



	CALIBRATION REPORT				
Report No : HBMS/CAL/23-24		Calibration Date: 26.09.2023 Calibration valid: 25.03.2024			
				1.1.CUST	OMER DETAILS:
Name and Address of the organization		M/S, GOVT.PRIMARY HEALTH CENTRE SENTHARAPATTI, ATTUR HUD, THAMMAMPATTI BLOCK.			
1.2. DESC	RIPTION OF DEVICE UNDER TES	ST (DUT):			
EQUIPMENT NAME		CENTRIFUGE			
i	Manufactured by	REMI0			

PHC/SP/CENT/001

CALIBRATION WORKSHEET

LOCATION: LABORATORY

Tabulation For - Centrifuge

S.no	Unit under test IN Minutes	Observed speed tachometer in RPM	Deviation measured ± RPM
1	1000	1000	0
2	1200	1201	1
3	1500	1502	2
4	2000	2003	3

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

1

Model

Serial No

ii

iii

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





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

1

MD Reg No: TN/CBE/MD42/00016

T

GSTIN: 33AAJFH1833M1ZB

99400 28355, 9751206106

88833 15662

No.42/1, Navaindia Road, Peelamedu,

CBE - 04, hbmedicalsystem@gmail.com