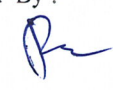
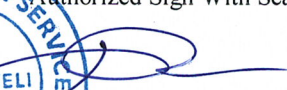
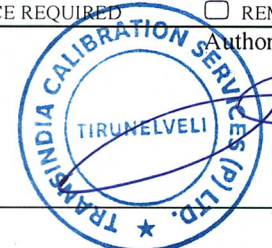


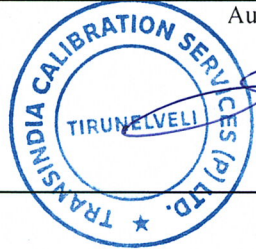


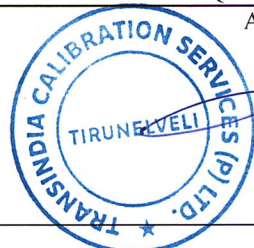


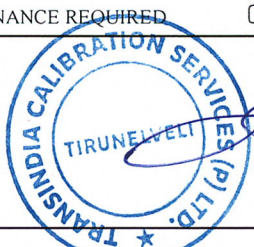


CALIBRATION / TESTING REPORT					
CUSTOMER DETAILS : GOVERNMENT PRIMARY HEALTH CENTRE O SIRUVAYAL, SIVAGANGAL.			CERTIFICATE NO		TICS/2023/OSV/SG/05
			EQUIPMENT NAME		MICROPIPETTE
			MANUFACTURE		MICROLUX
			MODEL		10-100 µL
CALIBRATION DATE		20/10/2023	ASSET NO		OSV PH 05
CALIBRATION DUE DATE		19/10/2024	INSTALLED DEPARTMENT		LAB
1. Have more dust in machine outside <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 2. Any Physical damaged in machine <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 3. Machine inside Cleaning (if required) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
TEST EQUIPMENT		ID. NO		CERTIFICATE NUMBER	
ELECTRONIC SEMI MICRO BALANCE		NCS/WB01		TSC/23-24/5424-1	
TEST REPORT					Temperature 25°C Humidity RH 55%
PARAMETERS	UNITS	SET VALUE	MEASURED VALUES	TOLERANCE	STATUS
VOLUME	µL	10	99.98	± 1	PASS
		100	100.09	± 1	PASS
*The above mentioned instrument has been tested using standards manufactures recommended protocols, using equipments having traceability to National/International standards.					
<input checked="" type="checkbox"/> ACCEPTABLE FOR USE <input type="checkbox"/> CORRECTIVE MAINTENANCE REQUIRED <input type="checkbox"/> REMOVED FROM USE					
Calibrated By : 			Authorized Sign With Seal 		
					

CALIBRATION / TESTING REPORT				
CUSTOMER DETAILS : GOVERNMENT PRIMARY HEALTH CENTRE O SIRUVAYAL, SIVAGANGAI.		CERTIFICATE NO	TICS/2023/OSV/SG/01	
		EQUIPMENT NAME	MICROSCOPE	
		MANUFACTURE	LABOMED	
		MODEL	VISION 200	
CALIBRATION DATE	20/10/2023	SERIAL NO	220942813	
CALIBRATION DUE DATE	19/10/2024	INSTALLED DEPARTMENT	LAB	
1. General maintenance required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 2. Any Physical damage observed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 3. Spare Replacement (if required) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
TEST EQUIPMENT	MANUFACTURE	MODEL	SERIAL NUMBER	
ELECTRICAL SAFTY ANALYZER	DATREND	V Pad-mini	VPM 18040011	
PARAMETER	UNITS	VALUE	LIMITS	STATUS
Main Voltage L1-L2	V	228.5	230±10	PASS
Main Voltage L1-G(PE)	V	228.4	230±10	PASS
Main Voltage L2-G(PE)	V	0.96	<5	PASS
Load Current	A	0.228	As per unit	PASS
Protective Earth	Ω	0	<0.3	PASS
Point-to-Point Resistance	Ω	0	<0.5	PASS
Equipment Leakage	μA	0	Class I - < 500 Class II - < 100	PASS
Applied Part Leakage	μA	0	Type BF - < 5mA Type CF- <50μA*	PASS
Note : Test Standard: IEC 62353 Defibrillator paddles 100 μA, per IEC 60601-2-4				
*The above mentioned instrument has been tested using standards manufactures recommended protocols, using equipment having traceability to National/International standards.				
<input checked="" type="checkbox"/> ACCEPTABLE FOR USE <input type="checkbox"/> CORRECTIVE MAINTENANCE REQUIRED <input type="checkbox"/> REMOVED FROM USE				
Calibrated By : 		Authorized Sign With Seal 		
				

CALIBRATION / TESTING REPORT					
CUSTOMER DETAILS : GOVERNMENT PRIMARY HEALTH CENTRE O SIRUVAYAL, SIVAGANGAI.			CERTIFICATE NO		TICS/2023/OSV/SG/02
			EQUIPMENT NAME		CENTRIFUGE
			MANUFACTURE		NA
			MODEL		NA
CALIBRATION DATE		20/10/2023	ASSET NO		OSVPH02
CALIBRATION DUE		19/10/2024	DEPARTMENT		LAB
<p>1. General maintenance required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>2. Any Physical damage observed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>3. Spare Replacement (if required) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>					
TEST EQUIPMENT		MANUFACTURE		MODEL	SERIAL NUMBER
DIGITAL TACHOMETER		KUSAM MECO		KM2234 BL	S1049875
TEST REPORT					Temperature 25°C Humidity RH 55%
PARAMETERS	UNITS	SET VALUE	MEASURED VALUES	TOLERANCE	STATUS
ROTATION PER MINUTE	RPM	SPEED 2	1690	± 5	PASS
		SPEED 4	2317		
*The above mentioned instrument has been tested using standards manufactures recommended protocols, using equipment having traceability to National/International standards.					
<input checked="" type="checkbox"/> ACCEPTABLE FOR USE <input type="checkbox"/> CORRECTIVE MAINTENANCE REQUIRED <input type="checkbox"/> REMOVED FROM USE					
Calibrated By :			Authorized Sign With Seal		
					
					

CALIBRATION / TESTING REPORT				
CUSTOMER DETAILS : GOVERNMENT PRIMARY HEALTH CENTRE O SIRUVAYAL, SIVAGANGAI.		CERTIFICATE NO	TICS/2023/OSV/SG/03	
		EQUIPMENT NAME	SEMI ANALYZER	
		MANUFACTURE	ROBONIK	
		MODEL	PRIESTEST TOUCH	
CALIBRATION DATE	20/10/2023	SERIAL NO	ATCD0640321RBK	
CALIBRATION DUE DATE	19/10/2024	INSTALLED DEPARTMENT	LAB	
1. General maintenance required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 2. Any Physical damage observed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 3. Spare Replacement (if required) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
TEST EQUIPMENT	MANUFACTURE	MODEL	SERIAL NUMBER	
ELECTRICAL SAFTY ANALYZER	DATREND	V Pad-mini	VPM 18040011	
PARAMETER	UNITS	VALUE	LIMITS	STATUS
Main Voltage L1-L2	V	229.8	230±10	PASS
Main Voltage L1-G(PE)	V	229.7	230±10	PASS
Main Voltage L2-G(PE)	V	0.96	<5	PASS
Load Current	A	0.388	As per unit	PASS
Protective Earth	Ω	0	<0.3	PASS
Point-to-Point Resistance	Ω	0	<0.5	PASS
Equipment Leakage	μA	0.07	Class I - < 500 Class II - < 100	PASS
Applied Part Leakage	μA	0	Type BF - < 5mA Type CF- <50μA*	PASS
Note : Test Standard: IEC 62353 Defibrillator paddles 100 μA, per IEC 60601-2-4				
*The above mentioned instrument has been tested using standards manufactures recommended protocols, using equipment having traceability to National/International standards.				
<input checked="" type="checkbox"/> ACCEPTABLE FOR USE <input type="checkbox"/> CORRECTIVE MAINTENANCE REQUIRED <input type="checkbox"/> REMOVED FROM USE				
Calibrated By :			Authorized Sign With Seal	
				
				

CALIBRATION / TESTING REPORT					
CUSTOMER DETAILS :			CERTIFICATE NO	TICS/2023/OSV/SG/04	
GOVERNMENT PRIMARY HEALTH CENTRE O SIRUVAYAL, SIVAGANGAI.			EQUIPMENT NAME	MICROPIPETTE	
			MANUFACTURE	MICROLUX	
			MODEL	100-1000 µL	
CALIBRATION DATE	20/10/2023		ASSET NO	OSVPH 04	
CALIBRATION DUE DATE	19/10/2024		INSTALLED DEPARTMENT	LAB	
<p>1. Have more dust in machine outside <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>2. Any Physical damaged in machine <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>3. Machine inside Cleaning (if required) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>					
TEST EQUIPMENT	ID. NO	CERTIFICATE NUMBER		VALIDITY	
ELECTRONIC SEMI MICRO BALANCE	NCS/WB01	TSC/23-24/5424-1		27-JUNE-2024	
TEST REPORT					Temperature 25°C Humidity RH 55%
PARAMETERS	UNITS	SET VALUE	MEASURED VALUES	TOLERANCE	STATUS
VOLUME	µL	100	100.04	± 1	PASS
		1000	1000.03	± 1	PASS
*The above mentioned instrument has been tested using standards manufactures recommended protocols, using equipments having traceability to National/International standards.					
<input checked="" type="checkbox"/> ACCEPTABLE FOR USE <input type="checkbox"/> CORRECTIVE MAINTENANCE REQUIRED <input type="checkbox"/> REMOVED FROM USE					
Calibrated By :			Authorized Sign With Seal		
