



	C	ALIBRATION REPORT	
Report No : HBMS/CAL/23-24		Calibration Date: 29.09.2023 Calibration Valid: 28.03.2024	
Name and Address of the organization		M/s, GOVT. PRIMARY HEALTH CENTRE, PULLIPALYAM, SANKARI, SALEM.	
1.2. DESC	CRIPTION OF DEVICE UNDER TEST	T (DUT):	
EQUIPMENT NAME		CENTRIFUGE	
i	Manufactured by		
ii	Model	8 PUCKET	
iii	Serial No	19/385	

CALIBRATION WORKSHEET

Tabulation For - Centrifuge

S.no	Unit under test IN Minutes	Observed speed tachometer in RPM	Deviation measured ± RPM
1	1000	999	-1
2	1200	1202	2
3	1500	150	1
4	2000	1999	-1

Acceptable deviation is ± 5 RPM it depends on Max Speed Range

0

MD Reg No: TN/CBE/MD42/00016

GSTIN: 33AAJFH1833M1ZB

0

99400 28355, 9751206106

88833 15662

No.42/1, Navaindia Road, Peelamedu,

CBE - 04, hbmedicalsystem@gmail.com

7	
, A	\
1/2	

S.no	Unit under test in minutes	Standard reading Digital Timer in minutes	Deviation measured in minutes
0.110			0.1
	05.0	05.1	0.2
1		10.2	0.2
2	10.0	10.2	0.1
	15.0	15.1	
3	15.0		0.2
	20.0	20.2	
4	20.0		

Acceptance deviation: ± 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 :

MD Reg No: TN/CBE/MD42/00016

GSTIN: 33AAJFH1833M1ZB

0

0

99400 28355, 9751206106

88833 15662

No.42/1, Navaindia Road, Peelamedu,

CBE - 04, hbmedicalsystem@gmail.com