

**INSTALLATION / COMMISSIONING REPORT**

CUSTOMER NAME & ADDRESS

*Indian Immunological  
Hd Gachwadi Hyd*

Date:

*23/08/21*

INV No. & Date:

Product:

*Pro Vac WD 20*

Sl. No.:

*320013567*

CONTACT PERSON

TEL/MOBILE NO.

Cleaning Area; <1000 sq. ft>5000 sq. ft.>10,000 sq. ft.

Machine Used By: Employee / Contractor

Type of Area: High Dust / Medium Dust / Low Dust

Type of Floor : Concrete / Cemented / Mosaic Marble / Tiles / Epoxy

Chemical Recommended:

Condition of Floor: Smooth / Rough / Outdoor

**Accessories Supplied (If Any)**

| S. No.    | Description            | Quantity | Physical Condition / Remarks |
|-----------|------------------------|----------|------------------------------|
| <i>01</i> | <i>All Accessories</i> |          | <i>Good</i>                  |

**Training & Demonstration :**

Personnel Trained :

Name

Department

*P. Sankaran*

*Production*

Service Remarks:

*Unit Installation and Demo  
& Training Given HEPA Filter*

for Forbes Pro:

Name:

*G. Kulkarni*

Signature:

Customer Remarks:

*Proof*

*23-08-21*

Signature:

Customer Care : 3988 3333