



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



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

No : 1017440

**CYRIX**<sup>®</sup>  
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 VELYANAD</u>	Call Registration Date : ..... <u>21.10.24</u>
Address.....	Caller ID : ..... <u>141864</u>
..... <u>DIST: ALAPPUZHA</u>	Date of Visit : ..... <u>22.10.24</u>
Ph : ..... <u>9495447028</u>	Asset No : ..... <u>0430470</u>
	EQPT Name : ..... <u>Sterilized</u>
	Manufacture <u>ROTEK</u> Model : ..... <u>NA</u>
	S. No. <u>NA</u> Dept. <u>Immunization</u>

Service Classification : Breakdown call  PMS  Calibration  Cust. Training

Problem Identified : ..... Improper and unsafe functioning  
.....  
..... (Actual department is OP)

Action Taken : ..... Checked the machine and found that the door gasket, Flowex type knob and pressure gauge are defective, steam is leaking due to body is rusted, wear and tear happened

Completed  Date : ..... 22.10.24 Time : ..... 1:00 PM Spare Required

Spare Replaced  Requested

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

Cyrix Engineer	Date	Start Time	End Time
<u>Midhunraj R</u>	<u>22/10/24</u>	<u>12:00 PM</u>	<u>1:00 PM</u>

Customer Remark	Completed <input checked="" type="checkbox"/>	Pending

Service Engineer Name : <u>Midhunraj R</u>	Customer Name : <u>Mini Joseph</u>
Signature: <u>[Signature]</u>	Signature: <u>[Signature]</u>
Date: <u>22/10/24</u>	Date: <u>22/10/24</u>
Contact Number: <u>9072522056</u>	Contact Number: <u>9495447028</u>
	Designation : <u>Senior NSG officer</u>
	Hospital Seal



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

No : 1017449

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HEALTH CARE PVT LTD

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**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 VELLYANAD</u>	Call Registration Date: <u>21/10/24</u>
Address: .....	Caller ID: <u>141864</u>
<u>DIST: ALAPPUZHA</u>	Date of Visit: <u>22/10/24</u>
Ph: <u>9495447028</u>	Asset No: <u>0430470</u>
	EQPT Name: <u>Sterilized</u>
	Manufacture: <u>ROTEK</u> Model: <u>NA</u>
	S. No. <u>NA</u> Dept. <u>Immunization</u>

Service Classification : Breakdown call  PMS  Calibration  Cust. Training

Problem Identified : Improper and unsafe functioning

Action Taken : checked the machine and found that door gasket, 1 flower type knob, and pressure gauge are defective, steam is leaking due to body is rusted, wear and tear happened

Completed  Date : 28/10/24 Time : 1:00pm Spare Required

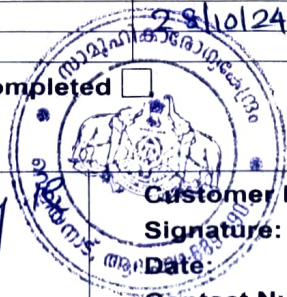
Spare Replaced  Requested

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

Cyrix Engineer	Date	Start Time	End Time
<u>Michuraj R</u>	<u>28/10/24</u>	<u>12:00pm</u>	<u>1:00pm</u>

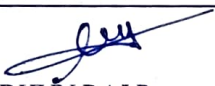


Customer Remark:  Completed  Pending

Service Engineer Name : <u>Michuraj</u>	Customer Name : <u>Mini Joseph</u>
Signature: <u>[Signature]</u>	Signature: <u>[Signature]</u>
Date: <u>28/10/24</u>	Date: <u>28/10/24</u>
Contact Number: <u>9072522056</u>	Contact Number: <u>9495447028</u>
	Designation : <u>SNO</u>
	Hospital Seal: <u>[Seal]</u>



MEDICAL OFFICER  
Community Health Center  
Vellyanad

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

Name of Hospital: CHC VELIYANAD		Name of District: ALAPPUZHA	
Name of Equipment: STERILIZER (COOKER TYPE AUTOCLAVE)		Equipment ID & Barcode: 141864 & 0430470	
Make: ROTEK		Model: NA	
Serial Number: NA		Warranty details: NO WARRANTY	
Date of purchase/ Year of manufacture/ Installation Date: 08/06/2017		Present status of the equipment: FULLY DAMAGED	
Date of breakdown: 21/10/2024 (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 DOOR GASKET, FLOWER TYPE KNOBE AND PRESSURE GUAGE ARE DEFECTIVE. STEAM IS LEAKING DUE TO BODY IS RUSTED. WEAR AND TEAR HAPPENED.			
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: 15000	
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 DOOR GASKET, FLOWER TYPE KNOBE AND PRESSURE GUAGE ARE DEFECTIVE. STEAM IS LEAKING DUE TO BODY IS RUSTED. WEAR AND TEAR HAPPENED. THE EQUIPMENT WAS INSTALLED ON 08/06/2017 AND AGED UP TO 7+ YEARS. THIS MACHINE IS IRREPARABLE CONDITION. SO WE RECOMMENDING THE EQUIPMENT FOR CONDEMNATION.			
 Name & Signature of CYRIX Authority with date :- MIDHUN RAJ R			
Remarks of Junior Consultant (Biomedical) NHM:			
Recommended for BER (Yes/ No): YES		 Signature of JCBM (NHM)	
Date: 12.11.24			
Date: Medical Officer (i/c)		 Seal Signature of Superintendent	

MEDICAL OFFICER IN-CHARGE  
Community Health Centre  
Veliyanad

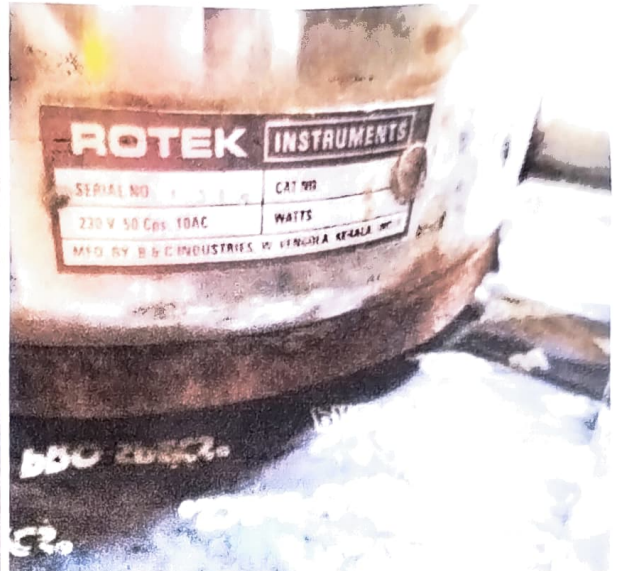
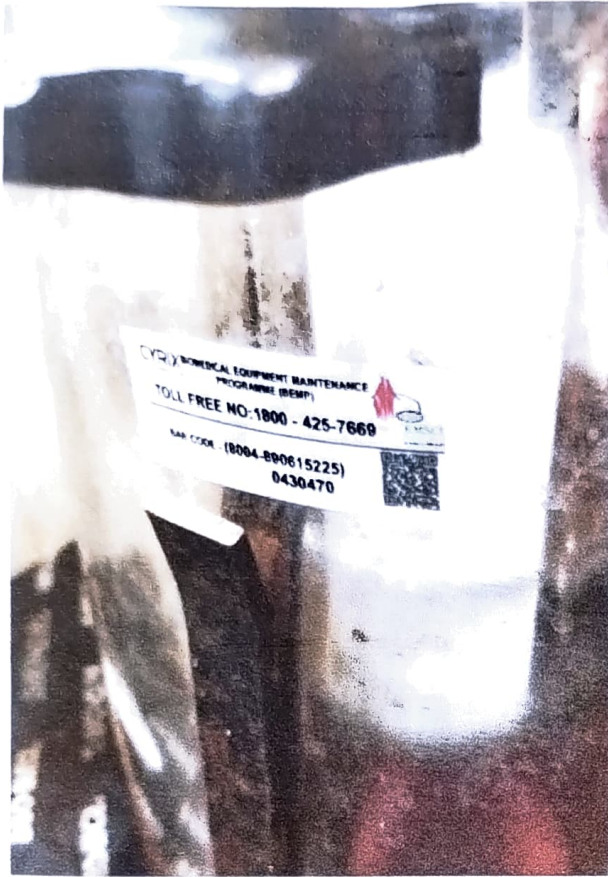
# AUTOCLAVE

Date	Discription	Receipt issued	Excess	P. No
8/6/17	<del>Blf ward property register I page 62</del>			
	Rd from store cookies UIP P.No 50		1	
	Rd from store Autoclave (Block panchayat register p.No 45)	1	1	



*[Handwritten Signature]*

MEDICAL OFFICER IN-CHARGE  
Community Health Centre  
Valiyanaad



MEDICAL OFFICER-IN-CHARGE  
Community Health Centre  
Veliyanad