



CUSTOMER SERVICE REPORT

Report No: TVSPL/SER/2018-19/CSR/S/SK/111218	Visit No: 1	Date: 11-12-18																												
Customer Ref: Mail		Date: 10-12-18																												
Engg. Name/Code: P. Sravan Kumar / SK		Principal: TVSPL																												
Company Name: Indian immunologicals Ltd		Instrument: Aerosol Generator																												
Company Add: 281-284 & 321, Kankapetla		Model No: TAG556																												
Contact Person: Mr. T.N.V. Sivaprasad		Serial No: TAG556 18056																												
Tel./Mob. No: 9573111040		Software Version: -																												
E-mail: t.sivaprasad@indimmune.com		Firmware Version: -																												
Reported Problem: Installation & training of TAG556 Aerosol generator as per IOQ Documents.		Probable Cause: Installation																												
SERVICE NATURE: <input checked="" type="checkbox"/> Installation <input type="checkbox"/> Warranty <input type="checkbox"/> Paid Service <input type="checkbox"/> Service Contract <input type="checkbox"/> Calibration <input type="checkbox"/> Repair <input type="checkbox"/> Misc.																														
<table border="1"> <thead> <tr> <th>Service Period On (Date)</th> <th>From Hrs.</th> <th>To Hrs.</th> <th>Service Period On (Date)</th> <th>From Hrs.</th> <th>To Hrs.</th> <th>Total Hrs.</th> </tr> </thead> <tbody> <tr> <td>11-12-18</td> <td>12:20</td> <td>2:30</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Service Period On (Date)	From Hrs.	To Hrs.	Service Period On (Date)	From Hrs.	To Hrs.	Total Hrs.	11-12-18	12:20	2:30																		
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Action taken: <ul style="list-style-type: none"> i) Instrument documents like Sop, Test Certificate MOC Certificate handed over to IIL Customer. ii) IOQ Document Execution done on site. iii) Generator is working OK. 																														
Spares Utilised - SOURCE : <input type="checkbox"/> Customer Stock <input type="checkbox"/> TVSPL Stock <input type="checkbox"/> Local Purchase <input type="checkbox"/> Others																														
Billing Instructions: As the installation is completed, please arrange for further payment processing.																														
Engineer Comments/Follow-up action: Instrument is working satisfactorily. & Customer want pressure gauge Calibration Certificate.																														
Job Status : <input checked="" type="checkbox"/> Completed <input type="checkbox"/> Partially Completed <input type="checkbox"/> Not Completed																														
Reason for partially completed / not completed: <div style="text-align: center; font-size: 2em;">NA</div>																														
		Next visit date:																												
Customer's Comments/Remarks : Found Satisfactory.																														
 Service Engineer	 HOD	Customer name: T.N.V. Sivaprasad Mob. No: 9573111040 Email id: t.sivaprasad@indimmune.com																												

** please note report no : csr/ service engg initial/ customer initial/date for csr no. for eg.. if report dt is 28.03.18 then no. would be 280318visit no. would be as per the number of visit to that particular customer 1st, 2nd, 3rd and so on.