

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

Name of Hospital: CHC MELADY	Name of District: KOZHIKODE
Name of Equipment: XRAY VIEWER	Equipment ID & Barcode: 134162 & 1150439
Make: N/A	Model: N/A
Serial Number: N/A	Warranty details: No Warranty
Date of purchase/ Year of manufacture/ Installation Date: In ticket master installation date is 20/05/2016, As per the stock book installation date is 19.11.2015	Present status of the equipment: Fully damaged
Date of breakdown: 09/09/2024	*AMC/ CAMC Period agreed at the time of purchase: No AMC/CAMC
Date of registration of complaint through email/Toll free): Toll free	
Action taken: Checked and found that both tubes & choke, acrylic sheet and switch are defective. Enquired vendor for spares.	

Recommendations for repair (required service details): Not recommending for repair

Cost of spares (specify parts and cost):
 1) Tube for Xray view box – 2 nos = 1062 /-
 2)Choke for tube – 2 nos = 354 /-
 3)Acrylic sheet = 354 /-
 4)Switch = 70 /-
 GRAND TOTAL = 1840 /-

#Percentage value of the cost of spares with respect to Cost of Purchase/ Asset Value: 81.48% Asset Value: 2258/-

Abstract of Service Report provided by the OEM/ Authorized Service Provider/ CYRIX (Attached or Not): Cyrix service report attached and vendor quotation attached

Reasons for recommending the equipment as BER: Checked and found both tubes & choke ,acrylic sheet and switch are defective. In ticket master installation date is 20/05/2016, As per the stock book installation date is 19.11.2015 Equipment out lived 8 years 10 months. Repairing cost of the equipment is 81.48% both criteria for rber met, As per tender clause 5.3.14.1 we recommending the equipment for condemnation.

JINEESH PP *Jineesh*
 Name & Signature of CYRIX Authority with date *23/09/2024*

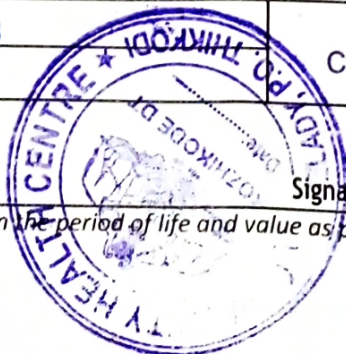
Remarks of Junior Consultant (Biomedical) NHM:

checked & found that both tubes & choke, acrylic sheet and switch are damaged. Machine installed on 19/11/2015. Repairing cost of equipment is high. So recommended for condemnation.

Recommended for BER (Yes/ No): *Yes*

Date: *23/09/24*

Consultant: Bio Medical Engineer
 National Health Authority of JCBM (NHM)
 Kozhikode



Date: *24/09/24*

Seal

Signature of Superintendent *[Signature]*
MEDICAL OFFICER
 CHC MELADY
 PO THIRUVADI KOZHIKODE

*Not mandatory

#Based on the period of life and value as per the BER guidelines



BIOMEDICAL EQUIPMENT MAINTENANCE PROGRAMME UNDER NATIONAL HEALTH MISSION



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

No : 1003332

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..... <u>CHC</u>	Call Registration Date : .. <u>9-9-2024</u>
Address..... <u>Melady</u>	Caller ID : .. <u>134162</u>
..... <u>Kozhikode</u>	Date of Visit : .. <u>10-9-2024</u>
Ph:..... <u>9048271899</u>	Asset No : .. <u>1150439</u>
	EQPT Name : .. <u>x-ray film viewer</u>
	Manufacture..... <u>NA</u> Model : .. <u>NA</u>
	S. No..... <u>NA</u> Dept..... <u>OP</u>

Service Classification : Breakdown call PMS Calibration Cust. Training

Problem Identified : ..Machine not switched ON.....

Action Taken : ..checked and found that both tubes & choke, argic sheet and switch are defective. Enquired vendor for spare.....

Completed Date : ..10/9/24..... Time : ..11:30am..... Spare Required

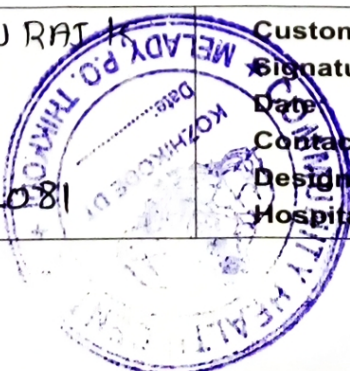
Spare Replaced Requested

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

Cyrix Engineer	Date	Start Time	End Time
<u>Midhun rajk</u>	<u>10/9/24</u>	<u>10:30am</u>	<u>11:30am</u>

Customer Remark Completed Pending

Service Engineer Name : <u>MIDHUN RAJ K</u>	Customer Name : <u>Abhitha TP</u>
Signature: <u>BME [Signature]</u>	Signature: <u>[Signature]</u>
Date: <u>10/9/2024</u>	Date: <u>10/9/24</u>
Contact Number: <u>9072522081</u>	Contact Number: <u>82810</u>
	Designation : <u>NO CURZ CH CENTRE MELADY</u>
	Hospital Seal



MEDICAL OFFICER
NO CURZ CH CENTRE MELADY
PO THIKKODI KOZHICODE

Handwritten notes:
Name
keep in
[Signature]

MEDADE HEALTHCARE

Engineered For Healthcare

Name:	CYRIX HEALTHCARE	Date:	20-09-2024
Address:	POONITHURA, ERNAKULAM	Qtn#	MHK/QTN/23-24/065
Phone:		Salesman:	SAJITH KAMAL
		Mob#	7012112424

QUOTATION

SL No	Description	Price/Unit	Gst	Qty	Total (incl tax)
1	TUBE FOR XRAY VIEW BOX	₹ 450.00	18%	2	₹ 1,062.00
2	CHOKE FOR TUBE	₹ 150.00	18%	2	₹ 354.00
	ACRYLIC SHEET	₹ 300.00	18%	1	₹ 354.00
	SWITCH	₹ 60.00	18%	1	₹ 70.80

Terms and Conditions

1. Payment: 50% advance & remaining 50% against delivery
2. Delivery Time: 1-2 weeks
3. Quotation validity: 30 days.
4. GST included.

For Medade healthcare



SAJITH KAMAL

Address : KM32/1475 A4,Ground floor , Saaff Arcade, Kozhikode-673305

Phone: 8129102919, 7012112424, Email: sales.medade@gmail.com



Spare Enquiry - X-ray Film Viewer-134162-1150439-CHC MELADY, KOZHIKODE

2 messages

Jineesh P P <jineeshcyrix@gmail.com>

Fri, 20 Sept, 2024 at 6:30 am

To: sales.medade@gmail.com

Cc: DM Sarang-KLBEMP <dm1.klbemp@cyrix.in>, Blesson Jose <zm2.klbemp@cyrix.in>

Dear Sir

Please share price and spare availability of tubes (2 nos), choke (2 nos), front case and switch

Xray Film viewer

Make : NA

Model: NA

SN: NA

Attached photos for your reference

Thanks & Regards,

Jineesh PP

District Incharge - Kozhikode

KLBEMMP

Mob-7593847163

jineeshcyrix@gmail.com

www.cyrixhealthcare.com

Cyrix Healthcare Pvt Ltd

| 30/641 B | Pettah Jn | Poonithura | Cochin -38 | Kerala | India

KERALA || KARNATAKA || TAMIL NADU || UTTAR PRADESH

Medade healthcare <sales.medade@gmail.com>

Fri, 20 Sept, 2024 at 6:36 pm

To: Jineesh P P <jineeshcyrix@gmail.com>

Cc: DM Sarang-KLBEMP <dm1.klbemp@cyrix.in>, Blesson Jose <zm2.klbemp@cyrix.in>

Dear Jineesh,

Please find the attached quotation

MEDADE HEALTHCARE

KM 32/1475 A4 Ground, Saaff Arcade,

New Bus Stand Link Road Koyilandy,

Koyilandy - 673305,

Kozhikode, Kerala

Tel: +9181 2910 2919

+9170 1211 2424

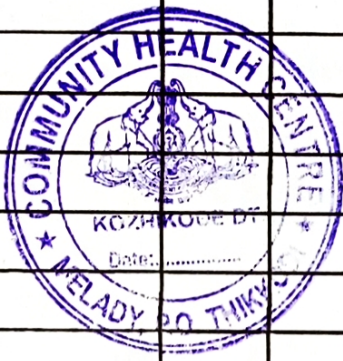
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STOCK BOOK OF

Name of article X RAY LOBBY SINGLE FILM / 146C-13

Date	No and date of voucher or invoice	From whom received or to whom issued	Receipt	Issued	Balance after each transaction	Initials of Receiver	Remarks
		Brought Forward					
19-11-5	883 12315	From Kerala Surgical Equipment Ltd. Kochi Purchase order No. 421/015/1261			1 No.		Rs 2258 /
20-5-16		Issued to ward		1 No.	Nil		P No 147

K. V. V. V.
20/5/16



MEDICAL OFFICER
C.H. CENTRE MELADY
PO THIKKODI KOZHICODE



DISTRICT HEALTH OFFICER
 K. P. O. THIRUVARUR
 DISTRICT Kozhikode



NATIONAL HEALTH MISSION
 BIOMEDICAL EQUIPMENT MAINTENANCE PROGRAMME (BEMP)
CYRIX
 HEALTH SERVICES
 TOLL FREE NO. 1800 - 425-7669
 BAR CODE - (8004-890615225)
 1150439



Dr. V. MEDICAL OFFICER
 DISTRICT HEALTH CENTRE MELJADY
 K. P. O. THIRUVARUR
 DISTRICT Kozhikode