



CALIBRATION REPORT	
Report No: HBMS/CAL/23-24	Calibration Date : 02.05.2023
	Calibration valid: 01.11.2023
<b>I.1. CUSTOMER DETAILS:</b>	
Name and Address of the organization	<b>M/s, GOVT.PRIMARY HEALTH CENTRE, SINGALANDAPURAM, NAMAKKAL.</b>
<b>I.2. DESCRIPTION OF DEVICE UNDER TEST (DUT):</b>	
EQUIPMENT NAME	CENTRIFUGE
<b>i</b> Manufactured by	INSPECTED
<b>ii</b> Model	----
<b>iii</b> Serial No	PHC/CF/SP/001

**CALIBRATION WORKSHEET**

**LOCATION: LABORATORY**

**Tabulation For – Centrifuge**

S.no	Unit under test IN Minutes	Observed speed tachometer in RPM	Deviation measured $\pm$ RPM	Combined uncertainty in RPM in % rdg
1	1000	1000	2	1.12
2	1200	1201	2	1.23
3	1500	1502	4	1.56
4	2000	1999	1	1.175

Acceptable deviation is  $\pm$  5 RPM it depends on Max Speed Range



No. 23, 2nd Floor, jayasimmapuram,  
Pappanaikenpalayam, Coimbatore – 37.



99400 28355, 97512 06106  
88833 15662



hbmedicalsystem@gmail.com  
hbmssales@gmail.com



S.no	Unit under test in minutes	Standard reading Digital Timer in minutes	Deviation measured in minutes
1	05.0	05.1	0.1
2	10.0	10.2	0.2
3	15.0	15.1	0.1
4	20.0	20.2	0.2

Acceptance deviation:  $\pm 0.5$  seconds

**Testy equipment used**

The calibration was performed by using Digital Multimeter & PT -100 sensor, Digital Timer (Stop Watch) and Digital Tachometer ( non – contact ) measured has been inspected in accordance with our inspection procedures to meets manufactures specification .

**Remarks**

This certificate may not be reproduced other than is full Except prior permission of laboratory.

Verified by :

*S. Dufre*  




No. 23, 2nd Floor, jayasimmapuram,  
 Pappanaikenpalayam, Coimbatore – 37.

99400 28355, 97512 06106  
 88833 15662

hbmedicalsystem@gmail.com  
 hbmssales@gmail.com