

SERVICE / INSTALLATION REPORT

S.No. **253830**

Date **23/12/2023**

Engineer's Name **Yogesh BHALA**

Customer Name : **Civil Hospital**
Address : **Ludhiana**
Contact Person :
Phone No. :

Call Received on : Time :
Call Attended on : **23/12/2023** Time :
Complaint No. :

Equipment : **AUTOCLAVE** Model : **GWATUS-** Serial No. : **493 2218 009**

Inst.	Comp.	AMC	Out of Warranty	Under Warranty	General Service/PM.
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		

Nature of complaint :
AUTOCLAVE NOT WORKING

Action Taken :
CHECK AUTOCLAVE MULTIPLE ISSUES FOUND

- PCB NOT WORKING
- HEATING ELEMENT NOT WORKING
- SENSOR NOT WORKING
- PCB WIRE DAMAGED
- THERMOSTATE SWITCH DAMAGED

Part replaced with name (if any) :
- N/A -

Service Charges Received Yes No.
Amount

Pending Action :
NOT REPAIRABLE **NOT REPAIRABLE**
YOGESH

Engineer's Remark/Root Cause :
- N/A -

The equipments are working properly as per manufacture specification :
Customer Seal & Signature :
Civil Hospital, Ludhiana

Engineer Signature : **Yogesh**

Caution :
Protect your all clinic equipments against high / fluctuation voltage. Always use Branded Power Correcting Equipment. If Voltage Converting Device (CTV / Servo / UPS) is not connected with the equipment and distilled water for Dental chair is not being used, warranty will not be valid.

AOV INTERNATIONAL LLP

**BIO-MEDICAL EQUIPMENT MAINTENANCE & MANAGEMENT PROGRAM (BMMP) OF
PUNJAB HEALTH SYSTEMS CORPORATION**



SERVICE REPORT

40684



HOSPITAL NAME	DH LUDHIANA	COMPLAINT NUMBER	PB15329
HOSPITAL TYPE	DH	COMPLAINT RECEIVED DATE/ TIME	12/01/24
DISTRICT	Ludhiana	COMPLAINT ATTENDED DATE/ TIME	15/01/24
USER CONTACT DETAILS	9877585184	COMPLAINT RECTIFIED DATE/ TIME	15/01/24
EQUIPMENT TYPE (TICK THE BOX)	<input checked="" type="checkbox"/> UNDER CONTRACT <input type="checkbox"/> UNDER WARRANTY <input type="checkbox"/> UNDER AMC/CMC <input type="checkbox"/> PHYSICAL DAMAGE <input type="checkbox"/> CONDEMNED		

EQUIPMENT DETAIL	EQUIPMENT NUMBER : 2120130437	MANUFACTURER : GNATUS
	EQUIPMENT NAME : FLASH AUTOCLAVE	MODEL NO : NA
	DEPARTMENT : DENTAL	SERIAL NUMBER : NA

PROBLEM IDENTIFIED
NOT WORKING.

ACTION TAKEN
CHECK AND FOUND THAT THERE ARE MULTIPLE PROBLEM, SUPPLY CARD FAULTY, ELEMENT FAULTY, TEMPERATURE SENSOR IS FAULTY, WIRE DAMAGED DUE TO BURNING, THERMOSTAT SWITCH FAULTY AND NOT REPAIRABLE SO THIS MACHINE IS RECOMMENDED FOR CONDEMNATION.

PHASE - NEUTRAL (VOLT): 220V
 PHASE - EARTH (VOLT): 227V
 NEUTRAL - EARTH (VOLT): 03V

ENGINEER'S REMARKS
NOT WORKING AND RECOMMENDED FOR CONDEMNATION. DEM REPORT ATTACH WITH IT.

SPARES CONSUMED	PART NAME	QTY.	SERIAL NO. / LOT NO.
	NA	NA	NA
	/	/	/

CUSTOMER REMARKS IF ANY

JOB COMPLETED SATISFACTORY <input type="checkbox"/> YES <input type="checkbox"/> NO	FOR AOV INTERNATIONAL LLP YOGESH TAJI 92896 90083 ENGINEER NAME & SIGNATURE
CUSTOMER SIGNATURE WITH SEAL Medical Officer (Dental) Civil Hospital, Ludhiana	