>Courtesy</u></p> <p>Manufacture: <u>Ascon</u> Model: <u>WBC-9800</u></p> <p>S. No. <u>1103363</u> Dept. <u>OT</u></p>
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Service Classification : Breakdown call PMS Calibration Cust. Training

Problem Identified : Equipment is not working.

Action Taken : checked the machine and found that main board and bipolar cable are defective. Need to replace these spares for further checking.

Completed Date : 13-8-2024 Time : 12:00pm Spare Required

Spare Replaced Requested

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

Cyrix Engineer	Date	Start Time	End Time
<u>Aswin A.R</u>	<u>13/8/2024</u>	<u>10.00 am</u>	<u>12.00 PM</u>

Customer Remark Completed Pending

Service Engineer Name : Aswin A.R

Signature: [Signature]

Date: 13/8/2024

Contact Number: 8589985265

Customer Name : Shree Sheeba Karian

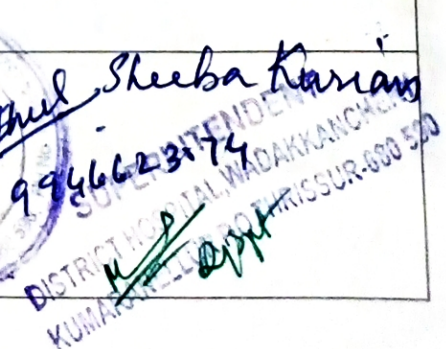
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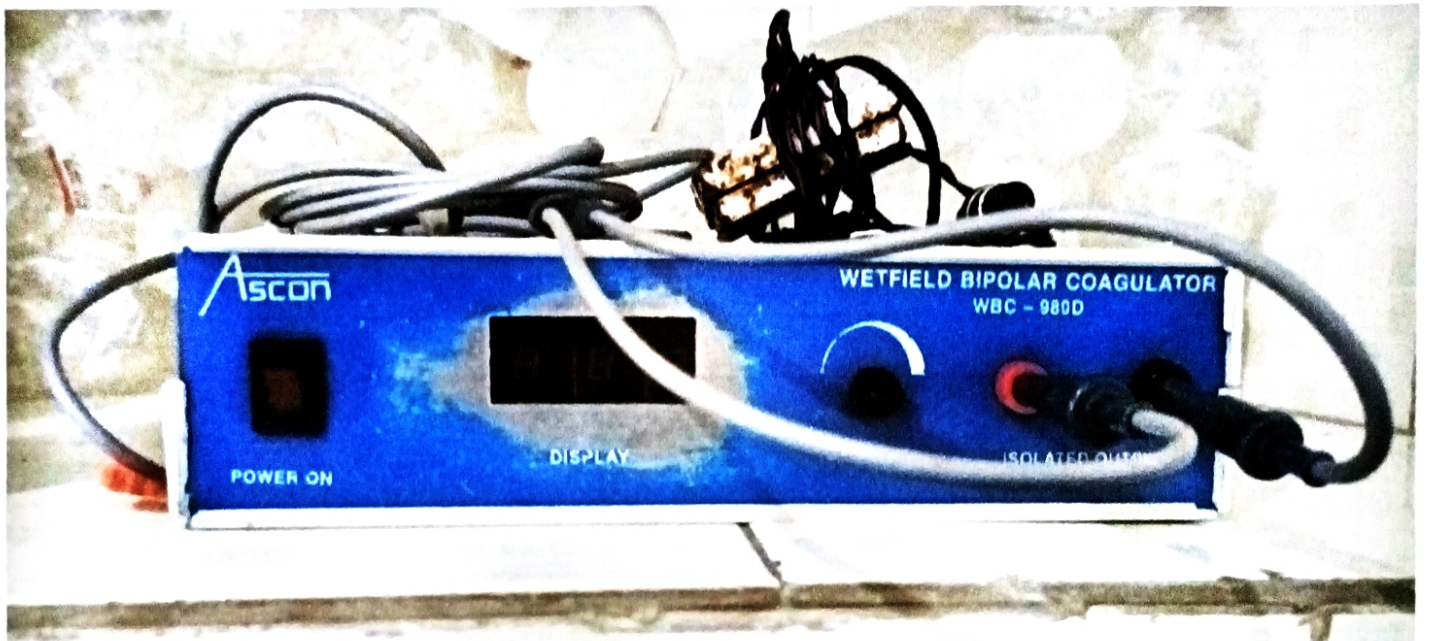
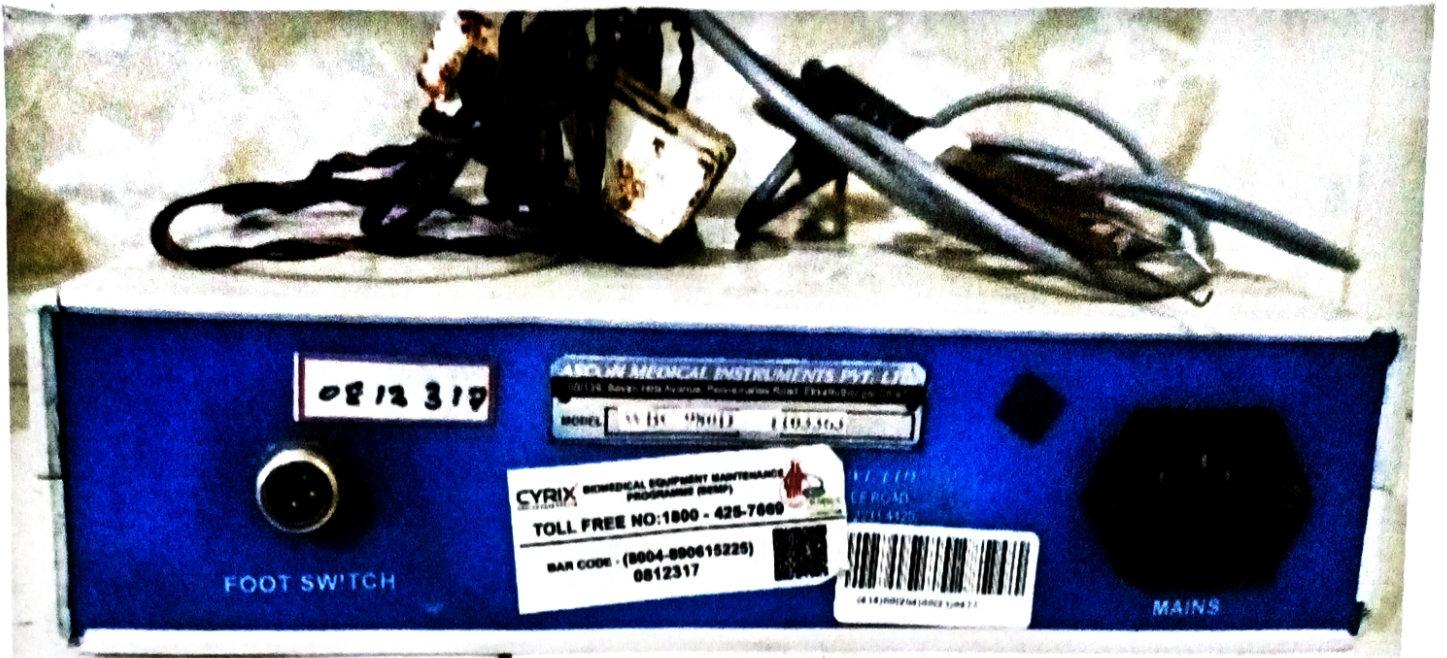
Date: [Date]

Contact Number: 9946623174

Designation : [Signature]

Hospital Seal





OPH. Bipalorch Conting:

12/3/12

Red line Sine - 1

Eqn. Code - 149

SZ no: 1103363

eye OT

R. 11076/

