



DSS imagetech Pvt. Ltd.  
Micro-Imaging Division  
Corporate Office: A5, Mohan Co-Op Industrial Estate,  
Mathura Road, New Delhi — 44  
Tel: 011 - +91-11-30886715 /35 / 41 / 46, Fax: +91-11-26959382  
Email: enquiry@dssimage.com , Website: www.dssimage.com

**OLYMPUS**

Official Distributor

**Installation Report**

DSS Reference Number		Date	27-07-21
Institute / Organization Department	Indian Immunological Ltd		
Contact person	Mr. P. Sreeramya		
Land Line	Mobile	040-27719365, Extn:-1703	
Email	sreeramya@indimmune.com		
Address	Rakshapuram, Gachibowli post, Hyderabad, Telanagana		
Product Name / Description of the equipment	Olympus compound Microscope model CX43.		
Purchase Order Number	4511003428	Purchase Order Date	02-12-2020
Shipment Invoice Number	MI-ST/2021/23336	Shipment Invoice Date	18-01-2021
Warranty Period	Warranty Start : 27-07-21	Warranty End : 26/07/2022	Extended AMC : NA
Local Supply	Company	Equipment	Serial No
	NA	NA	NA
	NA	NA	NA
	NA	NA	NA
	Na	NA	NA
NA	NA	NA	NA

**For Office Use Only (To be filled by Service Engineer)**

Installation Details	Engineer Name	Sales Person Name
	Mr.Kishore Kumar	Mr.Srikanth
	Call Received On : 26-07-2021	Call Attended On : 27-07-2021
Action Taken by Engineer	Installation of Microscope and given demo for the same.	
Any Other Remarks	NA	
Customer's Signature with Seal		Service Engineer Name
Date: Pully; 27-07-21		(Date & Signature)



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	ITEM	Visibility Check	Functional Check	Remark / Serial Number
1.	<b>Electrical Test</b> Standard Value - Pass : 220-240, GND<5V Measured Value : _____ V , GND : _____ V		<input checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL	
2.	<b>Microscope Details</b>		<input type="checkbox"/> Not Applicable	
•	CX43RF			0J41119
•	Frame and LBD / ND Filters	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
•	Light Source	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3.	<b>Intermediate Tube: Fluorescence Attachment</b>		<input checked="" type="checkbox"/> Not Applicable	NA
•	Filter Turret and Mirror Units attached according to the manual.	<input type="checkbox"/>	<input type="checkbox"/>	
•	Fluorescence power supply and Lamp house	<input type="checkbox"/>	<input type="checkbox"/>	
4.	<b>Intermediate Tube: Multi Header</b>		<input checked="" type="checkbox"/> Not Applicable	NA
•	Multi-discussion tube and pointer unit	<input type="checkbox"/>	<input type="checkbox"/>	
•	Check image plane at all observation tube	<input type="checkbox"/>	<input type="checkbox"/>	
5.	<b>Imaging System</b>		<input type="checkbox"/> Not Applicable	
	<b>Camera Model</b> Magcam DC5 <b>Serial No:</b>			
•	Camera Adaptor ( Mention the model / Magnification).			
•	Imaging Software ( Serial Number)			
6.	<b>Alignments</b>		<input checked="" type="checkbox"/> PASS	
•	Alignment of condenser, ( Bright field, Phase Contrast, DIC )		<input checked="" type="checkbox"/> PASS / <input checked="" type="checkbox"/> Not Applicable	
•	Alignment of Burner		<input type="checkbox"/> PASS / <input checked="" type="checkbox"/> Not Applicable	
•	Adjustment of Parfocality		<input type="checkbox"/> PASS / <input checked="" type="checkbox"/> Not Applicable	
7	Operation: Imaging Software		<input type="checkbox"/> PASS / <input checked="" type="checkbox"/> Not Applicable	
•	Computer System Operation		<input type="checkbox"/> PASS / <input checked="" type="checkbox"/> Not Applicable	
•	Software Configuration, Calibration		<input type="checkbox"/> PASS / <input checked="" type="checkbox"/> Not Applicable	
•	Image Capture and Enhancements		<input type="checkbox"/> PASS / <input checked="" type="checkbox"/> Not Applicable	
8.	Other Attachments		<input checked="" type="checkbox"/> Not Applicable	
		Visibility Check	Functional Check	
a.		<input type="checkbox"/>	<input type="checkbox"/>	
b.		<input type="checkbox"/>	<input type="checkbox"/>	
c.		<input type="checkbox"/>	<input type="checkbox"/>	
d.		<input type="checkbox"/>	<input type="checkbox"/>	
e.		<input type="checkbox"/>	<input type="checkbox"/>	
9.	Submission of Manuals Software CD's (If any)		<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	
	Overall System		<input checked="" type="checkbox"/> Pass	

Customer's Remarks (If any :)

OVERALL MICROSCOPE SYSTEM FUNCTIONALITY (To be Filled by Customer Only)	SATISFIED <input type="checkbox"/>	NOT SATISFIED <input type="checkbox"/>
Customer's Name :	Engineer Name : Kishore Kumar. V	
	9581242663	
Signature :	Signature :	
Date: 27-07-21	Date :	



You can reach Olympus by scanning above QR code and provide feedback /concern if any.