

Notification No.	
Work Order No.	

SERVICE REPORT

CUSTOMER COPY

CUSTOMER DETAILS		INSTRUMENT DETAILS			SERVICE STATUS	
NAME: 16th Kund Lake		MODEL: MICROS 6570			VISITING PURPOSE:	
ADDRESS: 85		EQUIP. SL. No.: 703ES011315			<input type="checkbox"/> REPAIR <input type="checkbox"/> DATA ERROR	
Near Alhabad Bank		VERSION: 2.4.1			<input type="checkbox"/> INSTALLATION <input type="checkbox"/> MAINTENANCE	
Civil Line		NOTIFICATION No.			<input type="checkbox"/> UPGRADE <input type="checkbox"/> CUSTOMER TRAINING	
PIN CODE 211003		CALL DETAILS			<input type="checkbox"/> COURTESY VISIT <input type="checkbox"/> DEMO	
CITY Gurgaon		DATE			<input type="checkbox"/> OTHERS Calibration	
STATE U.P.		TIME			CUSTOMER STATUS	
TEL. NO.: 9565454166		COMPLAINT RECD.			<input type="checkbox"/> R.R. <input type="checkbox"/> WARRANTY	
CONTACT PERSON: Mr. Bablu		START 5/8/19 3:00			<input type="checkbox"/> AMC <input type="checkbox"/> CMC	
		COMPLETED 5/8/19 5:00			<input type="checkbox"/> DEMO <input type="checkbox"/> FREE SERVICE	
		TRAVEL TIME (Eng. 1) 1 1/2 HOURS			<input type="checkbox"/> CHARGEABLE <input type="checkbox"/> OTHERS	
		TRAVEL TIME (Eng. 2)			WORKS CARRIED OUT AT	
		DAILY WORKLOAD 20 CBE			<input type="checkbox"/> SITE <input type="checkbox"/> SERVICE CENTRE	

PROBLEM REPORTED: Low preventive maintenance & Calibration

OBSERVATIONS: Same Machine working fine

ACTION TAKEN: Checked & rechecked. 11's limits were preventive maintenance as instructed. Run Start Pass No. limits were OK. Run Calibration (11 times) All values in acceptable range. Run 4137 O/C Value within range.

FOLLOWING PARTS HAVE BEEN REPLACED FOLLOWING PARTS NEED TO BE REPLACED PLEASE APPROVE

PART CODE	DESCRIPTION (Replaced)	QTY	COST	TAX	TOTAL
13000-33061	P.M kit	01			
	Calibrator (X437)	01			
	5-9-19				

PART CODE	DESCRIPTION (Trouble Shooting)	QTY	TOTAL RS.
	Done - 5/8/19		
	Due - 4/8/20		

*Replaced for Trouble Shooting
Need to be returned after Trouble Shooting.

FOLLOW-UP ACTION (Spares need to replaced, if any)
None to be replaced
Incorporation Done

TO BE FILLED IN BY CUSTOMER

FAULT RECTIFIED & INSTRUMENT IS WORKING SATISFACTORILY
 FAULT IS NOT COMPLETED. ENGINEER NEED TO COME AGAIN
 WE HEREBY APPROVE Rs. _____
 COMMENTS (IF ANY)

CUSTOMER SIGNATURE: _____
 NAME: _____ SEAL: _____



ENGINEER'S NAME-1: _____
 SIGNATURE: _____
 DATE & TIME: 5/8/19

ENGINEER'S NAME-2: _____
 SIGNATURE: _____
 DATE & TIME: _____