



| ELECTRICAL SAFETY TESTING/ CALIBRATION              |   |
|---|---|
| Report No : HBMS/CAL/23-24                          | Calibration Date : 03.10.2023                   |
|   | Calibration Valid : 02.04.2024                  |
| <b>1.1 CUSTOMER DETAILS:</b>                        |   |
| Name and Address of the organization                | M/S, PIRMARY HEALTH CENTRE,<br>VANAVASI, SALEM. |
| <b>1.2. DESCRIPTION OF DEVICE UNDER TEST (DUT):</b> |   |
| EQUIPMENT NAME                                      | SEMI AUTO ANALYZER                              |
| i   | Manufactured by<br>ROBONIK                      |
| ii  | Model<br>PRITEST TOUCH                          |
| iii   | Serial No<br>131611RBK                          |
| iv  | Location<br>LABORATORY                          |

| 2.CONDITION OF THE ITEM WHEN RECEIVED   |
|---|
| No visible damages and in working order |

| 3.TEST DONE                            |
|--|
| Electrical safety/ Performance Testing |

| 4. STATUS                  |                    |                      |                      |             |                        |                      |
|----------------------------|--------------------|----------------------|----------------------|-------------|------------------------|----------------------|
| Manufactures Specification | User specification | Within specification | Out of specification | Calibration | Electrical Safety Test | Performance Analysis |
| √                          | -                  | √                    | -                    | -           | √                      | -                    |





### 5. TRACEABILITY DETAILS OF INSTRUMENTS USED FOR TESTING

| S.no | Name of the instrument     | Make  | Model  | Serial no | Cal Due     |
|------|----------------------------|-------|--------|-----------|-------------|
| 1.   | Electrical safety analyser | Fluke | Esa612 | 3005050   | 07-OCT-2023 |

### 6. ELECTRICAL SAFETY TEST

| S.NO | PARAMETER                   | OBSERVED VALUE | ACCEPTANCE LIMITS AS PER THE STD | REMARKS |
|------|-----------------------------|----------------|----------------------------------|---------|
| 1.   | Protective earth resistance | 0.129Ω         | <0.3 Ω                           | Ok      |
| 2.   | Earth leakage               | 134.21μA       | <210 μA NC                       | Ok      |
| 3.   | Patient leakage current     | NA             | <100 μA BF                       | Ok      |
| 4.   | Equipment current           | 0.3A           | As per the manufacture spec      | Ok      |
| 5.   | Mains voltage (P-E)         | 230.5V         | -                                | Ok      |
| 6.   | Mains voltage (P-N)         | 231.2V         | -                                | Ok      |
| 7.   | Mains voltage (N-E)         | 1.0V           | <5V                              | Ok      |
| 8.   | Enclosure leakage current   | 50 μA          | <100 μA (normal)                 | Ok      |
| 9.   | Insulation resistance       | OL             | >100 MΩ                          | Ok      |

### 7. Remarks

|    |   |
|----|---|
| 1. | This report is applicable to the sample tested only   |
| 2. | The instrument used for testing are valid calibration and are traceable to national standards |
| 3. | Parameter of the DUT were verified and found to be within the specified limits                |

Verified by



*[Handwritten Signature]*

①

②

MD Reg No: TN/CBE/MD42/00016

99400 28355, 9751206106

No.42/1, Navaindia Road, Peelamedu,

GSTIN: 33AAJFH1833M1ZB

88833 15662

CBE – 04, hbmedicalsystem@gmail.com

*[Handwritten mark]*



| CALIBRATION REPORT                                  |   |
|---|---|
| Report No: HBMS/CAL/23-24                           | Calibration Date: 03.10.2023                            |
|   | Calibration Valid: 02.04.2024                           |
| <b>1.1. CUSTOMER DETAILS:</b>                       |   |
| Name and Address of the organization                | <b>M/s, PIRMARY HEALTH CENTRE,<br/>VANAVASI, SALEM.</b> |
| <b>1.2. DESCRIPTION OF DEVICE UNDER TEST (DUT):</b> |   |
| EQUIPMENT NAME                                      | PIPETTE   |
| I Manufactured by                                   | THERMOSCIENTIFIC  |
| II Model  | FINNPIPETTE   |
| III Value   | 1000µl  |
| IV Serial No  | VV/LAB/MP/001   |

**Calibration standards used :**

| Master instrument        | Model   | Serial no  | Date of calibration | Calibration due on |
|--------------------------|---------|------------|---------------------|--------------------|
| Electrical compact scale | SF-400C | SF400-2240 | 07-OCT-2022         | 06-OCT-2023        |

**Details of the machine:** machine calibrated and checked output.

| Number of measurement | Channel 1 (Volume) |
|-----------------------|--------------------|
|                       | 1000µl             |
| 1                     | 1000.05            |
| 2                     | 1000.06            |
| 3                     | 1000.01            |
| 4                     | 999.97             |
| 5                     | 1000.01            |
| 6                     | 1000.02            |

For Heart Beat Medical Systems,



*S. Arif*

(Authorized signatory)







### CALIBRATION REPORT

|   |                 |   |
|---|-----------------|---|
| Report No: HBMS/CAL/23-24                           |                 | Calibration Date: 03.10.2023                    |
|   |                 | Calibration Valid: 02.04.2024                   |
| <b>1.1. CUSTOMER DETAILS:</b>                       |                 |   |
| Name and Address of the organization                |                 | M/s, PIRMARY HEALTH CENTRE,<br>VANAVASI, SALEM. |
| <b>1.2. DESCRIPTION OF DEVICE UNDER TEST (DUT):</b> |                 |   |
| EQUIPMENT NAME                                      |                 | PIPETTE   |
| I   | Manufactured by | THERMOSCIENTIFIC                                |
| II  | Model           | FINNPIPETTE F3                                  |
| III   | Value           | 100µl   |
| IV  | Serial No       | VV/LAB/MP/002                                   |

**Calibration standards used :**

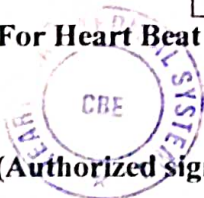
| Master instrument        | Model   | Serial no  | Date of calibration | Calibration due on |
|--------------------------|---------|------------|---------------------|--------------------|
| Electrical compact scale | SF-400C | SF400-2240 | 07-OCT-2022         | 06-OCT-2023        |

**Details of the machine:** machine calibrated and checked output.

| Number of measurement | Channel 1 (Volume) |
|-----------------------|--------------------|
|                       | 100µl              |
| 1                     | 100.05             |
| 2                     | 100.06             |
| 3                     | 100.01             |
| 4                     | 99.97              |
| 5                     | 100.01             |
| 6                     | 100.02             |

For Heart Beat Medical Systems,

  
(Authorized signatory)





| ELECTRICAL SAFETY TESTING/ CALIBRATION              |                 |   |
|---|-----------------|---|
| Report No : HBMS/CAL/23-24                          |                 | Calibration Date : 03.10.2023                   |
|   |                 | Calibration Valid : 02.10.2024                  |
| <b>1.1.CUSTOMER DETAILS:</b>                        |                 |   |
| Name and Address of the organization                |                 | M/S, PIRMARY HEALTH CENTRE,<br>VANAVASI, SALEM. |
| <b>1.2. DESCRIPTION OF DEVICE UNDER TEST (DUT):</b> |                 |   |
| EQUIPMENT NAME                                      |                 | MICROSCOPE                                      |
| i   | Manufactured by | OLYMPUS   |
| ii  | Model           | CH2018MF  |
| iii   | Serial No       | 1118200   |
| iv  | Location        | LABORATORY                                      |

| 2.CONDITION OF THE ITEM WHEN RECEIVED   |
|---|
| No visible damages and in working order |

| 3.TEST DONE | Electrical safety/ Performance Testing |
|-------------|--|
|             |  |

| 4. STATUS                  |                    |                      |                      |             |                        |                      |
|----------------------------|--------------------|----------------------|----------------------|-------------|------------------------|----------------------|
| Manufactures Specification | User specification | Within specification | Out of specification | Calibration | Electrical Safety Test | Performance Analysis |
| √                          | -                  | √                    | -                    | -           | √                      | -                    |





### 5. TRACEABILITY DETAILS OF INSTRUMENTS USED FOR TESTING

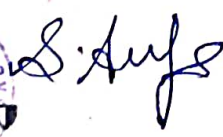

| S.no | Name of the instrument     | Make  | Model  | Serial no | Cal Due     |
|------|----------------------------|-------|--------|-----------|-------------|
| 1.   | Electrical safety analyser | Fluke | Esa612 | 3005050   | 07-OCT-2023 |

### 6. ELECTRICAL SAFETY TEST

| S.NO | PARAMETER                   | OBSERVED VALUE | ACCEPTANCE LIMITS AS PER THE STD | REMARKS |
|------|-----------------------------|----------------|----------------------------------|---------|
| 1.   | Protective earth resistance | 0.129Ω         | <0.3 Ω                           | Ok      |
| 2.   | Earth leakage               | 134.21μA       | <210 μA NC                       | Ok      |
| 3.   | Patient leakage current     | NA             | <100 μA BF                       | Ok      |
| 4.   | Equipment current           | 0.3A           | As per the manufacture spec      | Ok      |
| 5.   | Mains voltage (P-E)         | 230.5V         | -                                | Ok      |
| 6.   | Mains voltage (P-N)         | 231.2V         | -                                | Ok      |
| 7.   | Mains voltage (N-E)         | 1.0V           | <5V                              | Ok      |
| 8.   | Enclosure leakage current   | 50 μA          | <100 μA (normal)                 | Ok      |
| 9.   | Insulation resistance       | OL             | >100 MΩ                          | Ok      |

| S.NO | 7.Remarks   |
|------|---|
| 1.   | This report is applicable to the sample tested only   |
| 2.   | The instrument used for testing are valid calibration and are traceable to national standards |
| 3.   | Parameter of the DUT were verified and found to be within the specified limits                |

Verified by:

MD Reg No: TN/CBE/MD42/00016

99400 28355, 9751206106

No.42/1, Navaindia Road, Peelamedu,

GSTIN: 33AAJFH1833M1ZB

88833 15662

CBE - 04, hbmedicalsystem@gmail.com