



CALIBRATION / TESTING REPORT					
<b>CUSTOMER DETAILS :</b> GOVERNMENT PRIMARY HEALTH CENTRE KUNDRAKUDI, SIVAGANGAI.		<b>CERTIFICATE NO</b>		TICS/2023/KDK/SG/05	
		<b>EQUIPMENT NAME</b>		PIPETTE	
		<b>MANUFACTURE</b>		MICROLUX	
		<b>MODEL</b>		1000 µL FIXED	
<b>CALIBRATION DATE</b>	20/10/2023	<b>ASSET NO</b>	KDKPH05		
<b>CALIBRATION DUE</b>	19/10/2024	<b>DEPARTMENT</b>	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					
<b>TEST EQUIPMENT</b>	<b>ID. NO</b>	<b>CERTIFICATE NUMBER</b>	<b>VALIDITY</b>		
ELECTRONIC SEMI MICRO BALANCE	NCS/WB01	TSC/23-24/5424-1	27-JUNE-2024		
<b>TEST REPORT</b>					Temperature 25°C Humidity RH 55%
<b>PARAMETERS</b>	<b>UNITS</b>	<b>SET VALUE</b>	<b>MEASURED VALUES</b>	<b>TOLERANCE</b>	<b>STATUS</b>
VOLUME	µL	1000	1000.14	± 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**

<b>CUSTOMER DETAILS :</b> GOVERNMENT PRIMARY HEALTH CENTRE KUNDRAKUDI, SIVAGANGAI.		<b>CERTIFICATE NO</b>	TICS/2023/KDK/SG/01
		<b>EQUIPMENT NAME</b>	MICROSCOPE
		<b>MANUFACTURE</b>	NA
		<b>MODEL</b>	MONOCULAR
<b>CALIBRATION DATE</b>	20/10/2023	<b>ASSET NO</b>	KDKPH01
<b>CALIBRATION DUE DATE</b>	19/10/2024	<b>INSTALLED DEPARTMENT</b>	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 SAFETY ANALYZER	DATREND	V Pad-mini	VPM 18040011

PARAMETER	UNITS	VALUE	LIMITS	STATUS
Main Voltage L1-L2	V	228.2	230±10	PASS
Main Voltage L1-G(PE)	V	229.4	230±10	PASS
Main Voltage L2-G(PE)	V	0.89	<5	PASS
Load Current	A	0.203	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

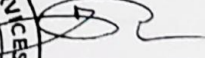
Note : Test Standard: IEC 62353  
Defibrillator paddles 100 μA, per IEC 60601-2-4

\*The above mentioned instrument has been tested using standards manufactures recommended protocols, using equipment having traceability to National/International standards.

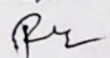

ACCEPTABLE FOR USE       CORRECTIVE MAINTENANCE REQUIRED       REMOVED FROM USE

Calibrated By: \_\_\_\_\_ Authorized Sign With Seal







CALIBRATION / TESTING REPORT					
<b>CUSTOMER DETAILS :</b> GOVERNMENT PRIMARY HEALTH CENTRE KUNDRAKUDI, SIVAGANGAL.			CERTIFICATE NO		TICS/2023/KDK/SG/02
			EQUIPMENT NAME		CENTRIFUGE
			MANUFACTURE		BD INSTRUMENTATION
			MODEL		BDI 152
CALIBRATION DATE		20/10/2023	ASSET NO		20111870
CALIBRATION DUE		19/10/2024	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	
DIGITAL TACHOMETER		KUSAM MECO		KM2234 BL	
TEST REPORT					Temperature 25°C Humidity RH 55%
PARAMETERS	UNITS	SET VALUE	MEASURED VALUES	TOLERANCE	STATUS
ROTATION PER MINUTE	RPM	SPEED 2	1646	± 5	PASS
		SPEED 4	2515		
*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/KDK/SG/03
GOVERNMENT PRIMARY HEALTH CENTRE		EQUIPMENT NAME	SEMI ANALYZER
KUNDRAKUDI, SIVAGANGAI.		MANUFACTURE	ROBONIK
		MODEL	PRIESTEST TOUCH
CALIBRATION DATE	20/10/2023	SERIAL NO	ATCD0600321RBK
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	228.1	230±10	PASS
Main Voltage L2-G(PE)	V	1.2	<5	PASS
Load Current	A	0.398	As per unit	PASS
Protective Earth	Ω	0	<0.3	PASS
Point-to-Point Resistance	Ω	0	<0.5	PASS
Equipment Leakage	μA	0.13	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.

ACCEPTABLE FOR USE       CORRECTIVE MAINTENANCE REQUIRED       REMOVED FROM USE

Calibrated By :




Authorized Sign With Seal





CALIBRATION / TESTING REPORT					
CUSTOMER DETAILS :		CERTIFICATE NO		TICS/2023/KDK/SG/04	
		EQUIPMENT NAME		MICROPIPETTE	
GOVERNMENT PRIMARY HEALTH CENTRE KUNDRAKUDI, SIVAGANGAI.		MANUFACTURE MODEL		MICROLUX 10-100 µL	
		ASSET NO		KDKPH04	
CALIBRATION DATE	20/10/2023	INSTALLED DEPARTMENT		LAB	
CALIBRATION DUE DATE	19/10/2024				
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		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	10	10.11	± 1	PASS
		100	100.21	± 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			
