

ACE HYGIENE PRODUCTS PVT. LTD.

Service Report Sr No:

307, A-2 Shah & Nahar Industrial Estate, Lower Parel, Mumbai -13.
Tel.: (+91-22) 6184 0950
E-mail : indservice@alfauv.com

GSTIN : 27AABCA0755G1ZZ

CASE NO. **2900** DATE: **19/7/2021** DATE OF INSTALLATION: **19/7/2021**

Customer Name: **Indians Immunological Ltd**
Address: **Swarajy : 281 Biotech Park Phase III** City: **Karimnagar**
Karimnagar (V) Muskarak (M) State: **Telangana**
Call Reported by: **Mr. Ananth Rao** Mobile: **9063588188**
Land Line: _____ Ext. _____ Fax: _____ Email Id: _____

NATURE OF BREAKDOWN

Problem Reported: **Central Panel Installation**

Assigned Service Personnel: **D. Kumar, Srida** Employee Code: **2622 / 2266**
Model Name: **API-70, 50001K** Product Code: **270208158** Equipment No.: **654511/69**
Status of Call: **Warranty / AMC / Chargeable** Task No.: **①** Date: **19/7/2021**
(Please circle)

Location of Installation : **SB3**

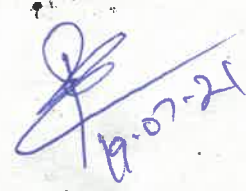

SERVICE / INSPECTION REPORT

Check UV System and Power Supply working good
PN(238V) PE(228V) EN(0.410) Showing Autocure 22.6/m²
100%

Invoice No.:		Status After Service:	Reason for Breakdown:
SAP Invoice No.:		<input checked="" type="radio"/> Complete <input type="radio"/> Incomplete <input type="radio"/> Pending for Spares	
Service Charges (Rs.)			
Sales of Spares (Rs)			
AMC Amount (Rs.)			
Total			

MATERIAL USED / REQUIRED

Material Code	Material Description	Recommended Stock Qty.	Used Qty.	Used From

Remark if any: _____
 Date: / / Customer's Name & Signature:  **19-07-21**
 Time In: **9:00AM** Time Out: **16:30PM** Date: **19-7-2021**
 Technician Signature: 

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Service Report Sr No:

GSTIN : 27AABCA0755G1ZZ

 CASE NO. **2899** / DATE: **19/7/2021** DATE OF INSTALLATION: **19/7/2021**

 Customer Name: **Indian Immunological Ltd**
 Address: **Suryav 101-281 Biotech park Phase - III Keshavnagar (v) Marhok (M)** City: **Govindnagar**
 State: **Telangana** ZIP Code: **502281**

 Call Reported by: **Mr. Ananth Rao** Mobile: **996358888**
 Land Line: _____ Ext. _____ Fax: _____ Email Id: _____

NATURE OF BREAKDOWN

Problem Reported: _____

 Assigned Service Personnel: **D. Kumar, MD. Sudia** Employee Code: **2022, 2266**
 Model Name: **HF-1 5000 CE** Product Code: **270208165** Equipment No.: **649498/150**
 Status of Call: **Warranty** / AMC / Chargeable Task No.: **①** Date: **19/7/2021**
 Location of Installation: **AHF**

SERVICE / INSPECTION REPORT

Check UV Good and Power supply PN(229V) PE(230V) EN(0.398) Showing Intensity 44 u/m² 100%

Invoice No.:		Status After Service: <input checked="" type="radio"/> Complete <input type="radio"/> Incomplete <input type="radio"/> Pending for Spares	Reason for Breakdown: _____ _____ _____
SAP Invoice No.:			
Service Charges (Rs.)			
Sales of Spares (Rs)			
AMC Amount (Rs.)			
Total			

MATERIAL USED / REQUIRED

Material Code	Material Description	Recommended Stock Qty.	Used Qty.	Used From

 Remark if any: _____
 Date: / / Customer's Name & Signature: **[Signature]**
 Time In: **09:00 AM** Time Out: **16:50 PM**
 Date: **19/7/2021** Technician Signature: **[Signature]**

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Service Report Sr No:

GSTIN : 27AABCA0755G1ZZ

CASE NO. **2898** DATE: **19/7/2021** DATE OF INSTALLATION: **19/7/2021**

Customer Name: **Indiam Immunological Hcl**
Address: **Survey no: 281, Biotech park Phase III, Karakaputra (2) Markol (2)**
City: **Karakaputra**
State: **Telangana**
ZIP Code: **502281**

Call Reported by: **Mr. Ananth Rao** Mobile: **9963588188**
Land Line: _____ Ext. _____ Fax: _____ Email Id: _____

NATURE OF BREAKDOWN

Problem Reported: **Control Panel Installation**

Assigned Service Personnel: **MD. Sadiq, D. Kumar** Employee Code: **2266, 2022**
Model Name: **API 35 5000 EE** Product Code: **270208157** Equipment No.: **654514/150**
Status of Call: **Warranty / AMC / Chargeable** Task No.: **①** Date: **19/7/2021**
(Please circle)
Location of Installation: **AHAC**

SERVICE / INSPECTION REPORT

UV System working check power supply (2280) PF (230V) FN (3.398) working good but earthing is not properly suggested to customer given earthing Intensity showing @ 10 w/m² - 100%.

Invoice No.:		Status After Service:	Reason for Breakdown:
SAP Invoice No.:		<input checked="" type="radio"/> Complete <input type="radio"/> Incomplete <input type="radio"/> Pending for Spares	
Service Charges (Rs.)			
Sales of Spares (Rs)			
AMC Amount (Rs.)			
Total			

MATERIAL USED / REQUIRED

Material Code	Material Description	Recommended Stock Qty.	Used Qty.	Used From

Remark if any: _____
 Date: **19/7/2021**
 Customer's Name & Signature: **[Signature]**
 Time In: **9:00 AM**
 Time Out: **16:00**
 Date: **19/7/2021**
 Technician Signature: **[Signature]**

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Service Report Sr No:

GSTIN : 27AABCA0755G1ZZ

CASE NO. 2897 **DATE:** 19/7/2021 **DATE OF INSTALLATION:** 19/7/2021

Customer Name: Indium Immunological Pvt

Address: Survey no 1-281, Biotech Park Phase - III, Kozhikapatla (V) Morikook (T) **City :** Kozhikapatla
State : Telangana
ZIP Code : 502289

Call Reported by: Mr. Ananth Rao **Mobile:** 9963588188

Land Line: _____ **Ext.** _____ **Fax:** _____ **Email Id:** _____

NATURE OF BREAKDOWN

Problem Reported: UV Purinal Installation.

Assigned Service Personnel : D. Kumar, MD. Sadiq **Employee Code:** 2622, 2266

Model Name: API 95,5000CE **Product Code:** 270208158 **Equipment No.:** 654509/67

Status of Call: Warranty / AMC / Chargeable **Task No.:** ① **Date:** 19/7/2021
(Please circle)

Location of Installation : HQAL AMPOULE Line - 2

SERVICE / INSPECTION REPORT

UV System working good. Check power supply O/S. PN(228), PF(230), EN(0.330) Sharping Intensity 15 W/m² 100%. Now UV system working good.

Invoice No.:		Status After Service:	Reason for Breakdown:
SAP Invoice No.:		<input checked="" type="radio"/> Complete <input type="radio"/> Incomplete <input type="radio"/> Pending for Spares	
Service Charges (Rs.)			
Sales of Spares (Rs)			
AMC Amount (Rs.)			
Total			

MATERIAL USED / REQUIRED

Material Code	Material Description	Recommended Stock Qty.	Used Qty.	Used From

Remark If any:

Date : / / **Customer's Name & Signature**

Time In: 9:00 AM
Time Out: 16:00
Date: 19/7/2021 **Technician Signature**

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Service Report Sr No:

GSTIN : 27AABCA0755G1ZZ

CASE NO. **2895** DATE: **19/7/2021** DATE OF INSTALLATION: **19/7/2021**

Customer Name: **Zindicum Immunological Ltd**
Address: **Suryag Ma 1 - 281, Biotech park** City: **Korukapatla**
Phase - III Korukapatla(V), Maskook (M) State: **Telangana**
Call Reported by: **MR. Ananth Kumar** Mobile: **9963588188**
Land Line: _____ Ext. _____ Fax: _____ Email Id: _____

NATURE OF BREAKDOWN

Problem Reported: **UV Control Panel Installation**

Assigned Service Personnel: **D. Kumar, MD Sudha** Employee Code: **2622, 2266**
Model Name: **API 70, 5000 CE** Product Code: **654512/70** Equipment No.: **654512/70**
Status of Call: **Warranty / AMC / Chargeable** Task No.: **270208158 ①** Date: **19/7/2021**
(Please circle)
Location of Installation: **RO**

SERVICE / INSPECTION REPORT

UV System check good. Check power supply is also good. (PN) - 228V, (PF) - 230V, (EN) - 0.338 showing intensity 25 w/m² 100%.

Invoice No.:		Status After Service:	Reason for Breakdown:
SAP Invoice No.:		Complete	
Service Charges (Rs.)		Incomplete	
Sales of Spares (Rs)		Pending for Spares	
AMC Amount (Rs.)			
Total			

MATERIAL USED / REQUIRED

Material Code	Material Description	Recommended Stock Qty.	Used Qty.	Used From

Remark If any: _____
Time In: **9:00 AM**
Time Out: _____
Date: **19/7/2021**
Date: **/ /** Customer's Name & Signature: _____ Technician Signature: _____

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Service Report Sr No:

GSTIN : 27AABCA0755G1ZZ

CASE NO. 2894 **DATE:** 19/7/2021 **DATE OF INSTALLATION:** 19/7/2021

Customer Name: Indian Immunological Ltd.

Address: Survey no 1-281 Biotech Park Phase-III
Kurakapatla village, Mrkoak Mandal
City : Kurakapatla
State : Telangana
ZIP Code : 502281

Call Reported by: Mr. Ananth Rao **Mobile:** 9963588188

Land Line: **Ext.:** **Fax:** **Email Id:**

NATURE OF BREAKDOWN

Problem Reported: Control panel installation

Assigned Service Personnel : Sachin, D. Kumar **Employee Code:** 2266 / 2622

Model Name: API 70, 5000 CF **Product Code:** 270208158 **Equipment No.:** 654510/68

Status of Call: Warranty / AMC / Chargeable **Task No.:** ① **Date:** 19/7/2021
(Please circle)

Location of Installation : RO Mother Loop 1

SERVICE INSPECTION REPORT

Check UV system is good and check Control panel
Power supply is good. PN (228V), PF (230V), FN (0.338)
Showing Intensity 2.5 w/m² 100%.

Invoice No.:		Status After Service:	Reason for Breakdown:
SAP Invoice No.:		<input checked="" type="radio"/> Complete <input type="radio"/> Incomplete <input type="radio"/> Pending for Spares	
Service Charges (Rs.)			
Sales of Spares (Rs)			
AMC Amount (Rs.)			
Total			

MATERIAL USED / REQUIRED

Material Code	Material Description	Recommended Stock Qty.	Used Qty.	Used From

Remark if any:

Time In: 9:00 AM
Time Out: 16:00
Date: 19-7-2021

Date : / / **Customer's Name & Signature** **Technician Signature**

ACE HYGIENE PRODUCTS PVT. LTD.

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 Tel.: (+91-22) 6184 0950
 E-mail : lndservice@alfauv.com

Service Report Sr No:

GSTIN : 27AABCA0755G1ZZ

CASE NO. **2896** DATE: **19/7/2021** DATE OF INSTALLATION: **19/7/2021**

Customer Name: **Zandian Immunologicals Ltd**
 Address: **Survey No: 281, Biotech parks Phase - III, Kozakapata (V) Markak (M)**
 City: **Kozakapata**
 State: **Telangana**
 ZIP Code: **502281**

Call Reported by: **Mr. Ananthkumar** Mobile: **9963588188**
 Land Line: _____ Ext: _____ Fax: _____ Email Id: _____

NATURE OF BREAKDOWN

Problem Reported: _____

Assigned Service Personnel: **D. Kumar, MD Sudia** Employee Code: **2022, 2266**

Model Name: **API-35 5000 CE** Product Code: **370419304** Equipment No.: **658472/71**

Status of Call: **Warranty / AMC / Chargeable** Task No.: **1** Date: **19/7/2021**
(Please circle)

Location of Installation: **HHAL Ampoule Line - 2**

SERVICE INSPECTION REPORT

Check UV Systems good Check Power Supply is good P.N(228V), PE(230V), EN(0.332) showing uniformity 12 W/m². 100%

Invoice No.:	Status After Service:	Reason for Breakdown:
SAP Invoice No.:	<input checked="" type="radio"/> Complete <input type="radio"/> Incomplete <input type="radio"/> Pending for Spares	
Service Charges (Rs.)		
Sales of Spares (Rs)		
AMC Amount (Rs.)		
Total		

MATERIAL USED / REQUIRED

Material Code	Material Description	Recommended Stock Qty.	Used Qty.	Used From

Remark if any:

Date: / /

Customer's Name & Signature

Time In: **9:00 AM**

Time Out: **16:00**

Date: **19/7/2021**

Technician Signature