



# Wipro GE Healthcare Pvt. Ltd.

(ISO 9001:2008 & ISO 13485 : 2003 Certified Service Organization)  
 Regd. Off : No. 4, Kadugodi Industrial Area, Bangalore - 560 067, Karnataka, India  
 CIN No.: U33111KA1990PTC016063

SERVICE REPORT No.

52156

System I. D./Serial No.	ANCU00842	SR No.	1-3383935098
Name & Address	File No.	Call Received Date	22 SEP 2015

Virekananda Mission Ashram  
 Netra Niramay Niketan  
 Chandi, Diamond Harbor Road,  
 South 24 Parganas-743503

Eqpt Description :	Aespire/5 7900
On Visit Eqp. Status	<input type="checkbox"/> Fully Down <input type="checkbox"/> Partially Down <input type="checkbox"/> Running <input checked="" type="checkbox"/> NA
Entitlement - Install	<input checked="" type="checkbox"/> Warranty <input type="checkbox"/> Contract <input type="checkbox"/> Billable <input type="checkbox"/> Others <input type="checkbox"/>
Service Type - Corrective Repair	<input type="checkbox"/> PM <input type="checkbox"/> HBS <input type="checkbox"/> FMI <input type="checkbox"/> Others <input type="checkbox"/>

Phone No.: 8170002988/8170002989

Role / Cust.e-mail: Purchase/Maintenance

Problem Description (FE/OLE Symptom): Installation as RFI.

Action Taken (Diagnosis & Troubleshooting): Unpacked & installed the machine. Checked the functionalities are ok. Demonstrated the functionalities of the machine.

Testing Done & Calibration (Name of test and test result): Performed calibrations successfully. Ran the machine with different parameter settings. The machine is working satisfactorily.

Visual Condition (Site / Equipment) (If any observation at site capture the same): Checked power line voltage (223 volt) & ground 1.1 volta.

Test Equipment Asset No. / Sl.No. \*02073570 Calibration Due Date: 30.9.16 ESD Band 0.95 mN(0.9-1.1mN)  Pass/Fail  
 \*If multiple tools used please use an Annexure Sheet

Date	Time Tracker	Start Time	End Time	Equipment Status	FE Comments (IF any) (Patient Impact)
4-11-15	<input type="checkbox"/> Labour <input checked="" type="checkbox"/> Travel	11:00 AM	1:00 PM	NA	Demonstrated the machine with test lung. No patient involvement.
4-11-15	<input checked="" type="checkbox"/> Labour <input type="checkbox"/> Travel	1:00 PM	4:00 PM	running	
	<input type="checkbox"/> Labour <input type="checkbox"/> Travel				
	<input type="checkbox"/> Labour <input type="checkbox"/> Travel				
	<input type="checkbox"/> Labour <input type="checkbox"/> Travel				

Part No.	Description	Quantity
/	/	/
/	/	/
/	/	/

Equipment Running Time : 04 11 2015 hh 4:00 PM.

Customer Comments

Job Completed satisfactorily Chandi (Near Amtala) 24 Pargana(S)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	FOR WIPRO GE HEALTHCARE PVT. LTD.
Sanjoy Samanta Customer's Signature	S. Ghosh Engineer Name:	4/11/15 Date



# Wipro GE Healthcare

MAIN SHEET  
37670

INSTALLATION / DE INSTALLATION ACCEPTANCE REPORT  
(ISO 9001:2008 & ISO 13485 : 2003 Certified Service Organization)

IR NO:

CUSTOMER NAME & ADDRESS		SYS ID: ANCV00842	DISPATCH No: 1-3383935098
Vivekananda Mission Ashram, Netra Niramay Niketan, Chandi, Diamond Harbor Road, SOUTH 24 PAs		PIN 743503	FILE #
			GON NO:
			INVOICE NO:
PHONE No. 8170002988, 8170002989	FAX No.		INVOICE DATE:
Customer Contact Name: Mr. Sanjoy Samanta			Modality LCS
E Mail ID: nnnchandi@gmail.com			
Install Start Date: 19092015	Install End Date: 04112015		
Equipment Description: Anesthesia Aespire/5 7900			

Sl. No.	Operational Critical Subsystems Accessories	Model No	Serial Number
1	Vaporizer Tec 7 Sevo s/n BEIRO6197	Aespire/5 7900	ANCV00842
2	User manual, Adult patient circuit-		
3	3pcs, Pediatric patient circuit - 2 pcs,		
4	Rebreathing bag - 2L & 0.5L,		
5	Mask size 1, mask size 2, mask size-3,		
6	mask size 4, sodalime canister absorber,		
7	Dust filter - 1 pack, leak test bulb,		
8	Monitor belt & clip, Y-piece child-10pcs & adult		
9	10pcs, Air-O <sub>2</sub> -N <sub>2</sub> O hose assy, ABS tag connector,		
10	Cylinder opener, power cord		

Documents Attached (Tick Applicable)

Customer	<input type="checkbox"/> PO <input type="checkbox"/> PNDT <input type="checkbox"/> AERB Site Plan (x-ray) <input type="checkbox"/> AERB Reg. Form (x-ray)
GE Sales	<input type="checkbox"/> Invoice <input type="checkbox"/> Packing List <input type="checkbox"/> Site Plan <input type="checkbox"/> Annexure Installation
GE Service	<input type="checkbox"/> RF Shielding Report (MRI) <input type="checkbox"/> QA Report (X Ray) <input type="checkbox"/> PGTH Report (Projects)

**\* Capture Additional Items in Annexure Sheet**

The above equipment has been supplied as per your purchase order terms, conditions and specifications. The same has been installed and handedover in satisfactory working condition. The warranty, as per terms and conditions, starts on

04 11 2015 and expires on 03 11 2016

The Preventive maintenance services will be as per the schedule below.

\* As per product service manual PM schedule will vary from Product to Product (Tick Applicable)

<input type="checkbox"/> Applicable <input type="checkbox"/> NA	<input type="checkbox"/> Applicable <input type="checkbox"/> NA	<input type="checkbox"/> Applicable <input type="checkbox"/> NA	<input type="checkbox"/> Applicable <input type="checkbox"/> NA
1st Due Date	2nd Due Date	3rd Due Date	4th Due Date
dd mm yyyy	dd mm yyyy	dd mm yyyy	dd mm yyyy

Note: \*GE Healthcare does not support use of Ultrasound equipment for fetal sex determination.

We have obtained the PND and it will be displayed in our Clinic / Hospital

Signature: *Ghosh*

Field Engineer Name: S. Ghosh

Date: 04 11 2015

Signature:

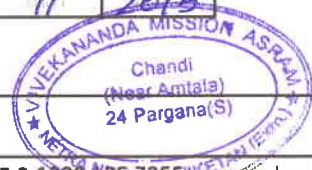
Service Manager Name:

Date:

Signature: *Sanjoy Samanta*

Customer Name: SANJOY SAMANTA

Date: 04 11 2015



Remarks: