

## TECHNICAL SERVICE REPORT

No. **1457919-A**

DATE: **28<sup>th</sup> Oct-2022**

CUSTOMER DETAILS		INSTRUMENT DETAILS			SERVICE STATUS	
NAME: <b>MEDICENTRE - SONO &amp; CLINICAL-LAB</b>		MODEL: <b>H-560</b>	<input type="checkbox"/> WARRANTY <input checked="" type="checkbox"/> R&R		<input type="checkbox"/> AMC <input type="checkbox"/> CMC	
ADDRESS: <b>OPP. Govt. Hospital, CHITTORGARH</b>		SR. NO.: <b>K11042024077</b>	<input type="checkbox"/> CHARGED CALL		TYPE OF CALL	
		CALL DETAILS			<input type="checkbox"/> INSTALLATION	
			DATE	TIME	<input checked="" type="checkbox"/> P.M. VISIT <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV	
		COMPLAINT RECD.			<input type="checkbox"/> APPLICATION SUPPORT	
		RESPONSE			<input type="checkbox"/> BREAKDOWN	
TEL NO:		JOB COMPLETED			DOWN TIME:	
NAME OF THE OPERATOR: <b>M. Kamlesh</b>		RESPONSE TIME			COUNTER READING:	
PROBLEM REPORTED: <b>PREVENTIVE MAINTENANCE</b>		TRAVEL TIME				
OBSERVATIONS: <b>P.M.</b>						
ACTION TAKEN: <b>Clean SWAB, clean optics, clean mixing chamber and drain line, clean ECM, conducted P.M., RUN sample and results found satisfactory</b>						
SITE CONDITION: LINE-NEUTRAL VOLT.:		NEUTRAL-EARTH VOLT.:		LINE-EARTH VOLT.:		
BRAND OF REAGENT USED:						
<input type="checkbox"/> FOLLOWING PARTS HAVE BEEN REPLACED			<input checked="" type="checkbox"/> TO BE FILLED IN BY CUSTOMER			
<input type="checkbox"/> FOLLOWING PARTS NEED TO BE REPLACED. PLEASE APPROVE			<input 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):			
NO.	DESCRIPTION	QTY.	COST	TOTAL	SEAL	DATE
<del>_____</del>					CUSTOMER'S SIGNATURE	
TOTAL Rs.					NAME: <b>MEDICENTRE SONO &amp; CLINICAL-LAB</b>	
INVOICE NO.:		DATE: <b>28-10-2022</b>				
FOLLOW-UP ACTION (Required if any):		RECEIVED ON:		BRANCH H. O.		
ENGINEER'S/APPLICATION SPECIALIST'S SIGNATURE: <b>[Signature]</b>		CHECKED BY:		JOB CARD NO.:		
TIME: NAME: <b>GUNJON PRASAD</b>						

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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Head Office: Transasia House, 8, Chandivali Studio Road, Andheri (E), Mumbai - 400 072. Tel.: (022) 4030 9000 Fax: (022) 2857 3030  
 Mumbai: Toll Free No. 1800 103 8226, Whatsapp No.: 8451048434, SMS No.: 9212433444  
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