



ROBONIK®

Service Visit Report

Service visit report no and date: SVR/
Distributor Name:

Model name: Prictest Touch

Customer name & address:

The Medical Officer,
P.H.C.,
Kodakkalathur,
Kodakkalathur

Serial no: ATD 1530519 RBIC

Date of installation: Oct - 19

Warranty Out of warranty

AMC CMC

In time and date

Out time and date

27.8.22 11 AM

Details of complaint / Preventive Maintenance (Strike off whichever is not applicable):

Details of subsequent action taken (if Any):

Note- Always attach checklist duly completed:

Details of component changed and price thereof (if any):

Display - Replaced

Approved customer signature:

Date:

Customer's comments:

Engineer's comments: working good condition.

Engineer's name: R. Sathyan Signature: [Signature]

Date: 27.8.22

We hereby agree that the instrument is working satisfactorily.

Customer name

Signature [Signature]

Seal

Note: Extra pages attached should be mentioned in mainsheet. Check list of instruments also to be signed by both customer and engineer. Original - Company, Duplicate - Customer, Triplicate - Distributor, Quadruplicate - extra copy. This document is not valid unless signed by Engineer and Customer with seal.

**MEDICAL OFFICER,
Govt. Primary Health Centre
Kodaikanal.**