


SERVICE REPORT

 CARE BIOSYSTEMS INDIA PVT. LTD. 8 & 8A, Ground Floor, Swaraj Daffodils, Plot No.96, Sector 8A, Airoli, Navi Mumbai - 400 708. Maharashtra State, India, Tel: Tel : +91-8655069660, +91-8655069661 Email : service.mumbai@carebio.com		Date : <u>25/07/2023</u>	JC No.	339					
		Engineer's name <u>S. Susendia Kumar</u>							
<input type="checkbox"/> MUM <input type="checkbox"/> AMD <input checked="" type="checkbox"/> HYD <input type="checkbox"/> PUN		Date of Request	Date of Visit <u>10/07/2023</u>						
Customer's Name & Address <u>P. Santha Kumar</u>		Inv. / Qtn. No. :							
<u>Indian Immunologicals Limited.</u>		P.O. No. : <u>4513002851</u>							
<u>Gaekhwar H.Y.D.</u>		Type of Services							
Tel. No. : Mobile No. :		1 Installation <input checked="" type="checkbox"/>	6. Paid Service <input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50px; height: 20px;"> </td></tr> <tr><td style="width: 50px; height: 20px;"> </td></tr> <tr><td style="width: 50px; height: 20px;"> </td></tr> <tr><td style="width: 50px; height: 20px;"> </td></tr> <tr><td style="width: 50px; height: 20px;"> </td></tr> </table>					
E-mail :		2 Breakdown <input type="checkbox"/>	7. Calibration <input type="checkbox"/>						
		3 AMC <input type="checkbox"/>	8. IQ-OQ-PQ / Mapping <input checked="" type="checkbox"/>						
		4. Warranty <input type="checkbox"/>	9. Application <input type="checkbox"/>						
		5. Inspection <input type="checkbox"/>	10. Goodwill <input type="checkbox"/>						
Instruments		Model Nos.		Sr. Nos.					
<u>Antech</u>		<u>Cryomatrix 15K</u>		<u>DL09173D</u>					
<u>LN2</u>				<u>DL09174D</u>					
<u>Cryogenic freezer</u>									
Request for / Fault : <u>Installation / QA, OQ, PQ</u>									
Mains Supply : <u>235</u> V.AC	Current : <u>—</u> Amps	Enviro.Temp : <u>19.0</u> °C	Aircon : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
Stabilized supply : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Location : Room No.		Floor <u>ground</u>						
Instrument Status : Clean <input checked="" type="checkbox"/> Average <input type="checkbox"/> Not Good <input type="checkbox"/> Needs Attn. <input type="checkbox"/>									
Set Temp. = <u>-198.5</u> Actual Temp. = <u>-198.1</u>	Set RPM = <u>—</u>	Actual RPM = <u>—</u>							
Set = <u>—</u> Actual = <u>—</u>	Set = <u>—</u>	Actual = <u>—</u>							
Work done : <u>Installed the LN2 Containers, performed QA, OQ, PQ 24 hrs</u> <u>mapping. Submitted documents. Demitted to customer. Turnover</u> <u>having good calibration.</u>									
Spare Parts Used / Required : <u>—</u>									
Notes / Conclusion : <u>LN2 Containers having Satisfactory.</u>									
Customer's Remarks :									
Job Completed : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Engineer's Signature <u>S. Susendia Kumar</u> <u>25/07/2023</u>		Customer's Name & Signature <u>P. Santhakumar</u> <u>P. Santhakumar</u> <u>25-07-23</u>						