



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



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

No : 1022654

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>PHC</i>	Call Registration Date : <i>31/10/2024</i>
Address..... <i>PHC KES PUNAM</i>	Caller ID : <i>14 3922</i>
..... <i>KOCCAM</i>	Date of Visit : <i>1/11/24</i>
Ph : <i>94 9511 0317</i>	Asset No : <i>0241463</i>
	EQPT Name : <i>BP Apparatus</i>
	Manufacture..... <i>Diamond</i> Model : <i>BP.DGT 134</i>
	S. No..... <i>00258</i> Dept..... <i>OP</i>

Service Classification : Breakdown call PMS Calibration Cust. Training

Problem Identified :*BP Apparatus not getting on*.....

Action Taken :*Checked the BP Apparatus found that not switching on found problem with main board main board need to be replaced for further checking and ensuring completion of the equipment*.....

Completed Date :*1/11/24*..... Time :*12pm*..... Spare Required

Spare Replaced Requested

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

Cyrix Engineer <i>Aiswarya Raj KN</i>	Date <i>1/11/24</i>	Start Time <i>11am</i>	End Time <i>12pm</i>
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Customer Remark Completed Pending

Medical Officer In-Charge
Service Engineer Name.....*Aiswarya Raj KN*
Signature:.....*[Signature]*
Date:.....*1/11/2024*
Contact Number:.....*9645384968*

Customer Name.....*[Signature]*
Signature:.....*[Signature]*
Date:.....*1/11/2024*
Contact Number:.....*9645384968*
Designation.....*[Signature]*
Hospital Seal.....*[Stamp]*

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

Name of Hospital: PHC K. S. PURAM	Name of District: KOLLAM
Name of Equipment: B P APPARATUS	Equipment ID & Barcode: 143922 & 0241463
Make: DIAMOND	Model: BPDG 134
Serial Number: 00258	Warranty details: NO WARRANTY
Date of purchase/ Year of manufacture/ Installation Date: 18-10-2018	Present status of the equipment: FULLY DAMAGED
Date of breakdown: 31-10-2024 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 bp apparatus found that not switching on, found problem with main board, main board need to be replace for further checking & working condition of the equipment

Recommendations for repair (required service details)
 Not Recommending 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: 2200/-
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Abstract of Service Report provided by the OEM/ Authorized Service Provider/ CYRIX (Attached or Not)
 Cyrix service report & images attached

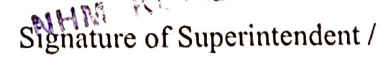
Reasons for recommending the equipment as BER:
 Checked the bp apparatus found that not switching on, found problem with main board, main board need to be replace for further checking & working condition of the equipment. Equipment installed on 18-10-2018 aged up to 6 years. Quotation not submitted since spare parts are not available on market. So we are recommending the equipment for condemnation.

AISWARYA

(Signature)
 Name & Signature of CYRIX Authority with date

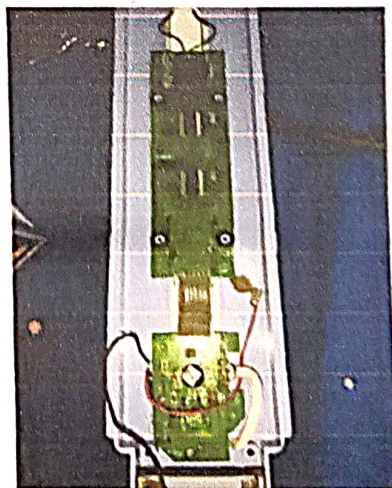
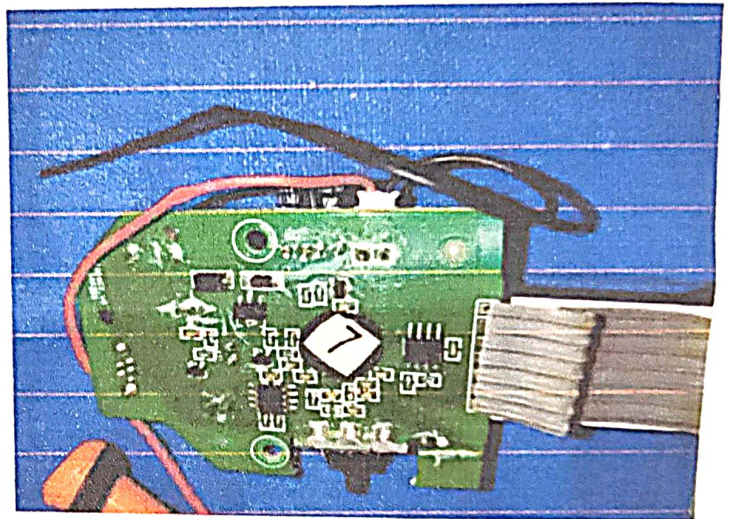
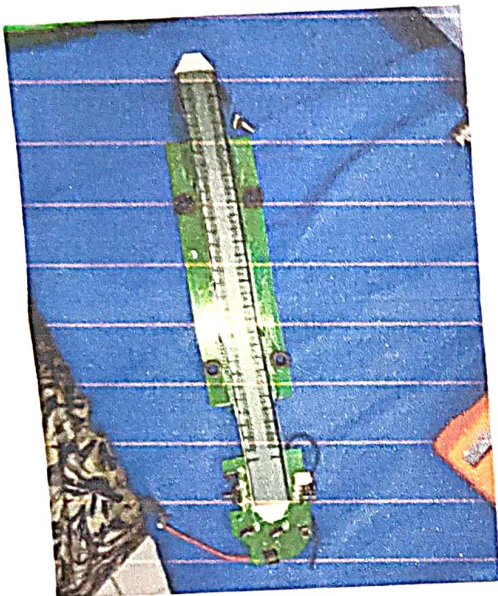
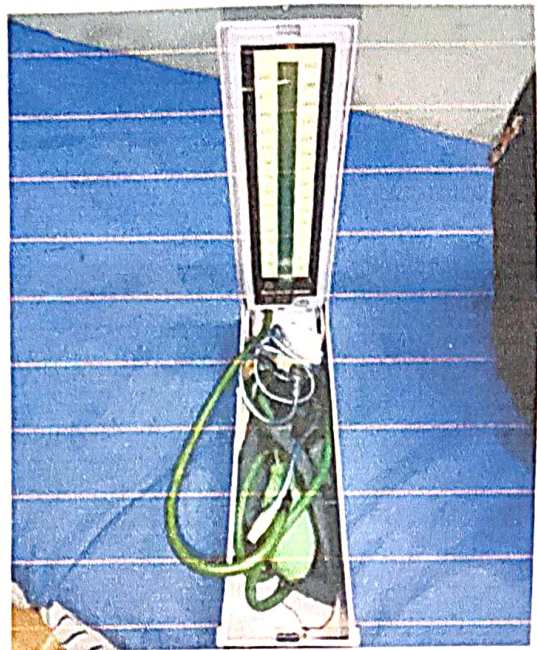
Remarks of Junior Consultant (Biomedical) NHM: *Main board damaged. Spare not available. Recommended for Beyond economic repair.*

Recommended for BER (Yes/ No): <i>Yes</i>	
Date: <i>29/11/24</i>	

Date: <i>(Signature)</i>	Seal	
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Medical Officer In-Charge
P.H. Centre
Kulashekharapuram - 690542





Medical Officer In-Charge
P.H. Centre
Kulashekharapuram-690542



Date	Particulars	Received	Fund	Balance	Sign
10/12/2018	Recd from store	1		1	
18/12/18	Recd from store Book no: 134 D.O. E - 12/12/20 (Super deluxe diamond) Standard Reg. Page: 5	2		2	dky
14/12/20	Transfer out to unscrutable register page no: 10		1	1	al
21/12/20	Recd from store without issue note (Recd in page no: 5)	1		8	

[Handwritten signature]



Medical Officer in Charge
P.H. Centre
Kulashekharanpatti, Dindur