



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



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

No: 1022664

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>9/11/24</u>
Address..... <u>CHC Oachira</u>	Caller ID : <u>19 57 23</u>
..... <u>KOCCAM</u>	Date of Visit : <u>11/11/24</u>
Ph: <u>8075626461</u>	Asset No : <u>0230217</u>
	EQPT Name : <u>Moist heat Therapy</u>
	Manufacture..... <u>HMS</u> Model : <u>NA</u>
	S. No..... <u>NA</u> Dept..... <u>physiotherapy</u>

Service Classification : Breakdown call PMS Calibration Cust. Training

Problem Identified : not heating, leaking in the bottom of moist heat therapy chamber.

Action Taken : Checked the machine found the moist heat therapy bottom chamber is corrode this cause water leakage. Leaking from body, coil and thermostat is defective its not repairable condition.

Completed Date : 11/11/2024 Time : 12:15pm Spare Required

Spare Replaced Requested

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

Cyrix Engineer	Date	Start Time	End Time
<u>Aishwarya Raj K.A.</u>	<u>11/11/2024</u>	<u>11:30 am</u>	<u>12-15 pm</u>

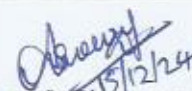
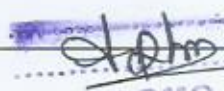
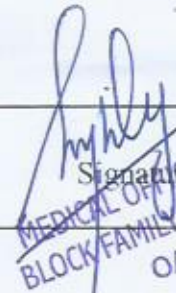
Customer Remark Myself Completed Pending

Service Engineer Name : Aishwarya Raj K.A.
Signature: [Signature]
Date: 11/11/24
Contact Number: 9645384968

Customer Name : [Signature]
Signature: [Signature]
Date: 11/11/24
Contact Number: 95628461
Designation : Physiotherapist
Hospital Seal



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

Name of Hospital: CHC OCHIRA	Name of District: KOLLAM
Name of Equipment: MOIST HEAT THERAPY	Equipment ID & Barcode: 145723 & 0230217
Make: HMS	Model: NA
Serial Number: NA	Warranty details: NO WARRANTY
Date of purchase/ Year of manufacture/ Installation Date: 20-03-2018	Present status of the equipment: FULLY DAMAGED
Date of breakdown: 09-11-2024 (Date of registration of complaint through email/ Toll free)	*AMC/ CAMC Period agreed at the time of purchase: NO AMC/ CAMC
Action taken: Checked and found that the moist heat therapy bottom chamber is corroded this cause water leakage, leaking from body, coil & thermostat is defective	
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: 20000/-
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 and found that the moist heat therapy bottom chamber is corroded this cause water leakage. Leaking from body, coil & thermostat is defective. It's not in repairable condition totally damaged. Its installed on 20-03-2018 outlived 6 year 7 month.so recommending to condemnation.	
AISWARYA  Name & Signature of CYRIX Authority with date	
Remarks of Junior Consultant (Biomedical) NHM: Recommended for beyond economic repair Fully damaged condition.	
Recommended for BER (Yes/ No): Yes	 Signature of JC BM (NHM)
Date: 04/12/24	
Date: Medical Officer (i/c)	 Signature of Superintendent / BLOCK FAMILY HEALTH CENTRE OACHIRA





Syaly
MEDICAL OFFICER IN CHARGE
BLOCK FAMILY HEALTH CENTRE
OACHIRA



Sybilly
MEDICAL OFFICER IN CHARGE
BLOCK FAMILY HEALTH CENTRE
OACHIRA

MOIST HEAT THERAPY

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Date	Received from whom	Route	received	Issued	Balance	Remarks
20/2/18	Store	20,000g	1	100hr PT.OP.	nil	



[Signature]
MEDICAL OFFICER IN CHARGE
BLOCK FAMILY HEALTH CENTRE
OACHIRA