

# CENTRIFUGE INSTALLATION REPORT AND WARRANTY CARD

INSTRUMENT TYPE: LAB CENTRIFUGE      DATE:

MODEL NAME:      S/ NO.:

DATE OF INSTALLATION:

CUSTOMER NAME & ADDRESS: **DOCTORS LAB**

**PAYDOL-1K02HK0DB.**

## INSTALLATION DETAILS & STATUS OF CENTRIFUGE:

Particulars	Remarks
Outer Body Condition	
ON / OFF Switch Status	
Auto Switch for Door Status (White Colour Switch )	
Fuse Status	
Motor Status	
Display Status	
RPM Speed Knob different speed	1000 RPM: 2000 RPM: 2500 RPM: 3000 RPM: 3500 RPM: 4000 RPM:
Keypad status	
Serum/ Plasma Separation Status	

SUPPLIED BY/NAME OF ANMA/DISTRIBUTOR:

SEAL & SIGNATURE OF CUSTOMER

Date: 10/10/22

SEAL & SIGNATURE OF DISTRIBUTOR

Date: .....

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