

Revis case id : _____

Report No.	Instrument Model	Instrument Serial No.	Visit Date	Call Type		
C 05442	COBAS C311	18L4-07	20/09/22	<input checked="" type="checkbox"/> Engineering	<input type="checkbox"/> Application	<input type="checkbox"/> Other (pls specify):

Charge Type:

Service Contract Warranty Ad-hoc Placement / Rental Other (pls specify):

Lab / Inst./ Hosp. Name: PATHKIND LABS TILAK NAGAR Contact / User Name : _____

Call Received Date :	Call Attended Dates :	Travel Hours :	Work Hours :	<input type="checkbox"/> In Station
	20/09/22	1/2 + 1/2	3	<input type="checkbox"/> Out-Station
Time:	Time:			
	4:00 PM			

Problem Description : * PM VISIT

Action Summary :

* Followed SOP of PM. of COBAS C311

* Installed cal. Maintenance 6 months @ 12 Month

* Seen Oe & beyond result within 15 mins

Spares / Parts / Reagent / Consumables Used (as Applicable)					
GMMI No.	Item	Qty.	Batch No.	Total Value (Est.)	Notes :

Service Engineer / Application Specialist Remarks : Machine is working OK

Customer Remarks : _____

Problem Resolved
Yes / No.

Service Feedback : 1. Poor 2. Fair 3. Good 4. V.Good 5. Excellent

Service Engineer / Application Specialist Name : <u>RAS KUMAR SINGH</u>	J SP Address Seal	Customer's / User's Name :
Service Engineer / Application Specialist Signature : <u>RAS</u>		Customer's / User's Signature :

For Internal / Office Use Only (as Applicable)

SA Code :	Function:	Cause :	Remedy :	Cause :	Code :	Fix :
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Please Specify with Code (for any 'XD' reasons):