



MACK PHARMATECH®
MFGS. PHARMA AND LAB. EQUIPMENTS
Building Relations.....Nation

SERVICE REPORT

1362

Complaint No.: — NA —	Service Report No.: — NA —
Complaint Date: — NA —	Service Date: 08.03.18
Customer Name: Indian Immunologicals	Contact Person: Mr. K. Kishan
Address: Limited	Designation: Sr. Executive
Karkapatta village, Siddipet	Tel.: 8142260036
Telangana.	E-mail Id: K.Kishan@indimmunol.com
Equipment Name: Walk-in Humidity Chamber	Sr. No.: 119/17-18
	Id No.: KA04/WHC/001
Reason For Call: Chamber	
Installation <input checked="" type="checkbox"/>	Breakdown <input type="checkbox"/>
Calibration <input type="checkbox"/>	AMC <input type="checkbox"/>
Other <input type="checkbox"/>	
Complaint Details:	
Installation of walk in humidity chamber	
Action Taken: In installation completed OQ, IQ, PLC validation, OQ, PQ, software IQ & OQ, calibration of 1hr and validation of 24hr on 3 set point successfully complete	
Observation:	
Installation is completed	
Material Replaced: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Job Completed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No.
1)	Pending work: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No.
2)	
3)	
4)	
5)	
Customer Remark: Individual user ID's required on HMI ⇒ Complete Spare list with location required	
For MACK PHARMATECH PVT. LTD.	For Customer
Signature: <i>Daware</i>	Signature: <i>UK</i>
Name: Dipak Daware	Name: K. Kishan
Designation: Service Engg	Designation: Sr. Executive / Creator
Office Use Only	
Under warranty: <input type="checkbox"/> Yes <input type="checkbox"/> No	Under AMC: <input type="checkbox"/> Yes <input type="checkbox"/> No
W.O./No.:	P.O./No.:
Chargeable: <input type="checkbox"/> Yes <input type="checkbox"/> No	Invoice No.:
	Date
	Amount:

Contact : Phone /Fax No. : 02551230877. Mob.No. +91-9320065656
E-mail ID : service@mackpharmatech.com, sales@mackpharmatech.com
Website : www.mackpharmatech.com

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08.05.18



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SERVICE REPORT

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Complaint No.: <u>NA</u>	Service Report No.: <u>NA</u>
Complaint Date: <u>NA</u>	Service Date: <u>08.03.18</u>
Customer Name: <u>Indian Immunologicals</u>	Contact Person: <u>Mr. K. Kishan</u>
Address: <u>Limited</u>	Designation: <u>Sr. Executive</u>
<u>Karkapatla Village, Siddipet</u>	Tel.: <u>8143260036</u>
<u>Telangana</u>	E-mail Id: <u>K.Kishan@indimmune.co</u>
Equipment Name: <u>Walkin Humidity Chamber</u>	Sr. No.: <u>12017-18</u> Id No.: <u>KA04/WHC/002</u>
Reason For Call: <u>Chamber</u>	
Installation <input checked="" type="checkbox"/>	Breakdown <input type="checkbox"/> Calibration <input type="checkbox"/> AMC <input type="checkbox"/> Other <input type="checkbox"/>
Complaint Details: <u>Installation of Walkin humidity chamber</u>	
Action Taken: <u>In installation chamber. OQ, IQ, PLC validation, OQ, PQ (calibration of 1hr and validation of 24 hr with load & without load) successfully completed</u>	
Observation: <u>Installation is completed</u>	
Material Replaced: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Job Completed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
1) <u>NA</u>	Pending work: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2) <u>NA</u>	
3) <u>NA</u>	
4) <u>NA</u>	
5) <u>NA</u>	
Customer Remark: <u>Individual User ID's required on HMI with synchrony to PE.</u>	
For MACK PHARMATECH PVT. LTD.	For Customer
Signature: <u>Dawale</u>	Signature: <u>K. Kishan</u>
Name: <u>Dipak Dawale</u>	Name: <u>K. Kishan</u>
Designation: <u>Service Engg.</u>	Designation: <u>Sr. Executive</u>
Office Use Only	
Under warranty: <input type="checkbox"/> Yes <input type="checkbox"/> No	Under AMC: <input type="checkbox"/> Yes <input type="checkbox"/> No
W.O./No.:	P.O./No.:
Chargeable: <input type="checkbox"/> Yes <input type="checkbox"/> No	Invoice No.:
	Date
	Amount:

Contact : Phone /Fax No. : 02551230877. Mob.No. +91-9320065656
E-mail ID : service@mackpharmatech.com, sales@mackpharmatech.com
Website : www.mackpharmatech.com

sent
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SERVICE REPORT 1364

Complaint No.: NA	Service Report No.: NA
Complaint Date: NA	Service Date: 08.03.18
Customer Name: Indian Immunologicals	Contact Person: Mr. K. Kishan
Address: Limited	Designation: Sr. Executive
Karkapelta Village, Siddipet,	Tel.: 8143260036
Telangana	E-mail Id: K.Kishan@indimmunol.com
Equipment Name: Walkin Humidity Chamber	Sr. No.: 12/17-18
	Id No.: KA04/WHC/003
Reason For Call: Chamber	
Installation <input checked="" type="checkbox"/>	Breakdown <input type="checkbox"/>
	Calibration <input type="checkbox"/>
	AMC <input type="checkbox"/>
	Other <input type="checkbox"/>
Complaint Details:	
Installation of walkin humidity chamber	
Action Taken: In installation chamber. Da, Ia, plc validation, oa, po (calibration of 1hr and validation of 24hr with load and without load) successfully completed	
Observation:	
Installation is completed	
Material Replaced: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Job Completed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No.
1)	Pending work: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No.
2)	
3) NA	NA
4)	
5)	
Customer Remark: Individual user m's required on AMC	
For MACK PHARMATECH PVT. LTD.	
Signature: Dawale	Signature: UX
Name: Dipak Dawale	Name: K. Kishan
Designation: service Engg	Designation: Sr. Executive
Office Use Only	
Under warranty: <input type="checkbox"/> Yes <input type="checkbox"/> No	Under AMC: <input type="checkbox"/> Yes <input type="checkbox"/> No
W.O./No.:	P.O./No.:
Chargeable: <input type="checkbox"/> Yes <input type="checkbox"/> No	Invoice No.:
	Date
	Amount:

Contact : Phone /Fax No. : 02551230877. Mob.No. +91-9320065656
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Website : www.mackpharmatech.com

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