

Call Location : Workshop Outdoor

Call Type : Installation

Breakdown

Outlet Details

Outlet Name	Sudha Semmurological/Inhaler		Equipment Details	Model No	Serial No.
Address	perthambur		Purchased from	EDUROL	21013
Contact Person	Hyderabad		Invoice No	Invoice Date	Stabilizer Rating
Contact No	Office: 11/14 vibhava	Mobile: 9999288419	Stabilizer Available	Yes / No	Stabilizer Input voltage
Email Id			Voltage Range		Output Voltage
			Stabilizer Input voltage		Chargeable
			In Warranty	<input checked="" type="checkbox"/>	

Complaint Details

Complaint No.	Complaint Date	Complaint Time

Complaint Details reported by Customer : *Installation*

Equipment Status:

Products Stored	Incoming Product Temperature	Product pull down time

Fault Observed by Technician : *Installation Required*

Technician Report :

Inside Temperature	Refrigerant	Compressor Model	Compressor Sl. No.

Recitification work carried out by Technician : *Installation done @ Temp 80° to - 40°.*

Spare-parts Used/Required

S. No.	Part No	Part Description	Qty	To Order	Price
1					
2					
3					

Post repair observation. Cabinet temperature

Technician Name :	Technician Visit Date	Technician Visit Time	In	Out

Signature

I/We hereby confirm that complaint has been resolved to my/our full satisfaction.

Customer Remarks (if any) :