

# TOSOH INDIA : SERVICE CALL REPORT

**INSTRUMENT NAME & MODEL**

HLC - 723 G8

**SERIAL NO.**

15197210

**TICAN NO.**

**CUSTOMER DETAILS**

**Name**

V First Healthcare

**Address**

Fountain Chowk, Ludhiana

**Contact Person**

Mr. Balwinder

**Contact Number**

8699124984

**E-Mail ID**

-

**SERVICE CALL DETAILS**

**Complaint Received On**

**Complaint Attended On**

**Complaint Addressed On**

**Complaint Resolved On**

**Work Carried Out:**

ON-SITE | SERVICE HUB

**Man Hour Deployed**

**Travel Time Consumed**

**Service Call Executed As :**

WARRANTY | EX-WARRANTY | AMC | CMC | RRC / PRC | NSC | OTHERS

**Purpose Of Visit**  
(Tick Wherever Applicable)

Pre-Installation Check

Demonstration

Installation

Application Issues

Preventive Maintenance

PM-1

MP-2

PM-3

PM-4

Breakdown

Hardware Complaint

Software Complaint

Reagent Issues

Calibration

Training

Others (Please Specify)

**ENGINEER'S OBSERVATIONS**

**Reported Issue**

Preventive Maintenance Due

**Observed Damage (If Any) Before Service**

No Damage

**Engineer's Diagnosis**

Preventive Maintenance Required

**Job(s) Carried Out :**

Preventive Maintenance Done

**Attached Documents**

**PRE-REPLACEMENT REPAIR ESTIMATE / APPROVAL**

| Sr.No. | Code No. | Description Of Spare Part / Item | Quantity | Source | Unit Price | Total Price |
|--------|----------|----------------------------------|----------|--------|------------|-------------|
| 1      |          |                                  |          |        |            |             |
| 2      |          |                                  |          |        |            |             |
| 3      |          |                                  |          |        |            |             |
| 4      |          |                                  |          |        |            |             |
| 5      |          |                                  |          |        |            |             |

Above mentioned replacement of part/s and related service charges have been approved to proceed for necessary service / repair.

Please Invoice In The Name Of The Laboratory Mentioned Above

Cost Of Spare Part

Service Charge

**Name, Signature & Stamp**

For Billable Transactions: Customer may kindly note that this SCR duly signed and stamped will be treated as "Purchase Order" from you. If the same does not meet internal procedural requirements, please treat this SCR as a quotation and kindly issue a separate P.O. This estimate will be valid for next 30 days from the date of issuance.

Tax

Total

**STATUS AFTER SERVICE (PLEASE TICK)**

Normal Functioning Observed

Instrument Under Observation

Operative But Requires Action

Needs Spare Parts / Consumables

Requires Follow Up

Referred To National Service Hub

**Pending Job (If Any)**

**Customer Remarks :**

*(Handwritten Signature)*