

### SERVICE REPORT

CUSTOMER NAME : *Indian Immunologicals Ltd*

S.N.O : **85136**

DATE

ADDRESS : *Dept of OA*

ENGINEER

*Balachandrar.K.A*

*Dr. G.*

MODEL NO / CAT NO

*905 69P*

SERIAL NO

*U1T500A9020C1501*

CONTACT PERSON : *T. Srinivasan*

OTHER DETAILS OF THE UNIT

TELEPHONE / FAX : *9942942102*

INSTRUMENT STATUS:

Warranty  Contract  Billable

E-MAIL :

CALL REASON :  Repair  Courtesy  Validation  Installation

CALL DETAILS :

*Installation & Validation of safe freezer*

DETAILS OF SERVICES RENDERED :

*\* For the above mentioned equipment  
 \* opened the consignment, checked the delivered parts  
 \* found all are delivered at good condition  
 \* equipment is shifted to lab & installed with proper  
 \* power supply.  
 \* checked the equipment performance found working fine  
 \* stoppage documentation & temperature mapping is done.  
 \* Installation is completed.*

NO.	PART#	SPARES DESCRIPTION	QTY. REPLACED	REPLACED FROM (✓)		QTY. REQUIRED
				CUST. STOCK	THERMO STOCK	

REMARKS (IF ANY) : *Installation completed and equipment working satisfactorily*

JOB COMPLETED :

YES  NO

CALL TIME				DATE	SIGNATURE	NAME	ACTION REQUIRED:
Date	From	To	Hrs. Worked				

a) SFDC Case No. \_\_\_\_\_

b) SAP Notification No. \_\_\_\_\_

Ph. No.: **0423 - 2443186, 2441928**  
 Udhagamandalam: **0431007**  
 Kozhupannai, Pudukottai PO  
 ACTION REQUIRED: YES  NO

c) SAP Equipment No. \_\_\_\_\_