44

AOV INTERNATIONAL LLP



MAINTENANCE OF BIOMEDICAL EQUIPMENT SERVICE REPORT

HOSPITAL NAME		Civil Maspit	al Doda.	COMPLAINT NUMBER	HNF
HOSPITAL TYPE		CHC	Doda.	COMPLAINT RECEIVED DATE / TIME	HNF
DISTRICT		Mulitiar		COMPLAINT ATTENDED DATE / TIME	26.7.22
USER CONTACT DETAILS		81468-11699		COMPLAINT RECTIFIED DATE / TIME	26.7.22
EQUIPMENT TYPE (TICK THE BOX)		☐ UNDER CONTRACT ☐ UNDER WARRANTY ☐ UNDER AMC/CMC ☐ PHYSICAL DAMAGE ☐ CONDEMNED			DAMAGE CONDEMNED
EQUIPMENT DETAIL	BARCODE NUMBER :	41700 200	013	MANUFACTURER: Lason	atery
	EQUIPMENT NAME: Contribuge M/c.			MODEL NO: M-8P	
	DEPARTMENT :	Coprate	ry	SERIAL NUMBER: 315	125
PROBLEM IDENTIFIED		not mor	•		
ACTION TAKEN	Willist the			is more me ge new motor t repairable.	olue to
M PHASE - NEU	TRAL (VOLT): 250) E PHASE - EART	H(VOLT): 272	■ NEUTRAL - EARTH (VOL	11. 2
ENGINEER'S REMARKS					
a	PA	ARTNAME	QTY	SERIAL NO. / L	OT NO.
SPARES CONSUMED OR REQUIRED					
CUSTOMER REMARK IF ANY			and the second		
Tomer Signature	WITH SEAL	า ภาคิสอใสิน	ENGINEER	ans	OV INTERNATIONAL LLP