

## TECHNICAL SERVICE REPORT

No. 1457920-A

DATE: 29-Oct-2022

CUSTOMER DETAILS	INSTRUMENT DETAILS	SERVICE STATUS										
NAME: <u>MEDICENTRE SONO &amp; CLINICAL LAB</u>	MODEL: <u>XN550</u>	<input type="checkbox"/> WARRANTY <input checked="" type="checkbox"/> R&R <input type="checkbox"/> AMC <input type="checkbox"/> CMC <input type="checkbox"/> CHARGED CALL										
ADDRESS: <u>MR. GORT Hospital, Bilwara</u>	SR. NO.: <u>14729</u>											
TEL NO:	<b>CALL DETAILS</b>											
NAME OF THE OPERATOR: <u>Mr. Phoolchand</u>	COMPLAINT RECD.	<input type="checkbox"/> INSTALLATION <input checked="" type="checkbox"/> P.M. VISIT <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> APPLICATION SUPPORT <input type="checkbox"/> BREAKDOWN										
PROBLEM REPORTED: <u>PREVENTIVE MAINTENANCE</u>	RESPONSE	DOWN TIME:										
OBSERVATIONS: <u>P.M.</u>	JOB COMPLETED	COUNTER READING:										
ACTION TAKEN: <u>clean RBC, H&amp;S mixing chamber, clean drain filter, set gain, conducted P.M., run samples and results found satisfactory.</u>	RESPONSE TIME											
	TRAVEL TIME											
SITE CONDITION : LINE-NEUTRAL VOLT. : <input type="checkbox"/> NEUTRAL-EARTH VOLT. : <input type="checkbox"/> LINE-EARTH VOLT. : <input type="checkbox"/>												
BRAND OF REAGENT USED :		<b>TO BE FILLED IN BY CUSTOMER</b> <input checked="" type="checkbox"/> PREVENTIVE MAINTENANCE CARRIED OUT SATISFACTORILY. <input type="checkbox"/> FAULT RECTIFIED & INSTRUMENT IS WORKING SATISFACTORILY. <input type="checkbox"/> WE HEREBY APPROVE RS. _____ FOR PARTS <input type="checkbox"/> COMMENTS (IF ANY):										
<input type="checkbox"/> FOLLOWING PARTS HAVE BEEN REPLACED <input type="checkbox"/> FOLLOWING PARTS NEED TO BE REPLACED. PLEASE APPROVE												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">NO.</th> <th style="width: 40%;">DESCRIPTION</th> <th style="width: 10%;">QTY.</th> <th style="width: 10%;">COST</th> <th style="width: 30%;">TOTAL</th> </tr> </thead> <tbody> <tr> <td colspan="5" style="text-align: center;">(This table is mostly blank in the image)</td> </tr> </tbody> </table>		NO.	DESCRIPTION	QTY.	COST	TOTAL	(This table is mostly blank in the image)					SEAL: <u>MEDICENTRE SONOGRAPHY &amp; MEDICAL LAB</u> DATE: <u>29-Oct-2022</u> CUSTOMER'S SIGNATURE: <u>[Signature]</u> NAME: _____
NO.	DESCRIPTION	QTY.	COST	TOTAL								
(This table is mostly blank in the image)												
TOTAL Rs.												
INVOICE NO.:	DATE: <u>29-Oct-2022</u>	BRANCH H. O.										
FOLLOW-UP ACTION (Required if any):		RECEIVED ON:										
		CHECKED BY: <u>[Signature]</u>										
ENGINEER'S/APPLICATION SPECIALIST'S SIGNATURE: <u>[Signature]</u>		JOB CARD NO.:										
TIME:	NAME: <u>ANILAN P...</u>											

NOTE : Parts replaced are chargeable except during warranty Period. Consumables like printer head, lamp, tubing, paper rolls etc. & breakable parts are not covered by warranty and hence are chargeable. Parts replaced due to negligence in operation will also be charged in every case.

**AT TRANSASIA, CUSTOMER SATISFACTION IS OUR PRIME CONCERN. IN CASE YOU HAVE ANY SUGGESTIONS PLEASE CONTACT : GENERAL MANAGER (TECHNICAL SERVICE), MUMBAI. TEL. : 4030 9000**

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