

ii

iii



Medical Systems

C	ALIBRATION REPORT	
Report No : HBMS/CAL/23-24	Calibration Date: 03.10.2023	
	Calibration valid: 02.04.2024	
1.1.CUSTOMER DETAILS:		
Name and Address of the organization	M/s, URBAN GOVERNMENT PRIMARY HEALT CENTRE, ANNA HOSPITAL, SALEM CORPORATION, SALEM.	
1.2. DESCRIPTION OF DEVICE UNDER TEST	(DUT):	
EOUIPMENT NAME	CENTRIFUGE	

C8CS

09350

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	1503	3
4	2000	2005	5

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

Manufactured by

Model

Serial No

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.



MD Reg No: TN/CBE/MD42/00016

GSTIN: 33AAJFH1833M1ZB

99400 28355, 9751206106

0

88833 15662

No.42/1, Navaindia Road, Peelamedu,

CBE - 04, hbmedicalsystem@gmail.com