

Maintenance Department details Electrical, Civil and Biomedical Engineering

Log Book Samples

Civil Maintenance Department

No.	Date	Description of Work	Material	Quantity	Remarks
1	15/09/16	Repair of wall plaster	Plaster	100 kg	Work completed
2	16/09/16	Painting of wall	Paint	50 kg	Work completed
3	17/09/16	Repair of roof leak	Roofing material	20 kg	Work completed
4	18/09/16	Repair of floor tile	Tile	10 kg	Work completed
5	19/09/16	Repair of window frame	Wood	10 kg	Work completed
6	20/09/16	Repair of door hinge	Hinge	10 kg	Work completed
7	21/09/16	Repair of door lock	Lock	10 kg	Work completed
8	22/09/16	Repair of door handle	Handle	10 kg	Work completed
9	23/09/16	Repair of door knob	Knob	10 kg	Work completed
10	24/09/16	Repair of door latch	Latch	10 kg	Work completed

Electrical Maintenance Department

No.	Date	Description of Work	Material	Quantity	Remarks
1	15/09/16	Repair of electrical wiring	Wiring	100 m	Work completed
2	16/09/16	Repair of electrical switch	Switch	10 kg	Work completed
3	17/09/16	Repair of electrical outlet	Outlet	10 kg	Work completed
4	18/09/16	Repair of electrical fan	Fan	10 kg	Work completed
5	19/09/16	Repair of electrical light	Light	10 kg	Work completed
6	20/09/16	Repair of electrical motor	Motor	10 kg	Work completed
7	21/09/16	Repair of electrical transformer	Transformer	10 kg	Work completed
8	22/09/16	Repair of electrical meter	Meter	10 kg	Work completed
9	23/09/16	Repair of electrical panel	Panel	10 kg	Work completed
10	24/09/16	Repair of electrical cable	Cable	100 m	Work completed



REGISTRAR
Krishna Institute of Medical Sciences
"Deemed To Be University", Karad

MAINTENANCE DEPARTMENT DETAILS
ELECTRICAL CIVIL AND BIOMEDICAL ENGINEERING
LOG BOOK SAMPLE.
CIVIL MAINTENANCE DEPARTMENT.

September, 2015.


S.No	Date and time	Nature of work and place.	Complaint register.			Particulars relating to completion of work.	Date and time of completion of work.	Reason for delay in work.	Name of worker	Remark and signature.
			Written	By phone.	Entry in main gate register.					
1	01-09-2015 11-00 a.m.	NRI Hostel carpenter work. Sanjay Sutar.	--	√	--	Repair work of door of NRI hostel completed and two handles are fixed to doors of cupboard.	02-09-2015 11-00 a.m. to 03-00 p.m.	--	Sanjay Sutar, Nilesh Jagtap.	Work completed. sd/-
2	01-09-2015 12-00 p.m.	Leakage in dilesis room wall Plumber Ganesh Pawar	Requisition No. 22	--	--	Leakage is removed.	02-09-2015 04-00 p.m. to 05-00 p.m.	--	Ajmer Balu Yedage.	Work completed. sd/-
3	01-09-2015 12-15 p.m.	X-ray department, seminar room latch strip of door fitting. Carpenter- Shantaram.	√	--	--	One latch strip is fixed.	01-09-2015 02-00 p.m. to 02-30 p.m.	Nil.	Shantaram/	Work completed. Sd/-
4	01-09-2015 12-00 noon.	B.M.E.D. Department clock fixation.	027	--	--	Wall clock fixed.	01-09-2015 12-30 p.m. to 12-45 p.m.	Nil.	Shantaram.	Work completed. Sd/-
5	01-09-2015 02-50 p.m.	Cot repairs in ward NO. 3 and OPD. Mohan Jadhav group.	3526	--	--	Cot repairy done.	01-09-2015 03-00 p.m. to 03-20 p.m.	--	Mohan Jadhav.	Work completed. Sd/-
6	01-09-2015 12-00 noon.	Wheel Chair repairy in ward NO. 27. Mohan and Najir Sayed group.	001351	--	--	Wheel chair repairy done.	03-09-2015 10-00 a.m.	Nil.	Mohan Jadhav.	Work completed.
7	01-09-2015 03-45 p.m.	Cot repairy work of ward NO. 25. Mohan and Najir group.	3946	--	--	Received repaired cot to Shahaji Babar.	03-09-2015 03-55 P.M.	Ok	Mohan, Najir	Work completed.

Biomedical Engineering Department

Krishna Institute of Medical Sciences BIOMEDICAL ENGINEERING EQUIPMENT				Deemed University, Karad. REPAIR / MAINT. REGISTER					
Sl. No.	Date & Time	Name of Department	Name of Equipment	Problem Status	Receiver	Action taken / D & T	Handed Over / D & T	Remark	Down Time
1	1-7-16 12:15 PM Sasi	WNO-18	BP apparatus	Not working	Ceshalop		01/7/16 3:00 AM	Repair BP apparatus change rubber bag-7-16 12:30 PM	15 min
2	6/7/16 19:20 AM Dipakul	WNO-25	Symso Pump SN-2248724	Not working	S.S. Rd	Power Supply Problem			
3	5/7/16 10:00 AM M. Jey	HICU	BP CUFF	Not working	Ceshalop		16/7/16	Give new BP CUFF	
4	5/7/16 10:15 AM Sasi	WNO-27	BP Apparatus	Not working	Ceshalop	working ok	10/7/16 4:10 PM	Repair BP apparatus 5-7-16 11:30 AM	15 min
5	7/7/16 3:30 AM M. Jey 50:35	WNO-19 NICU	PHOTOTHERAPY UNIT VEIN-SCAN VEIN	Not working	Ceshalop	working ok	16/7/16 16/7/16	Repair VEIN-SCAN 7/6/16 16:00 AM	30 Min
6	7/7/16 11:50 AM Sasi	WNO-3	View Box	Not working	Ceshalop	send to CM store Hanih sie	CM store	received repaired view box biom company.	
7	7/7/16 12:38 PM Chay	OT	caubery cable	Not working	Ceshalop	working ok	16/7/16 05/7/16 8:30 AM	Repair caubery cable 12:52 PM	14 min

ELECTRICAL MAINTAINANCE

SOP

	King Fahd University of Medical Sciences Dammam University - KFU		Doc Number	VERSIONS/ED/CONTROL
			Rev 00	3.0
Name of the Document		Standard Operating Procedures	Issue Date	11.12.2012
Name of Dept		POWER HOUSE	Issue No	1

13) Ensuring the break down maintenance is prompt enough to ensure uninterrupted services. This however does not include sophisticated electronic medical equipment which is handled under AMC arrangement with suppliers and service providers.

14) Ensuring that all the systems and services under the scope of Power house are well maintained and kept in a state of optimum operational efficiency.


15) Planning and implementation of following maintenance operations.

- a) Routine maintenance.
- b) Planned maintenance.
- c) Preventive maintenance.
- d) Breakdown maintenance.
- e) Predictive maintenance.
- f) Corrective maintenance.
- g) Emergency maintenance.

16) Maintaining an up-to-date inventory of equipments under scope of Power house and their distribution.

17) Prepare the anticipating requirement list of spares parts and arranging for their adequate stocking.

18) Ensuring that the facilities and services coming under the scope of Power House are safe and hazard free.



APPROVED BY: Registrar	PREPARED BY: HOD Power House	Page No. 4 of 18
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Krishna Institute of Medical Sciences
Deemed University, Karad

Doc Number

KIMS/DUE/LE/FORMAT/D

Rev No

00

Name of the Document

Standard Operating
Procedures

Issue date

21.12.2013

Name of Dept


POWER HOUSE

Issue No

1

- 3) Operation & Maintenance of 2x250 KVA and 1x 82.5 KVA Diesel Generator sets. The average fuel consumption of 125 Ltr/hr is adequately maintained with over all diesel storage capacity of 3000 Ltrs.
- 4) Routine maintenance of tube lights, fan, Geysers, motors, pumps, Laundry equipments and attend breakdown of all electrical equipments.
- 5) Design and prepare interior electrical layout and execute electrical wiring works.
- 6) Preparation of technical estimates, tenders, BOQ and verification of bill.
- 7) Conduct technical assessment and quality check of electrical items.
- 8) Operation & maintenance of public address systems and provide support services.
- 9) Maintenance of O.T lamps, suction machines, needle burners, autoclaves and sterilizers etc.
- 10) Support service for the installation and commissioning of new equipments.
- 11) Support service for the operation and maintenance of telephone system.
- 12) Co-ordinates and verify the maintenance activities of authorized service centers / solutions providers during warranty Period, AMC and in Break downs of various in-house equipments.

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Registrar


PREPARED BY:
HOD Power House

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Krishna Institute of Medical Sciences Deemed University, Karad		Doc Number	KIMSDU/ELE/FORMAT/O
		Rev No	0 0
Name of the Document	Standard Operating Procedures	Issue date	21.12.2013
Name of Dept.	POWER HOUSE	Issue No	1

The Power house dept. is concerned with the operation and maintenance of electric supply / equipments, communication system (public address system, telephones system), TV and music system, lightening protection systems, air conditioning and refrigeration systems, air and clinical vacuum delivery system, hot water supply system, lifts apart from carry out regular in house repairs and maintenance of equipments.

SCOPE

- 1) Provide 24x7 Electrical supply
- 2) Generate electricity with alternate Source
- 3) Operation and Maintenance of equipments

FUNCTIONS

- 1) Provide prompt and reliable electrical Supply & connections in the campus at desired requirement.
- 2) Operation & maintenance of Substation, 2 x 250 KVA & 1 x 750KVA Transformers, HT/LT Control Panels, D.G AMF Panels and Distribution Panels etc.

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Krishna Institute of Medical Sciences Deemed University, Karad		Doc Number	KIMSDU/ELE/FORMAT/O
		Rev No	0.0
Name of the Document	Standard Operating Procedures	Issue date	21.12.2013
Name of Dept.	POWER HOUSE	Issue No	1

1. Profile of Power House Dept.

The Power House (electrical and electronics engineering services) dept is one of the most vital utility services dept. of KIMSDU primarily ensuring the 24 x7 electric supply. The Maharashtra State Electricity Distribution Company Ltd provides the electric supply through a dedicated express feeder from their Main distribution facility to the in house substation of KIMSDU.

The incoming H.T supply voltage of 11KV step down to 415 / 240 Volts by in-house transformers having total load capacity of 1000KVA. The Standby of 2x250KVA, and 1x82.5KVA Diesel Generators cater the backup needs of essential areas. ON line / OFF Line UPS systems are provided for the reliable operation of vital equipments.


The functional efficiency of KIMSDU and the entire patient care delivery system of KH vitally depend on the deliverance of Power House dept. Even the slightest breakdown of power supply system, communication system, Air conditioning system or malfunctioning of any equipment can have catastrophic effects.

it is beyond doubt that a well organized and managed Power house department will be the going way in providing quality services.

The manual contains information on the standard operating policies and procedures of Power house department of Krishna Institute of Medical Sciences Deemed University, Karad. The all concerned are expected to comply with the functioning of Power House department and its regulations regarding the services based on guidelines established by Govt. rules and regulatory authority.

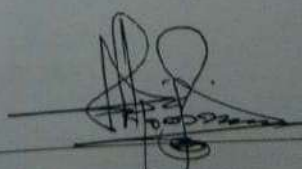
APPROVED BY: Registrar	PREPARED BY: HOD Power House	Page No. 1 of
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CONTROL

	Krishna Institute of Medical Sciences Deemed University, Karad		Doc Number	KIMS/QUE/LE/FORMAT/O	
			Rev No	00	
Name of the Document		Standard Operating Procedures		Issue date	21.12.2013
Name of Dept.		POWER HOUSE		Issue No	1

- g) Ensuring that the facilities / services under the scope of Power House are in compliance with the relevant legal provisions.
- 0) Ensuring timely action for renewal of maintenance contracts for equipments under the purview of Power House
- 1) Ensuring that the services under the scope of Power House are provided at the minimum possible operating costs.
-) Playing an active role in the successful procurement of equipments.
-) Prepare and submit suitable proposals to management for the most cost-effective ways of managing the facilities / services under the purview of Power House (saving of energy, purchase of equipment with low life cycle cost and high efficiency).


Planning and Organizing programs for continued training of Power House staff for improve the Quality of work and Quality management



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CONTROL

FLOW CHART

	Krishna Institute of Medical Sciences Deemed University, Karad	Doc Number Rev No	KIMSDU/EE/FORMATS 0.0
	Name of the Document Standard Operating Procedures	Issue date 21.12.2013	Issue No 1
Name of Dept. POWER HOUSE			

W CHART

KIMSDU/KH/
CAMPUS

POWER HOUSE
24X7

New Job

Preparation of
GAD/Estimate/BOQ

Proposal for Approvals

Procurement of
materials by CMS

Electrical contractor /
In House Staff

Work Done

Maintenance work

Wireman /Motor
Mechanic/AC Mechanic


Collecting Spare parts
from CMS

Site visit & completes
any minor repair

Major repair works
carried out under expert
supervision

Work Done

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HOD Power House

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Maintenance Policy

KIMSOU KARAD.

Dept - Power House

Sr. No.	List Of Duplicate Records	ISO	NAAC	MABH	Electrical /Annual Inspection	Annual Life Inspection	Audit
1	H.T Meter Daily Reading	✓	✓	✓	✓		
2	H.T Meter Monthly Reading	✓	✓	✓	✓		
3	L.T Meter Monthly Reading	✓	✓	✓	✓		
4	L.T Meter Monthly Reading	✓	✓	✓	✓		
5	Daily Attendance Register	✓	✓	✓	✓		
6	Leave Record Register	✓	✓	✓	✓		
7	Material Requisition -A-1	✓	✓	✓	✓		
8	Material Requisition -A-2	✓	✓	✓	✓		
9	Material Requisition	✓	✓	✓	✓		
10	Monthly Diesel statement	✓	✓	✓	✓		
11	Electricity Bill (Internal)	✓	✓	✓	✓		
12	Inward register	✓	✓	✓	✓		
13	Out ward register	✓	✓	✓	✓		
14	Customer Complaint Register	✓	✓	✓	✓		
15	Customer feedback form	✓	✓	✓	✓		
16	MSED Break down /DG run Log Book	✓	✓	✓	✓		
17	IMP Record	✓	✓	✓	✓		
18	External issues & risk assessment, External providers/ Interested Parties inspections & their risk assessment, External parties providers/Interested parties needs & their risk assessment, Internal issues & risk assessment	✓					
19	Transformer (Yearly Report)	✓	✓	✓	✓		
	IR & ER Test Report	✓	✓	✓	✓		
	Oil Test Report	✓	✓	✓	✓		
	ER Test Report	✓	✓	✓	✓		
20	Monthly Report (AMC) DG SET	✓	✓	✓	✓		
	250 KVA * 2 Nos	✓	✓	✓	✓		
	82.5 Kva	✓	✓	✓	✓		
	500 KVA	✓	✓	✓	✓		
21	Generator Form B record	✓	✓	✓	✓		
22	Calibration Report	✓	✓	✓	✓		
23	Monthly Report (AMC) LIFT	✓	✓	✓	✓		
24	Quality Objective Register	✓	✓	✓	✓		
25	Traning Calender / Training Record	✓	✓	✓	✓		
26	Staff/ Duty List Records	✓	✓	✓	✓		
27	Standard Operating Procedures	✓	✓	✓	✓		
28	Internal And External stake holders(Parties)	✓	✓	✓	✓		
29	Identification Of Issues	✓	✓	✓	✓		
30	Risk Identification, Analysis Doc .	✓	✓	✓	✓		
31	FMEA	✓	✓	✓	✓		
32	No Harm Event Register	✓	✓	✓	✓		
33	Competency Records	✓	✓	✓	✓		
34	List of records/Controlled Copy	✓	✓	✓	✓		
35	Document change request from	✓	✓	✓	✓		
36	Accident record	✓	✓	✓	✓		
	Daily Check list	✓	✓	✓	✓		
37	1) Transformer 02 Nos	✓	✓	✓	✓		
	2) DG set 04 Nos	✓	✓	✓	✓		
	Monthly Check List	✓	✓	✓	✓		
38	1) Power House ALL Panel	✓	✓	✓	✓		
	2)Stabilizer / UPS in Hospital area.	✓	✓	✓	✓		
	3)Boxwell Pump in Curmps	✓	✓	✓	✓		
	4) HVAC Unit in Compus	✓	✓	✓	✓		
39	Project Work Order Details	✓	✓	✓	✓		
40	PPE Check List	✓	✓	✓	✓		
41	List Of Statutory requirements & Licence Copy.	✓	✓	✓	✓		
42	List Of External Origin Documents	✓	✓	✓	✓		
43	Out Source Process List	✓	✓	✓	✓		
44	TAT Monitoring Details	✓	✓	✓	✓		
45	Preventive Maintenance Plan & Records	✓	✓	✓	✓		

SOLAR APPROVALS

WD-20170727-WA0073 2/3

MAHAVITARAN
(A Govt. of Maharashtra Undertaking)
CIN : U40109MH20055GC153645

PHONE NO : 02162-244840
FAX NO : 02162-245541
E-mail : sevatare@mahadiscom.in
Website : www.mahadiscom.in

Administrative Building,
Vidyut Bhavan,
1st floor, Krishnanagar,
Satara - 415 003

SE/STRC/HTC-0868/ SOLAR-NET / No 079547 Dt. 5 OCT 2017

To
M/s Krishna Charitable Trust ,
Karad ,
Tal-Karad , Dist- Satara. PIN-415110.

Sub- Permission for installation / connectivity of roof-top solar PV system of 500 KW for net Metering wr of HTC
M/s Krishna Charitable Trust , Karad ,

Ref- 1) Circular no 258 dated 25 Jan 2016.
2) Application of consumer for net metering dated 28 July 2017.
3) SE/STRC/T/ / 6523, dated 28 July 2017.
4) EE/TEST/STRC/HTC-0868/ 1117, dated 03 Aug 2017.
5) EE/KRD/T/ 4456, dated 30 Aug 2017.
6) Office Note dated 29 Sept 2017.

Dear Sir,

In view of the Government of Maharashtra notification for new Renewable Policy dated 20.07.2015 and methodology for its implementation on dated 09.09.2015, MERC (Net Metering for Roof-top Solar Photo Voltaic Systems) regulations, 2015 on 10th September, 2015 and circular 258 by MSEDCL for installation of Solar PV systems on Rooftop of any mounting structure by the existing/new consumers of MSEDCL in their premises for captive use so as to align the provisions as per the Regulations, 2014, the undersigned is pleased to permit for connectivity/ installation of roof-top solar PV system of 500 KW for net metering in respect of HTC **M/s Krishna Charitable Trust , Karad , Tal-Karad , Dist- Satara, HTC- 198379008687** with the terms and conditions as below:

Particulars	Connected Load (KW)	Contract Demand (KVA)
Existing HTC Load	2660 KW	1200 KVA
Roof-top solar PV system	500 KW	---

Terms and Conditions:

1. **VALIDITY:** The validity of this sanction is for a period of 6 (Six) months from the date of issue of this letter and you will ensure to make the necessary payments within 1 (one) month and further ensure that you are ready o for connectivity/ installation of roof-top solar PV system within the period.

Page 1/7

energy exported as credited Units of electricity as specified in the Net Metering Regulations, 2015. If the exported energy is less than the imported energy, the Eligible Consumer shall pay the Distribution Licensee for the net energy imported at the prevailing tariff approved by the Commission for the consumer category to which he belongs.

27. Connection Costs:

- a. The Eligible Consumer shall bear all costs related to the setting up of the
- b. Roof-top Solar PV System, excluding the Net Metering Arrangement costs.

28. Dispute Resolution:

1. Any dispute arising under this Agreement shall be resolved promptly, in good faith and in an equitable manner by both the Parties. The Eligible Consumer shall have recourse to the concerned Consumer Grievance Redressal Forum constituted under the relevant Regulations in respect of any grievance regarding billing which has not been redressed by the Licensee.

All conditions as per MSEDCL 258 & MERC regulation regarding Roof Top solar net metering is binding on this sanction.

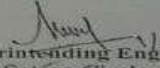
This is only Permission for installation of roof-top solar PV system for net metering, after the payment of all the arrears/recovery of the connection & completion of all formalities as above & MSEDCL rules & regulation 258, release for the connectivity (synchronization) of Roof top system with MSEDCL grid will be given.

29. Load Sanction Estimate No.: Sanction No. SE/STRC/T/RT/Solar/ (19-20)/ Dt.

Estimate is technically sanctioned for Rs. 55630/- under DDE.

Thanking you

Yours faithfully


I/C Superintending Engineer
Satara Circle

Copy to:

1. The Executive Engineer, MSEDCL, O & M Division, Phaltan Submit WCR report after finalization of accounting of the material installed & the kiosk should be installed near Main gate.
2. The Executive Engineer (STRC-Testing), MSEDCL, Testing Division, Satara..... submit the pre-release report & test the meter as per MSEDCL Rules & regulation.
3. Manager (STRC -F&A), MSEDCL, circle office Satara..... for information & needful please.
4. The Dy. Executive Engineer, MSEDCL, O&M Sub-Division, Karad R II S/Dn.

400KW SOLAR APPROVALS



(A Govt. of Maharashtra Undertaking)
CIN : U40109MH2005SGC153645

PHONE NO : 02162-244640
FAX NO : 02162-245541
E-mail : sgsolar@mahadiscom.in
Website : www.mahadiscom.in

Office of the Superintending Engineer
Administrative Building,
Vidyut Bhawan, 1st floor
Krishnanagar, Sazara - 415 003

No. SE/STRC/T/HTC-0868/RT/Net metering/Solar/ (19.2019)

Date: 24 JUN 2019,

004474

To,
M/S Krishna Charitable Trust
Near Dhebewadi Road Karad
Tal. Karad Dist. Satara
HTC-198379008687.

Subj - Permission for connectivity/ installation of roof-top solar PV system of 400 KW for net metering in t/o M/S Krishna Charitable Trust Near Dhebewadi Road Karad Tal. Karad Dist. Satara HTC-198379008687.

- Ref:- 1) Circular no 258 dt.25.01.16.
2) Application from consumer on Dt. 20.12.2018.
3) SE/STRC/T/HTC-0868/Solar net metering/10089 Dt. 21.12.2018
4) SE/STRC/T/HTC-0868/Solar net metering/02490 Dt. 19.03.2018.
5) EE/TD/STR/Net Meter/HTC-0868/00541 Dt. 14.02.2019.
6) EE/KRD/TECH/Estimate/01756 Dt. 28.03.2019.

Dear Sir,

In view of the Government of Maharashtra notification for new Renewable Policy dated 20.07.2015 and methodology for its implementation on dated 09.09.2015, MERC (Net Metering for Roof-top Solar Photo Voltaic Systems) regulations, 2015 on 10th September, 2015 and circular 258 by MSEDCL for installation of Solar PV systems on Rooftop or any mounting structure by the existing/new consumers of MSEDCL in their premises for captive use so as to align the provisions as per the Regulations, 2014, the undersigned is pleased to permit for connectivity/ installation of roof-top solar PV system of 400 KW for net metering in t/o M/S Krishna Charitable Trust Near Dhebewadi Road Karad Tal. Karad Dist. Satara HTC-198379008687 the address as mentioned above with the terms and conditions as below.

Particulars	Connected Load (KW)	Contract Demand (KVA)
Existing Load	2660	1200
Roof-top Solar PV system	500	

Terms and Conditions:

- VALIDITY:** The validity of this sanction is for a period of 6 (Six) months from the date of issue of this letter and you will ensure to make the necessary payments within 1 (one) month and further ensure that you are ready to for connectivity/ installation of roof-top solar PV system within the period.
- PAYMENTS:**

29. All conditions as per MSEDCL Commercial Circular 258 dated 25 Jan 2016 & MERC regulation regarding Roof Top solar net metering are bindings for this sanction.

30. This is only Permission for installation of roof-top solar PV system for net Metering, after the payment of all the arrears/recovery of the connection & completion of all formalities as above & MSEDCL rules & regulation 258 release for the connectivity (Synchronization) of Roof top system with MSEDCL grid will be given separately.

31. As per MERC / MSEDCL regulation single tariff is applicable for your HT power supply [HT-IX-B]

32. Estimate is technically sanctioned for Rs. 1,23,050/- under DDF.

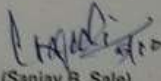
Sanction Esti. No.: SE/STRC/T/HT/solar-Net/17-18/ 12, DL

33. Total Payable amount

1.3 % Supervision Charges + Testing charges + GST = Rs. 10,150/- as per detailed estimate sheet attached.

Thanking you

Your's faithfully


(Sanjay B. Sale)
Superintending Engineer STRC

Copy to:

1. The Executive Engineer,
MSEDCL, O & M Division, Karad.For information & needful please.
2. The Executive Engineer
MSEDCL, Testing Division, Satara.For information & needful please.
3. The Manager (F&A),
MSEDCL, Circle Office, SATARA.For information & needful please.
4. The Dy Executive Engineer,
MSEDCL, O & M Sub-Division, Karad-R-II S/Dn.For information & needful please.

DG APPROVALS

Office of Electrical Inspector,
Energy & Labour Department
PMT Comm. Build. No.1,
Swargate, Pune-42

34-37
No. E/ED/ 12003-04
Office of The Electrical Inspector,
P.M.T. Commercial Building No-1,
3rd Floor, Swargate, Pune - 42.
Date: 19 MAY 2006

To,
M/s. Krishna Charitable
Trust Near Dhebewadi
Rd. Karad Tal. Karad
Dist. -Sardar-415110

Sub - Registration of Generating Set. (Non-Industrial)
Ref- 1) Permission from The Electrical Inspector. Miraj vide
No. 458 dt. 21/5/2004
2) Your letter No. KH/17/579/dt. 5.5.2006

Sir,

With reference to above, I have to inform you that as per provision vide Rule No.4(1) of the B.E.D. Rules 1962 the registration No is accorded herewith. This Registration is issued subjected to condition compliance and following detailed...

- x1) Copy of permission by Electrical Inspector Miraj under Rule No 47 (a) of Indian Electricity Rules 1956.
- x2) Copy of Test Report of energy meter J.C.T.P.T.
- x3) Form A Dully Filled
- x4) N.O.C. from M.S.E.B. authority.

Sr. No.	Make	Installed capacity in KVA/KW	Whether Thermal of Diesel	Purpose for which the set installed	Registration No.	Date of commencement
1)	Kitlaskar	82.5 KVA	Diesel	Commercial	STR/59	22/5/04
2)	Cummins	250 KVA	Diesel	Commercial	STR/59(II)	14/2/06

Note-New Registration No (as above) allotted in lieu of old No.
The above generating set/s has/have been registered adjusted to fulfillment of the following requirements.

- 1) The generating set(s) should be got inspected by the Area Electrical Inspector every year.
- 2) The Electricity Duty @ paise per unit on units generated every month less units exempted by Govt. Notification as required under part "G" (Non-Industrial) of the B.E.D. Rules 1962 should be paid under the Major Head "0043 Taxes and Duties on Electricity, 101(I) Taxes on Consumption and Sale of Electricity under Bombay Electricity Duty Act 1958 (0043001100) and a copy of paid Challan Should be submitted to this office.
- 3) The Electricity Duty can be paid in advance for 1 or 2 year with average assessment & can be adjusted every month.

Government of Maharashtra Office of Electrical Inspector, Industries, Energy & Labour Department 4 th Floor PMT Comm. Build. No.1, Swargate, Pune-42		
Email :- elinsp.pune@gmail.com	No. E.I.Pune/E.D./ 2997 /2012-13	Telephone No. 020 - 24478379
		Date: - 5 MAY 2012

To,
 M/s. Medical Director Krishna Charitable Trust
 A/p Malkapur,
 Tal-Karad, Dist-Satara.

Sub: - Registration of Generator set. (Commercial/Residential)

Ref: - Permission by The Electrical Inspector, Satara vide Letter No.454 Date 27/04/2012.

Sir,
 With reference to above, under provision of Rule No. 4(i) of the Bombay Electricity Duty Rules 1962 as Registration Nos. are given below :-

SF No.	Make	Capacity KVA	Whether Thermal or Diesel	Purpose For Which The Set Installed	Registration No	Date of Commencement
1	Cummins (Stanford) Sr. No.25771789	250 KVA	Diesel	Commercial	STR/222	27/04/2012

The above set/s have to.

- The generating set (s) should be got inspected by the Area Electrical Inspector every year.
- The Electricity Duty @ 30 Paise per unit on units generated every months Electricity, 101 (1) a copy of paid Challan should be submitted to this office.
- The Electrical Duty can be paid in advance for 1 or 2 year with average assessment and can be adjusted every month.
- Quarterly Returns in Form B (attached specimen) before 15th of next month should be submitted to this office as required under Rules 4(3) of the B.E.D. Rule 1962 if the unit generated during the quarter are Nil, Nil Report should be submitted.
- In case of transfer/Disposal of Generator set a report to that effect should be immediately made the this office for cancellation of the Registration no already assigned.
- Any changes in the name of residence /commercial premises should be immediately reported and necessary application for transferring the registration against new address be sent to this office without fail.
- If the Electrical Duty is not paid before the scheduled date interest will be charged @ 18% for the first 3 month and @ 24% for next period till the date of payment as per the provision under section 8 of B. E. D. Act 1958.
- In case of non submission of Quarterly "B" returns a penalty at Rupees. 1000/- (Rupees One Thousand Only) will be charged as per section of B. E. D. Act 1958.
- Log Book for each generator shall be maintained in format given below.

Sr.	Month	Initial Meter Reading	Total Units Consumed	Final Meter Reading	Difference X - M.F.

Encl. 1) Specimen Form "B"
 2) Challan



Yours Faithfully

Datarade
 Electrical Inspector,
 Electrical Inspection Division
 Pune.

Copy submitted to the Chief Engineer (Elect.) P.W.D. Mumbai for information

Lift Licence

Government of Maharashtra
 Office of Electrical Inspector,
 Industries, Energy & Labour Department
 Bungalow No.8, Near BSNL Office, Jail Road,
 Yerwada, Pune-06.

Email :- cipunemah@gmail.com Telephone 02026610029
 No.E.L.Pune/E.D./ No 03076 /2016-17 Date: - 13 JUN 2016

To,
 M/s. Krishna Charitable Trust.,
 At Gat No.261/2C/13 Dhebewadi Road, Malkapur, Tal. Karad Dist. Pune

Sub: - Registration of Generator set. Commercial
Ref: - Permission by The Electrical Inspector, Satara vide Letter No. 832 Date 22/4/2016

Sir,
 With reference to above, under provision of Rule No. 4(i) of the Bombay Electricity Duty Rules 1962 as Registration Nos. are given below :-


Sr. No.	Make	Capacity KVA	Whether Thermal or Diesel	Purpose For Which The Set Installed	Registration No	Date of Commencement
1	Emerson K6C001040	500 KVA	Diesel	Commercial	IPN/ 4936	22/4/2016

The above set/s have to.

- 1) The generating set (s) should be got inspected by the Area Electrical Inspector every year.
- 98) The Electricity Duty @ 1 rupees 20 Paise per unit on units generated every months Electricity, 101 (1) a copy of paid Challan should be submitted to this office.
- 99) The Electrical Duty can be paid in advance for 1 or 2 year with average assessment and can be adjusted every month.
- 100) Quarterly Returns in Form B (attached specimen) before 15th of next month should be submitted to this office as required under Rules 4(3) of the B.E.D. Rule 1962 if the unit generated during the quarter are Nil, Nil Report should be submitted.
- 101) In case of transfer/Disposal of Generator set a report to that effect should be immediately made the this office for cancellation of the Registration no already assigned.
- 102) Any changes in the name of residence /commercial premises should be immediately reported and necessary application for transferring the registration against new address be sent to this office without fail.
- 103) If the Electrical Duty is not paid before the scheduled date interest will be charged @ 18% for the first 3 month and @ 24% for next period till the date of payment as per the provision under section 8 of B. E. D. Act 1958.
- 104) In case of non submission of Quarterly "B" returns a penalty at Rupees. 1000/- (Rupees One Thousand Only) will be charged as per section of B. E. D. Act 1958.
- 105) Log Book for each generator shall be maintained in format given below.

Sr.	Month	Initial Meter Reading	Total Units Consumed	Final Meter Reading	Difference X - M.F.

Encl. 1) Specimen Form "B"
 -2) Challan-



Yours Faithfully
 (N.I. Patil)
 Electrical Inspector,
 Electrical Inspection Division
 Pune. 9

1c478826437448E1CDE
AA2,90009C90090C209C



Licence No.: मु.वि.नि/०९०८२०१८/१४३४९

उद्घाटन शासन
उद्योग, ऊर्जा व कारगार विभाग
मुख्य विद्युत निरीक्षक
तिसरा मजला, प्रशासकीय इमारत, रामकृष्ण चेंबूरकर मार्ग,
चेंबूर (पूर्व), मुंबई ४०००७१

(Owner information)

उद्घाटन चालविण्याची अनुज्ञप्ती
LICENCE FOR WORKING OF THE LIFT

उद्घाटन (कमीन)

श्री / सर्वश्री : कृष्णा इन्स्टिट्यूट ऑफ मेडिकल सायन्सेस डीम्ड टू बी युनिव्हर्सिटी, मलकापूर, कराड, कराड,
कराड, कराड (न.प), कराड, सातारा, ४१५५३९

उद्घाटनधारक यांना मुंबई उद्घाटन नियम, १९५८ च्या नियम ४ (२) च्या तरतुदीनुसार खालील अटीच्या अर्मीन राहून नमूद
केलेले उद्घाटन चालविण्याची अनुज्ञप्ती याद्वारे मंजूर करण्यात येत आहे.
उद्घाटन असलेल्या जागेचा पत्ता व स्थान : लिफ्ट नं. ३, कृष्णा इन्स्टिट्यूट ऑफ मेडिकल सायन्सेस, डीम्ड टू बी
युनिव्हर्सिटी एक्सटेंशन ऑफ ऐडीओबेरी किनाऱ्यात, मलकापूर, कराड, कराड, कराड (न.प), कराड,
सातारा, ४१५५३९

उद्घाटनाचा तपशील
DETAILS OF THE LIFT

- | | |
|---|--|
| (1) Make of lift: Schindler India Pvt. Ltd. | (2) Capacity of lift: 400 Kg / 6 Persons |
| (3) Horse Power of Motor: 2.90 KW | (4) Speed of lift: 0.5300 m/s (Vs) |
| (5) Type of Drive: A.C. Gearless Motor (Auto) | (6) No. of Stop: Floors G+1, stops 2, Landing 2. |

Signature valid

Digitally Signed by
Shri. V. V. Khaparde

विद्युत निरीक्षक (उद्घाटन चालविण्याची अनुज्ञप्ती मंडळ व उद्घाटन
निरीक्षक) मुंबई
Electrical Inspector (Secretary Licensing Board &
Lift Inspector) Mumbai

Signature valid

Digitally Signed by
Sunil S. Chandra Nagre

Date: 08/08/2024
Chief Electrical Inspector

Conditions:-

1. Change of name of the Owner or Society shall be communicated to this office to modify the licence accordingly.
2. It will be the responsibility of the Owner to give the Maintenance of the Lift to the Registered Lift Contractor.
3. Owner and the Lift Contractor are fully responsible to keep the lift in safe working condition.

विशेष सूचना : अनुज्ञप्ती चौकटीस बसवून उद्घाटनमध्ये लावणे आवश्यक आहे
To be displayed in the lift car duly framed

2-1701

Regi. No. ११-०१-१५-००३५९७
AA/ ११५१ / १२/ २०१४Licence No.
२०१५-०३१५२१३६

महाराष्ट्र शासन

उद्योग, ऊर्जा व कामगार विभाग

विना अभिलेखन

मुख्य अभियंता (विद्युत)

उद्वाहन (नवीन)

बांधकाम भवन, ३रा मजला,

मर्झबाण रोड, फोर्ट, मुंबई ४०० ००९

दूरध्वनी क्र. ०२२-२२०९३४९५ / २२०९३४९६ / २२०९३४९७

उद्वाहन चालविण्याची अनुज्ञापत्री

LICENCE FOR WORKING OF THE LIFT

श्री. / सर्वश्री : - किष्णा इन्स्टीट्यूट ऑफ मेडीकल सायन्स डिमेंट युनिवर्सिटी, मलकापुर कराड, ता. कराड
सातारा ४१५११०उद्वाहनधारक यांना मुंबई उद्वाहन नियम, १९५८ च्या नियम ४ (२) च्या तरतुदीनुसार खालील अटीच्या
अधीन राहून नमूद केलेले उद्वाहन चालविण्याची अनुज्ञापत्री याद्वारे मंजूर करण्यात येत आहे.उद्वाहन असलेल्या जागेचा पत्ता व स्थान : - उद्वाहन क्र. - १ किष्णा इन्स्टीट्यूट ऑफ मेडीकल
सायन्स डिमेंट युनिवर्सिटी, किष्णा हॉस्पिटल अँड एम. आर. सी वार्ड, एक्सस्टेशन
विल्डींग-२, पुणे बंगलोर हायवे, मलकापुर, कराड, सातारा ४१५५३९

उद्वाहनाचा तपशील

DETAILS OF THE LIFT

- | | |
|-------------------------------------|--|
| (1) Make of lift : ओटीस | (2) Capacity of lift : १०२० kg./ १५Persons. |
| (3) Horse Power of Motor : ६-४ अ.श. | (4) Speed of lift : १.०० मि.प. से बदलते गतीमान |
| (5) Type of Drive : गिअर्ड - ए.सी | (6) No. of Stop : P+3 FLOORS |

(Signature)
(आ. बा. चौगुले)
विद्युत निरीक्षक

13 APR 2015

४ ओपनिंग यंत्रे
(Signature)
(सं. अ. पाटील)
मुख्य अभियंता (विद्युत)
Chief Engineer (Elec.)

(सचिव, अनुज्ञापक मंडळ व उद्वाहन निरीक्षक) मुंबई

Electrical Inspector

(Secretary, Licensing Board & Lift Inspector) Mumbai

Conditions :

- (1) Change of Name of the Owner or Society shall be communicated to this office to modify the licence accordingly.
- (2) It will be the responsibility of the Owner to give the Maintenance of the Lift to the Registered lift Contractor.
- (3) Owner and the Lift Contractor are fully responsible to keep the lift in safe working condition.

विशेष सूचना : अनुज्ञापत्री चौकटीत बसवून उद्वाहनमध्ये लावणे आवश्यक आहे.

To be displayed in the lift car duly framed.

026477

नोंदणी क्रमांक : 3CB/2/1/05/
Registration No. 3CB/2/1/05/

नमुना 'क'
Form 'C'

अनुज्ञप्ती क्र.
Licence No. 68



महाराष्ट्र शासन

उद्योग, ऊर्जा व कामगार विभाग
उद्वाहन निरीक्षण विभाग

१ ला मजला, प्रशासकीय इमारत, श्री रामकृष्ण चेंबूरकर मार्ग,
रेशनिंग कम्पाऊंड, चेंबूर ४०० ०७१
फोन क्र. ०२२-२५२२ ५२ ०४

GOVERNMENT OF MAHARASHTRA
INDUSTRIES, ENERGY AND LABOUR DEPARTMENT
1st Floor, Administration Building, Shri Ramkrishna Chemburkar Marg,
Rationing Compound, Chembur, Mumbai 400 071
Phone No. 022-2522 52 04

उद्वाहन चालविण्याची अनुज्ञप्ती

(उद्वाहन नियम, १९५८ च्या नियम ४ ला अनुसरून दिलेली)

LICENCE TO WORK THE LIFT

(Issued under Rule 4 of Bombay Lift Rules, 1958)

श्री/सरंशी : कृष्णा इन्स्टीट्यूट डॉफ मेडिकल सायन्स डिप्ट्ड मुनिव्हि सिष्टी

Mr/Messrs : मल्कापुर करण. जि. दादर. १०

यांना मुंबई उद्वाहन नियम, १९५८ च्या तरतुदीनुसार, खाली नमूद केलेले उद्वाहन चालविण्याची अनुज्ञप्ती यद्वारे मंजूर करण्यात येत आहे :-
Is/are hereby authorised under the provisions of Rule, 1958, to run the lift mentioned below :-

उद्वाहन मालकाचे नाव : विश्व प्रमोद
Name of the lift owner :

उद्वाहन असलेल्या जागेचा पत्ता : कृष्णा इन्स्टीट्यूट डॉफ मेडिकल सायन्स डिप्ट्ड
Location of the lift : मुनिव्हि सिष्टी. डॉ. मनिव्हिरेवळ लिडींगकरड. जि. दादर.

उद्वाहनाचे इमारतीतील स्थान : ३/०४/०५/१००.
Position of the lift in the premises :

उद्वाहनाचा तपशील
DETAILS OF THE LIFT

- | | |
|---|--|
| (१) उद्वाहनाची बनवट : कोर | (२) उतारू याहून नेण्याची क्षमता : तेरा प्रवासी |
| (1) Make of the Lift : कोर | (2) Carrying Capacity of the Lift : १० प्रवासी |
| (३) मोटरची अक्षशक्ती : १.५ कि. वॉट | (४) उद्वाहनाचा वेग व कार्यपद्धती : १.०० मी. प्र. से. |
| (3) Horse Power of the motor : १.५ (A.C.) | (4) Speed of the lift and type of drive : बद्दलते वॉटिमान. |

Inspector of Lifts, Mumbai.
Letter No. 7 JUL 2007

Dated 7 JUL 2007
Mumbai

मुख्य अभियंता (विद्युत)
Chief Engineer (Elec.)

विशेष सूचना : ही अनुज्ञप्ती चौकटीत बसवून उद्वाहनामध्ये सावने आवश्यक आहे.
To be displayed in the lift car duly framed.

L-I 1764 (Staff etc B2)

217325

Regi. No. ११-०१-१६-००९१२१
AA/३५४९ / ०२ / २०१६



Licence No.
मुविनि/ 20341/२०१६

विना अग्निशमन

महाराष्ट्र शासन
उद्योग, ऊर्जा व कामगार विभाग

उद्वाहन (नवीन)

मुख्य विद्युत निरीक्षक

३रा मजला, प्रशासकीय इमारत, रामकृष्ण चेंबूरकर मार्ग,
चेंबूर (पुर्व), मुंबई ४०० ०७१

उद्वाहन चालविण्याची अनुज्ञप्ती

LICENCE FOR WORKING OF THE LIFT

श्री. / सर्वश्री : डॉ. कृष्णा इस्टिटयुट ऑफ मेडिकल सायन्स डीमेड युनिव्हर्सिटी मलकापूर
ता. कराड जि. सातारा

उद्वाहनधारक यांना मुंबई उद्वाहन नियम, १९५८ च्या नियम ४ (२) च्या तरतुदीनुसार खालील अटीच्या
अधीन राहून नमूद केलेले उद्वाहन चालविण्याची अनुज्ञप्ती याद्वारे मंजूर करण्यात येत आहे.

उद्वाहन असलेल्या जागेचा पत्ता व स्थान : उद्वाहन क्र. १
रेसिडेन्शियल स्टाफ, क्वाटर्स कृष्णा इस्टिटयुट ऑफ मेडिकल सायन्स डीमेड युनिव्हर्सिटी एस
नं. १४४ बी अंट मलकापूर ता. कराड जि. सातारा

उद्वाहनाचा तपशील

DETAILS OF THE LIFT

- | | |
|---------------------------------------|---|
| (1) Make of lift : जॉन्सन लिफ्ट्स | (2) Capacity of lift : ६८० kg/ १० Persons |
| (3) Horse Power of Motor : ५.४ कि.वॅ. | (4) Speed of lift ०.५ मि.प.से बदलते गतीमान |
| (5) Type of Drive : गिअरलेस. सी | (6) No. of Stop : G+4 floors
५ ओपनिंग ५-दुवे |

विद्युत निरीक्षक

(सचिव, अनुज्ञापक मंडळ व उद्वाहन निरीक्षक) मुंबई

Electrical Inspector

(Secretary Licensing Board & Lift Inspector) Mumbai

मुख्य विद्युत निरीक्षक

Chief Electrical Inspector

Conditions :

16 NOV 2016

- (1) Change of Name of the Owner or Society shall be communicated to this office to modify the licence accordingly.
- (2) It will be the responsibility of the Owner to give the Maintenance of the Lift to the Registered lift Contractor.
- (3) Owner and the Lift Contractor are fully responsible to keep the lift in safe working condition.

विशेष सूचना : अनुज्ञप्ती चौकटीत बसवून उद्वाहनमध्ये लावणे आवश्यक आहे.
To be displayed in the lift car duly framed.

L-11763 (शीट नं. ४१)

217326

Regd. No. ११-०१-११-००९१११
AA/ १००९ / ११ / २०१५Licence No. २०१५
मुविनि/ 20339

विद्युत अधिपक्षक

महाराष्ट्र शासन
उद्योग, ऊर्जा व कामगार विभाग
मुख्य विद्युत निरीक्षक

उद्वाहन (नवीन)

३रा मजला, प्रयासकीय इमारत, रामकृष्ण चेंबूरकर मार्ग,
चेबूर (पुर्व), मुंबई ४०० ०४१उद्वाहन चालविण्याची अनुज्ञापत्री
LICENCE FOR WORKING OF THE LIFTक्षी. / सर्वश्री : मे. किष्णा इन्स्टीट्यूट ऑफ मेडिकल सायन्स, डिग्ड युनिव्हर्सिटी मलकापूर, कराड
ता. कराड जि. साताराउद्वाहनधारक यांना मुंबई उद्वाहन नियम, १९५८ च्या नियम ४ (२) च्या तरतुदीनुसार खालील अटीच्या
अधीन राहून नमूद केलेले उद्वाहन चालविण्याची अनुज्ञापत्री याद्वारे मंजूर करण्यात येत आहे.उद्वाहन असलेल्या जागेचा पत्ता व स्थान : उद्वाहन क्र. १
किष्णा इन्स्टीट्यूट ऑफ मेडिकल सायन्स, डिग्ड युनिव्हर्सिटी रेसीडेन्शीयल स्टाफ क्वार्टर्स
मलकापूर, कराड ता. कराड जि. साताराउद्वाहनाचा तपशील
DETAILS OF THE LIFT

- | | |
|---------------------------------------|---|
| (1) Make of lift : जॉन्सन लिफ्ट्स | (2) Capacity of lift : ६८० kg/१० Persons. |
| (3) Horse Power of Motor : ५.४ कि.वॅ. | (4) Speed of lift : २५ मि.प. से बदलते गतीमान |
| (5) Type of Drive : गिअरलेस ए. सी | (6) No. of Stop : G+4 floors
५ ओपनिंग ५ थावे |

विद्युत निरीक्षक

(सचिव, अनुज्ञापक मंडळ व उद्वाहन निरीक्षक) मुंबई
Electrical Inspector

(Secretary Licensing Board & Lift Inspector) Mumbai

मुख्य विद्युत निरीक्षक
Chief Electrical Inspector

Conditions:

16 NOV 2016

- (1) Change of Name of the Owner or Society shall be communicated to this office to modify the licence accordingly.
- (2) It will be the responsibility of the Owner to give the Maintenance of the Lift to the Registered lift Contractor.
- (3) Owner and the Lift Contractor are fully responsible to keep the lift in safe working condition.

विशेष सूचना : अनुज्ञापत्री चौकटीत बसवून उद्वाहनमध्ये लावणे आवश्यक आहे.
To be displayed in the lift car duly framed.

10689055

Regl. No. ११-०१-१५-००३२२३
AA/ २४९१ / ०१ / २०१४



Licence No.
२०१५, ०३, १५१३२७

महाराष्ट्र शासन

उद्योग, ऊर्जा व कामगार विभाग

विद्युत निरीक्षण

मुख्य अभियंता (विद्युत)

उपनिर्देशक (सर्विस)

बांधकाम भवन, ३रा मजला,

मडगंधान रोड, फोर्ट, मुंबई ४०० ००१

दूरध्वनी क्र. ०२२-२२०१३४१५ / २२०१३४१६ / २२०१३४१७

उद्वाहन चालविण्याची अनुज्ञप्ती

LICENCE FOR WORKING OF THE LIFT

श्री. / सर्वश्री : - मे. किष्का-इंस्ट्रुट-ऑफ-भेडिकल सायन्स डिव्हि-युनिव्हर्सिटी, मलकापुर, कराड,
ता. कराड, जि. सातारा- ४१५११०

उद्वाहनधारक यांना मुंबई उद्वाहन नियम, १९५८ च्या नियम ४ (२) च्या तरतुदीनुसार खालील अटीच्या
अधीन राहून नमुद केलेले उद्वाहन चालविण्याची अनुज्ञप्ती याद्वारे मंजूर करण्यात येत आहे.

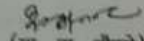
उद्वाहन असलेल्या जागेचा पत्ता व स्थान : उद्वाहन क्र. - १
किम्स अनेक्स बिल्डींग, एस नं. १४४८, अँट मलकापुर, ता. कराड,
जि. सातारा- ४१५११०

उद्वाहनाचा तपशील

DETAILS OF THE LIFT

- | | |
|---------------------------------------|---|
| (1) Make of lift : शिहलर | (2) Capacity of lift : १०२० kg / १५ Persons. |
| (3) Horse Power of Motor : ७.७ कि.वॅ. | (4) Speed of lift : १.०० मि.प.से बदलते गतीमान |
| (5) Type of Drive : गिअरलेस - ए.सी | (6) No. of Stop : G+2 floors |

१ ओपनिंग ३ थांबे



(जा. बा. चौगुले)

विद्युत निरीक्षक

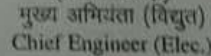
(सचिव, अनुज्ञापक मंडळ व उद्वाहन निरीक्षक) मुंबई

Electrical Inspector

(Secretary, Licensing Board & Lift Inspector) Mumbai

Conditions :

- (1) Change of Name of the Owner or Society shall be communicated to this office to modify the licence accordingly.
- (2) It will be the responsibility of the Owner to give the Maintenance of the Lift to the Registered lift Contractor.
- (3) Owner and the Lift Contractor are fully responsible to keep the lift in safe working condition.



मुख्य अभियंता (विद्युत)

Chief Engineer (Elec.)

13 MAR 2015

टिपणे द्या : अनुज्ञप्ती वीकलीत बसवून उद्वाहनमध्ये लावणे आवश्यक आहे.

To be displayed in the lift car duly framed.



१९५२७२६५४३५५००८३८८४
AA2.१००४९७३३१०१२०१८



Licence No.: मु.वि.नि/३१०१२०१८/०६९४७

महाराष्ट्र शासन
उद्योग, ऊर्जा व कामगार विभाग
मुख्य विद्युत निरीक्षक
तिसरा मजला, प्रशासकीय इमारत, रामकृष्ण चेंबूरकर मार्ग,
चेंबूर (पूर्व), मुंबई ४०००७१

उद्दाहन चालविण्याची अनुज्ञप्ती
(शिवाय ऑनलाइन) LICENCE FOR WORKING OF THE LIFT उद्दाहक (वरील)

श्री / सार्वश्री : कृष्णा इंन्सटीट्यूट ऑफ मेडिकल सायन्सेस डीम्ड युनिवर्सिटी, कराड, मलकापूर, कराड,
ता.कराड, मलकापूर (त.पं), कराड, सातारा, ४१५५३९

उद्दाहनधारक याना मुंबई उद्दाहन नियम, १९५८ च्या नियम ४ (२) च्या तरतुदीनुसार खालील अटीच्या अधीन राहून नमूद
केलेले उद्दाहन चालविण्याची अनुज्ञप्ती याद्वारे मंजूर करण्यात येत आहे.
उद्दाहन असलेल्या जागेचा पत्ता व स्थान : मेडिकल कॉलेज बिल्डींग, स.नं.१४४ बी, मलकापूर, ता.कराड,
सातारा, मलकापूर (त.पं), कराड, सातारा, ४१५५३९

उद्दाहनाचा तपशील
DETAILS OF THE LIFT

- | | |
|--|---|
| (1) Make of lift: Thyssenkrupp Elevators Pvt. Ltd. | (2) Capacity of lift: 884 Kg/ 13 Persons |
| (3) Horse Power of Motor: 6.50 KW | (4) Speed of lift: 1.0000 m/s (Vs) |
| (5) Type of Drive: A.C. Gearless Motor (Auto) | (6) No. of Stop: Floors G+04, stops 5, Landing 5. |

Signature valid

Digitally Signed by
Shri. V. V. Khaparde

विद्युत् निरीक्षक (सामान्य अनुज्ञापक मंडळ व उद्दाहन
निरीक्षक) मुंबई
Date: 02/02/2018 18:16:15

Electrical Inspector (Secretary Licensing Board &
Lift Inspector) Mumbai

Signature valid

Digitally Signed by
Suhas Vinchandra Bagde

मुख्य विद्युत निरीक्षक
Date: 02/02/2018 13:35:12
Chief Electrical Inspector

Conditions:-

1. Change of name of the Owner or Society shall be communicated to this office to modify the licence accordingly.
2. It will be the responsibility of the Owner to give the Maintenance of the Lift to the Registered lift Contractor.
3. Owner and the Lift Contractor are fully responsible to keep the lift in safe working condition.

विशेष सूचना : अनुज्ञप्ती चौकटीत बसवून उद्दाहनमध्ये लावणे आवश्यक आहे
To be displayed in the lift car duly framed

२८/१२/२०१८

217517

Regl. No. ११-०१-१६-००९३९४
AA/७५४ / ०५ / २०१६Licence No.
मुचिनि/ / २०१६
20856

विना अग्निशमन

महाराष्ट्र शासन

उद्योग, ऊर्जा व कामगार विभाग

उद्वाहन (नवीन)

मुख्य विद्युत निरीक्षक

३रा मजला, प्रशासकीय इमारत, रामकृष्ण चौबुरकर मार्ग,
चेंबूर (पूर्व), मुंबई ४०० ०७९उद्वाहन चालविण्याची अनुज्ञप्ती
LICENCE FOR WORKING OF THE LIFTश्री. / सर्वश्री : मे. कृष्णा इन्स्टिट्यूट ऑफ मेडीकल सायन्स हिम युनिव्हर्सिटी, मलकापुर, कराड,
ता. कराड जि. साताराउद्वाहनधारक यांना मुंबई उद्वाहन नियम, १९५८ च्या नियम ४ (२) च्या तरतुदीनुसार खालील अटीच्या
अधीन राहून नमूद केलेले उद्वाहन चालविण्याची अनुज्ञप्ती याद्वारे मंजूर करण्यात येत आहे.

उद्वाहन असलेल्या जागेचा पत्ता व स्थान : उद्वाहन क्र. १

कृष्णा इन्स्टिट्यूट ऑफ मेडीकल सायन्स हिम युनिव्हर्सिटी, मलकापुर, कराड, ता. कराड
जि. सातारा

उद्वाहनाचा तपशील

DETAILS OF THE LIFT

- | | |
|--|---|
| (1) Make of lift : कोने इले. | (2) Capacity of lift : ८८४ kg / १३ Persons. |
| (3) Horse Power of Motor : ६.७० कि.वॅ. | (4) Speed of lift : १ मि.प.से बदलते गतीमान |
| (5) Type of Drive : गिअरलेस - ए.सी | (6) No. of Stop : G+4 FLOORS
५ ओपनिंग ५-बावे |

विद्युत निरीक्षक

(सचिव, अनुज्ञापक मंडळ व उद्वाहन निरीक्षक) मुंबई

Electrical Inspector

(Secretary Licensing Board & Lift Inspector) Mumbai

मुख्य विद्युत निरीक्षक

Chief Electrical Inspector

Conditions :

26 DEC 2016

- (1) Change of Name of the Owner or Society shall be communicated to this office to modify the licence accordingly.
- (2) It will be the responsibility of the Owner to give the Maintenance of the Lift to the Registered lift Contractor.
- (3) Owner and the Lift Contractor are fully responsible to keep the lift in safe working condition.

विशेष सूचना : अनुज्ञापकी धोक्यात राखून उद्वाहनमध्ये लावणे आवश्यक आहे.
To be displayed in the lift car duly framed.

L-I 1765 (For Ladies Hostel Entrance) 217322

Regi. No. ११-०१-१६-००९११८
AA/२९५५ / ०१ / २०१६



Licence No. २०१६
मुविनि/ 20405

विना अग्निशमन

महाराष्ट्र शासन
उद्योग, ऊर्जा व कामगार विभाग

उद्वाहन (नवीन)

मुख्य विद्युत निरीक्षक

३२१ मजला, प्रशासकीय इमारत, रामकृष्ण चेंबूरकर मार्ग,
चेंबूर (पुर्व), मुंबई ४०० ०७१

उद्वाहन चालविण्याची अनुज्ञप्ती

LICENCE FOR WORKING OF THE LIFT

श्री. / सर्वश्री : मे. कृष्णा इन्स्टीटयुट ऑफ मेडिकल सायन्स डिमंड युनिव्हर्सिटी, मलकापुर ता. कराड
जि. सातारा

उद्वाहनधारक यांना मुंबई उद्वाहन नियम, १९५८ च्या नियम ४ (२) च्या तरतुदीनुसार खालील अटीच्या
अधीन राहून नमूद केलेले उद्वाहन चालविण्याची अनुज्ञप्ती याद्वारे मंजूर करण्यात येत आहे.

उद्वाहन असलेल्या जागेचा पत्ता व स्थान : उद्वाहन क्र. २
किष्णा इन्स्टीटयुट ऑफ मेडिकल सायन्स डिमंड युनिव्हर्सिटी, मलकापुर ता. कराड
जि. सातारा

उद्वाहनाचा तपशील

DETAILS OF THE LIFT

- | | |
|---------------------------------------|---|
| (1) Make of lift : जॉन्सन लिफ्ट्स | (2) Capacity of lift : ४०८ kg/६ Persons. |
| (3) Horse Power of Motor : ३.१ कि.वॅ. | (4) Speed of lift : १.२५ मि.प.से बदलते गतीमान |
| (5) Type of Drive : गिअरलेस . सी | (6) No. of Stop : LG+G+2 floors |
| | ४ ओपनिंग ४ थांबे |

विद्युत निरीक्षक

(सचिव, अनुज्ञापक मंडळ व उद्वाहन निरीक्षक) मुंबई

Electrical Inspector

(Secretary Licensing Board & Lift Inspector) Mumbai

मुख्य विद्युत निरीक्षक

Chief Electrical Inspector

Conditions :

16 NOV 2016

- (1) Change of Name of the Owner or Society shall be communicated to this office to modify the licence accordingly.
- (2) It will be the responsibility of the Owner to give the Maintenance of the Lift to the Registered lift Contractor.
- (3) Owner and the Lift Contractor are fully responsible to keep the lift in safe working condition.

विशेष सूचना : अनुज्ञप्ती चौकटीत बसवून उद्वाहनमध्ये लावणे आवश्यक आहे.
To be displayed in the lift car duly framed.

L-11762

217327

Regi. No. ११-०१-१६-००९१२३
AA/२८७८ / १२ / २०१६Licence No. २०१६
मुविनि/ 20854/२०१६

विना अग्निशमन

महाराष्ट्र शासन

उद्वाहन (नवीन)

उद्योग, ऊर्जा व कामगार विभाग

मुख्य विद्युत निरीक्षक

३रा मजला, प्रशासकीय इमारत, रामकृष्ण चेंबूरकर मार्ग,
चेंबूर (पुर्व), मुंबई ४०० ०७१

उद्वाहन चालविण्याची अनुज्ञप्ती

LICENCE FOR WORKING OF THE LIFT

श्री. / सर्वश्री : मे. किष्णा इन्स्टीटयुट ऑफ मेडिकल सायन्स, डिगड युनिव्हर्सिटी मलकापुर, कराड
ता. कराड जि. साताराउद्वाहनधारक यांना मुंबई उद्वाहन नियम, १९५८ च्या नियम ४ (२) च्या तरतुदीनुसार खालील अटीच्या
अधीन राहून नमूद केलेले उद्वाहन चालविण्याची अनुज्ञप्ती याद्वारे मंजूर करण्यात येत आहे.उद्वाहन असलेल्या जागेचा पत्ता व स्थान : उद्वाहन क्र. १
किष्णा इन्स्टीटयुट ऑफ मेडिकल सायन्स, डिगड युनिव्हर्सिटी मलकापुर, कराड
ता. कराड जि. सातारा

उद्वाहनाचा तपशील

DETAILS OF THE LIFT

- | | |
|---------------------------------------|--|
| (1) Make of lift : जॉन्सन लिफ्टस् | (2) Capacity of lift : ६८० kg./१० Persons. |
| (3) Horse Power of Motor : ५.४ कि.वॅ. | (4) Speed of lift : १.२५ मि.प.से बदलते गतीमान |
| (5) Type of Drive : गिअरलेसप्लॅट्.सी | (6) No. of Stop : B+G+3 floors
५ ओपनिंग ५ थांबे |

मुख्य विद्युत निरीक्षक

मुख्य विद्युत निरीक्षक

(सचिव, अनुज्ञापक मंडळ व उद्वाहन निरीक्षक) मुंबई

Electrical Inspector

(Secretary Licensing Board & Lift Inspector) Mumbai

16 NOV 2016

Conditions :

- (1) Change of Name of the Owner or Society shall be communicated to this office to modify the licence accordingly.
- (2) It will be the responsibility of the Owner to give the Maintenance of the Lift to the Registered lift Contractor.
- (3) Owner and the Lift Contractor are fully responsible to keep the lift in safe working condition.

विशेष सूचना : अनुज्ञप्ती चौकटीत बसवून उद्वाहनमध्ये लावणे आवश्यक आहे.
To be displayed in the lift car duly framed.

AA2.900000252009201C



Licence No.: मु.वि.नि/२००१२०१८/०६४५२

महाराष्ट्र शासन
सद्योग, ऊर्जा व कामगार विभाग
मुख्य विद्युत निरीक्षक
सिसरा मजला, प्रशासकीय इमारत, रामकृष्ण चेंबूरकर मार्ग,
चेंबूर (पूर्व), मुंबई ४०००७१

उद्दाहन चालविण्याची अनुज्ञप्ती
LICENCE FOR WORKING OF THE LIFT

३२०६८ (मासुजिक)

श्री / सर्वश्री : रेजिस्ट्रार, कृष्णा ईन्सटीट्यूट ऑफ मेडिकल सायन्सेस डीम्ड युनिवर, मलकापूर, कराड.,
कराड, सातारा, ४१५५३९

उद्दाहनचालक यांना मुंबई उद्दाहन नियम, १९५८ च्या नियम ४ (२) च्या तरतुदीनुसार खालील अटीच्या अधीन राहून नमूद
कराडचे उद्दाहन चालविण्याची अनुज्ञप्ती याद्वारे मंजूर करण्यात येत आहे.

उद्दाहन अन्वयेच्या जागेचा पत्ता व स्थान : युमेन्स हॉस्टेल, नं.६, कृष्णा ईन्सटीट्यूट ऑफ मेडिकल सायन्सेस
डीम्ड, युनिवर्सिटी, मलकापूर, कराड., कराड, सातारा, ४१५५३९

उद्दाहनाचा तपशील
DETAILS OF THE LIFT

- | | |
|---|--|
| (1) Make of lift: Omega Elevators | (2) Capacity of lift: 544 Kg/ 8 Persons |
| (3) Horse Power of Motor: 7.50 KW | (4) Speed of lift: 1.0000 m/s (V/s) |
| (5) Type of Drive: A.C. Gearless Motor (Auto) | (6) No. of Stop: Floors B+G+3, stops 5, Landing 5. |

Signature valid

Digitally Signed by
Shri. V. V. Khaparde

विद्युत निरीक्षक (सहस्य) आर.आय.क मंडळ व उद्दाहन
निरीक्षक मुंबई

Electrical Inspector (Secretary Licensing Board &
Lift Inspector) Mumbai

Signature valid

Digitally Signed by
Suhas Vinchandra Bagde

Date: 28-01-2018 19:03:26

मुख्य विद्युत निरीक्षक
Chief Electrical Inspector

Conditions:-

- Change of name of the Owner or Society shall be communicated to this office to modify the licence accordingly.
- It shall be the responsibility of the Owner to give the Maintenance of the Lift to the Registered lift Contractor.
- Owner/Society/Contractor are fully responsible to keep the lift in safe working condition.

9892882848344906192E
AA2.900082330009209C



Licence No.: मु.वि.नि/0809209C/06922

महाराष्ट्र शासन
उद्योग, ऊर्जा व कामगार विभाग
मुख्य विद्युत निरीक्षक
तिसरा मजला, प्रशासकीय इमारत, रामकृष्ण चेंबूरकर मार्ग,
चेंबूर (पूर्व), मुंबई ४०००७९

उद्वाहन चालविण्याची अनुज्ञप्ती
(शिवा अग्निस्त्राल) LICENCE FOR WORKING OF THE LIFT उद्वाहन (आयुक्तिक)

श्री / सर्वश्री : रेंजिस्ट्रार, कृष्णा ईन्सटीट्यूट ऑफ मेडिकल सायन्सेस, डीम्ड युनि, मलकापूर, कराड,,
कराड, सातारा, ४९५५३९

उद्वाहनधारक याना मुंबई उद्वाहन नियम, १९५८ च्या नियम ४ (२) च्या तरतुदीनुसार खालील अटीच्या अधीन राहून नमुद
केलेले उद्वाहन चालविण्याची अनुज्ञप्ती याद्वारे मंजूर करण्यात येत आहे.

उद्वाहन असलेल्या जागेचा पत्ता व स्थान : युमेन्स हॉस्टेल, नं.५, कृष्णा ईन्सटीट्यूट ऑफ मेडिकल सायन्सेस
डीम्ड, युनिवर्सिटी, एस. नं. १४४बी, मलकापूर,, कराड, सातारा, ४९५५३९

उद्वाहनाचा तपशील
DETAILS OF THE LIFT

- | | |
|---|--|
| (1) Make of lift: Omega Elevators | (2) Capacity of lift: 408 Kg/ 6 Persons |
| (3) Horse Power of Motor: 5.00 HP | (4) Speed of lift: 1.0000 m/s (V/s) |
| (5) Type of Drive: A.C. Gearless Motor (Auto) | (6) No. of Stop: Floors B+G+3, stops 5, Landing 5. |

Signature valid



विद्युत निरीक्षक (साचिव अनुज्ञापक मंडळ व उद्वाहन
निरीक्षक) मुंबई
Electrical Inspector (Secretary Licensing Board &
Lift Inspector) Mumbai

Conditions:-

1. Change of name of the Owner or Society shall be communicated to this office to modify the licence accordingly.
2. It will be the responsibility of the Owner to give the Maintenance of the Lift to the Registered lift Contractor.
3. Owner and the Lift Contractor are fully responsible to keep the lift in safe working condition.

Signature valid



मुख्य विद्युत निरीक्षक
Chief Electrical Inspector

विशेष सूचना : अनुज्ञप्ती चौकटीत बसवून उद्वाहनमध्ये लावणे आवश्यक आहे
To be displayed in the lift car duly framed

1752742654333AGE4284
AA2.1000705010052018



Licence No.: मु.लि.लि/10052018/10717

संस्थान, शांती नगर, मुंबई

सुख्य विद्युत निरीक्षक
विजय गजरा, पञ्जासकीय इमारत, अमाकृष्ण चैम्बर्स मार्ग,
वेबूर (पूर्व), मुंबई ४०००१९

उद्देश्य (संक्षेप)

(विषय अर्थानुसार)

LICENCE FOR WORKING OF THE LIFT

उद्देश्य (संपीठ)

श्री / संपीठ : विद्युत इन्जिनेरिंग बोर्ड मेडिकल सायन्स ट्रीटमेंट सेंटर, कचड, कचड, कचड, कचड (नया),
कचड, सातारा, 415539

उद्देश्यानुसार याचा मुंबई उद्देश्य विषय, 1958 च्या विषय 4 (2) च्या तरतुदीनुसार आवडीच्या अटीच्या अटीवर अद्वय नमूद केलेले उद्देश्य
पालनियारी अडवशी घटने मंजूर करण्यात येत आहे.

उद्देश्य अर्जातल्या आलेल्या पाया व स्थान : लिफ्ट नं.2, विद्युत इन्जिनेरिंग बोर्ड मेडिकल सायन्स, हॉस्टेल नं.4 कचड, कचड,
कचड, सातारा, कचड (नया), कचड, सातारा, 415539

उद्देश्याचा तपशील

DETAILS OF THE LIFT

- | | |
|---|--|
| (1) Make of lift: Schindler India Pvt. Ltd. | (2) Capacity of lift: 408 Kg./ 6 Persons |
| (3) Horse Power of Motor: 1.80 KW | (4) Speed of lift: 1.0000 m/s (V/s) |
| (5) Type of Drive: A.C. Gearless Motor (Auto) | (6) No. of Stop: Floors G+3, stops 4, Landing 4. |

Signature valid

Digitally Signed by
Shri. Vignesh V. Khaparde

विद्युत निरीक्षक (सुख्य विद्युत निरीक्षक व उद्देश्य निरीक्षक)
मुंबई
Electrical Inspector (Secretary Licensing Board
& Lift Inspector) Mumbai

Signature valid

Digitally Signed by
Suhas Ramchandra Bagde

मुख्य विद्युत निरीक्षक
Chief Electrical Inspector

Conditions:-

1. Change of name of the Owner or Society shall be communicated to this office to modify the licence accordingly.
2. It will be the responsibility of the Owner to give the Maintenance of the Lift to the Registered lift Contractor
3. Owner and the Lift Contractor are fully responsible to keep the lift in safe working condition.

टिपणे सूचना : अडवशी घटकित नमूद उद्देश्याचाचें लागणें आरक्षण आहे
To be displayed in the lift car duly framed

984288764834430420AC
AA2.900089823909209C



Licence No.: मु.वि.नि/3909209C/06,986

महाराष्ट्र शासन
उद्योग, ऊर्जा व कामगार विभाग
मुख्य विद्युत निरीक्षक
तिसरा मजला, प्रशासकीय इमारत, रामकृष्ण चेंबूरकर मार्ग,
चेंबूर (पूर्व), मुंबई ४०००७९

उद्दाहन चालविण्याची अनुज्ञप्ती
(विद्युत अधिनियम) LICENCE FOR WORKING OF THE LIFT उद्दाहन (लॉटिंग)

श्री / सर्वश्री : कृष्णा इंस्टीट्यूट ऑफ मेडिकल सायन्सेस, डीन्ड युनिवर्सिटी, मलकापूर, कराड, मलकापूर
(न.फे, कराड, सातारा, ४१५५३९)

उद्दाहनधारक याना मुंबई उद्दाहन नियम, १९५८ च्या नियम ४ (२) च्या तरतुदीनुसार खालील अटीच्या अधीन राहून नमूद
केलेले उद्दाहन चालविण्याची अनुज्ञप्ती याद्वारे मंजूर करण्यात येत आहे.
उद्दाहन असलेल्या जागेचा पत्ता व स्थान : कृष्णा इंस्टीट्यूट ऑफ मेडिकल सायन्सेस, डीन्ड युनिवर्सिटी,
डॅटल कॉलेज, गट नं / स.नं. ३९/२, मलकापूर, कोयना वसाहत, कराड, सातारा, ४१५५३९

उद्दाहनाचा तपशील
DETAILS OF THE LIFT

- | | |
|--|--|
| (1) Make of lift: Thyssenkrupp Elevators Pvt. Ltd. | (2) Capacity of lift: 884 Kg/ 13 Persons |
| (3) Horse Power of Motor: 6.50 KW | (4) Speed of lift: 1.0000 m/s (V/s) |
| (5) Type of Drive: A.C. Gearless Motor (Auto) | (6) No. of Stop: Floors G+4, stops 5, Landing 5. |

Signature valid

Digitally Signed by
Shri. V. V. Kharde

विद्युत तंत्रशास्त्र (सुरेव अनुज्ञापक मंडळ व उद्दाहन
निरीक्षक) मुंबई
Date: 02/07/2019 18:43:15

Electrical Inspector (Secretary Licensing Board &
Lift Inspector) Mumbai

Signature valid

Digitally Signed by
Suhas S. Chandra Bagde

मुख्य तंत्र विरीक्षक
Chief Electrical Inspector
Date: 02/07/2019 12:43:12

Conditions:-

1. Change of name of the Owner or Society shall be communicated to this office to modify the licence accordingly.
2. It will be the responsibility of the Owner to give the Maintenance of the Lift to the Registered lift
3. Owner and the Lift Contractor are fully responsible to keep the lift in safe working condition.

विशेष सूचना : अनुज्ञप्ती चौकटीत बसवून उद्दाहनमध्ये लावणे आवश्यक आहे
To be displayed in the lift car duly framed

027500

नोंदणी क्रमांक : SB/112/95
Registration No. : Sahaen.

नुमा 'क'
Form 'C'

अनुज्ञप्ती क्र.
Licence No. 738



महाराष्ट्र शासन

उद्योग, ऊर्जा व कामगार विभाग
उद्वाहन निरीक्षण विभाग

१ ला मजला, प्रशासकीय इमारत, श्री रामकृष्ण चेंबूरकर मार्ग,
रेशनिंग कंपाऊंड, चेंबूर ४०० ०७१
फोन क्र. ०२२-२५२२ ५२ ०४

GOVERNMENT OF MAHARASHTRA
INDUSTRIES, ENERGY AND LABOUR DEPARTMENT
1st Floor, Administration Building, Shri Ramkrishna Chemburkar Marg,
Rationing Compound, Chembur, Mumbai 400 071
Phone No. 022-2522 52 04

उद्वाहन चालविण्याची अनुज्ञप्ती

(उद्वाहन नियम, १९५८ च्या नियम ४ ला अनुसरून दिलेली)

LICENCE TO WORK THE LIFT

(Issued under Rule 4 of Bombay Lift Rules, 1958)

श्री/सर्वश्री : कृष्णा इन्स्ट्रिब्युट डॉक मेडिकल सामग्री डिप्ट मुंबई सिटी

Mr./Messrs : मलकापुर कर. प्रि. साहारा

यांचा मुद्दा उद्वाहन नियम, १९५८ च्या तरतुदीनुसार खाली नमूद केलेले उद्वाहन चालविण्याची अनुज्ञप्ती यद्वारे मंजूर करण्यात येत आहे :-
Is/are hereby authorised under the provisions of Rule, 1958, to run the lift mentioned below :-

उद्वाहन मालकाचे नाव : विदेह प्रभाते
Name of the lift owner :

उद्वाहन असलेल्या जागेचा पत्ता : कृष्णा इन्स्ट्रिब्युट डॉक मेडिकल सामग्री डिप्ट.

Location of the lift : मुंबई सिटी, मलकापुर डेव्हलपमेंट कॉम्प्लेक्स बिल्डींग.

उद्वाहनाचे इमारतीतील स्थान : अ/११/०६/०७. कर. साहारा-१०
Position of the lift in the premises :

उद्वाहनाचा तपशील तळमजला-कारखाने
DETAILS OF THE LIFT

- | | |
|--|--|
| (१) उद्वाहनाची बनावट : <u>केले</u> | (२) उतारू वाहून नेण्याची क्षमता : <u>१००० किलो</u> |
| (1) Make of the Lift : <u>प्रलाकृतीपारा.</u> | (3) Carrying Capacity of the Lift : <u>१००० किलो</u> |
| (३) मोटरची अक्षशक्ती : <u>५.५ किलोवॉट (A.C.)</u> | (४) उद्वाहनाचा वेग व कार्यपद्धती : <u>१००० मि.प्र.से.</u> |
| (3) Horse Power of the motor : <u>(A.C.)</u> | (4) Speed of the lift and type of drive : <u>कॅबलेवरील</u> |

J. S. Chaudhary
उद्वाहन निरीक्षक, मुंबई
Inspector of Lifts, Mumbai.
Letter No. , Dated

30 AUG 2007

Mumbai

Chintan
मुख्य अभियंता (विद्युत)
Chief Engineer (Elec.)

विशेष सूचना : ही अनुज्ञप्ती चौकटीत संपादन उद्वाहनाकडे लावणे आवश्यक आहे.

To be displayed in the lift car duly framed.

28/12/2016

217599

Regi. No. ११-०१-१६-००९३९६
AA/ ७०२ / ०५ / २०१६



Licence No. / २०१६
मुविनि/ 20858

विना अग्निशमन

महाराष्ट्र शासन
उद्योग, ऊर्जा व कामगार विभाग

उद्वाहन (नवीन)

मुख्य विद्युत निरीक्षक

३रा मजला, प्रशासकीय इमारत, रामकृष्ण चेंबूरकर मार्ग,
चेंबूर (पूर्व), मुंबई ४०० ०७९

उद्वाहन चालविण्याची अनुज्ञप्ती
LICENCE FOR WORKING OF THE LIFT

श्री. / सर्वश्री : मे. कृष्णा इन्स्टीट्यूट ऑफ मेडीकल सायन्स, डिम युनिव्हर्सिटी, मलकापुर, कराड,
ता. कराड जि. सातारा

उद्वाहनधारक यांना मुंबई उद्वाहन नियम, १९५८ च्या नियम ४ (२) च्या तरतुदीनुसार खालील अटीच्या
अधीन राहून नमूद केलेले उद्वाहन चालविण्याची अनुज्ञप्ती याद्वारे मंजूर करण्यात येत आहे.

उद्वाहन असलेल्या जागेचा पत्ता व स्थान : उद्वाहन क्र. १

कृष्णा इन्स्टीट्यूट ऑफ मेडीकल सायन्स, डिम युनिव्हर्सिटी, मलकापुर, कराड, ता. कराड
जि. सातारा

उद्वाहनाचा तपशील
DETAILS OF THE LIFT

- | | |
|--|--|
| (1) Make of lift : कोने इले. | (2) Capacity of lift : १७६८ kg./ २६ Persons. |
| (3) Horse Power of Motor : ६.७० कि.वॅ. | (4) Speed of lift : १ मि.प. से बदलते गतीमान |
| (5) Type of Drive : गिअरलेस - ए. सी | (6) No. of Stop : G+3 floors
४ ओपनिंग ४ थांबे |

(Signature)
विद्युत निरीक्षक

(Signature)
मुख्य विद्युत निरीक्षक

(सचिव, अनुज्ञापक मंडळ व उद्वाहन निरीक्षक) मुंबई

Chief Electrical Inspector

Electrical Inspector
(Secretary Licensing Board & Lift Inspector) Mumbai

Conditions :

26 DEC 2016

- (1) Change of Name of the Owner or Society shall be communicated to this office to modify the licence accordingly.
- (2) It will be the responsibility of the Owner to give the Maintenance of the Lift to the Registered lift Contractor.
- (3) Owner and the Lift Contractor are fully responsible to keep the lift in safe working condition.

विशेष सूचना : अनुज्ञप्ती चौकटीत बसवून उद्वाहनमध्ये लावणे आवश्यक आहे.
To be displayed in the lift car duly framed.

Lift AMC Doc.

University lift 2015

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No. 081574 **KONE**

KONE Elevator India Private Ltd Maintenance Report

City / Town: Hyderabad
 Service Order Number: 10103669
 Work Center: 10103669
 Equipment Number: 10103669
 Equipment ID: 10103669
 Job Status: Closed Not Closed

Customer Name: University Building
 Product Type: Elevator Escalator AutoWalk Audit
 Date Time of Call Out: 12/10/2015
 Start Count Reading / Hour: 000000
 Meter Reading: 000000

Technician Name	Travel Time	Arrival Date	Arrival Time	Restored Date	Restored Time
<u>Ahmed</u>	<u>15 min</u>	<u>12/10/2015</u>	<u>12:10</u>	<u>12/10/2015</u>	<u>12:15</u>

Status on Arrival
 Running Correctly Running With Problem
 Not Running-On level Not Running-Out of Level
 Not Running-Escalator Entrapment

Rectification Result
 Equipment Running, not yet fixed
 Equipment Running, not yet fixed
 Equipment not Running, not yet fixed

Maintenance Module	Completed	Rectification Area	Completed
Basic Inspection	<input checked="" type="checkbox"/>	Guide Rails	<input type="checkbox"/>
Basic Module	<input type="checkbox"/>	Drive Station	<input type="checkbox"/>
Shaft Module	<input type="checkbox"/>	Doors and Entrances	<input type="checkbox"/>
Landing Door Module	<input type="checkbox"/>	M/C Room Equipments	<input type="checkbox"/>
Door Operator Module	<input type="checkbox"/>	Triax	<input type="checkbox"/>
Control Panel Module	<input type="checkbox"/>	Shaft Equipments	<input type="checkbox"/>
Machine Module	<input type="checkbox"/>	Safety Signs/Cladding	<input type="checkbox"/>
Signalization Module	<input type="checkbox"/>	Car	<input type="checkbox"/>
MX Module	<input type="checkbox"/>	Car Sling	<input type="checkbox"/>
Drive Module (Escalator)	<input type="checkbox"/>	Counter Weight	<input type="checkbox"/>
Brake Module (Escalator)	<input type="checkbox"/>	Rope Assemblies	<input type="checkbox"/>
Handrail Module (Escalator)	<input type="checkbox"/>	Control System	<input type="checkbox"/>
Comb Plate Module (Escalator)	<input type="checkbox"/>	Drive System	<input type="checkbox"/>
Guide Module (Escalator)	<input type="checkbox"/>	Signalization	<input type="checkbox"/>
Step Module (Escalator)	<input type="checkbox"/>	Peripheral Devices	<input type="checkbox"/>
		Power Supply	<input type="checkbox"/>
		Others	<input type="checkbox"/>

Technician's Remarks
Basic Inspection + Machine Module + Control Panel Module Covered Out ok.
* 1st floor Not working
* COP -> no button to be Replace

Non-Kone Reason
<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> Y <input type="checkbox"/> N

Additional Works/Parts Replaced
* Car Door shoe Adjustment
* 1st floor landing door Antitip Roller Adjusted

Customer Comments

Technician Name/Employee No.: Ahmed/10103669 Technician Signature: [Signature]
 Customer Name: _____ Customer Signature: [Signature]
 Route Supervisor Name: _____ Route Supervisor Signature: [Signature]

ALOUAR CAMERA

KONE Customer Care Center Toll Free Number : 1800-425-4254 & 1800-425-4666

Nº 067628

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KONE Elevator India Private Ltd Maintenance Report

Customer Name <i>University</i>	City / Town <i>Hydrabad</i>
Customer Contact Number <i>02728931</i>	Service Order Number <i>78702601</i>
Plant Section <i>Mach V</i>	Work Center <i>40161305</i>
Product Type <input checked="" type="checkbox"/> Elevator <input type="checkbox"/> Escalator	Equipment Number <i>50120</i>
Type of Visit <input checked="" type="checkbox"/> PM <input type="checkbox"/> Call Out <input type="checkbox"/> Repair <input type="checkbox"/> Audit	Equipment ID <i>50120</i>
Date/Time of Call Out	Job Status <input checked="" type="checkbox"/> Closed <input type="checkbox"/> Not Closed
Start Count Reading / Hour	
Meter Reading	

Technician Name	Travel Time	Arrival Date	Arrival Time	Restored Date	Restored Time
<i>Imp</i>		<i>16-05-13</i>	<i>07:00 PM</i>	<i>16-05-13</i>	<i>4:00 PM</i>

<input checked="" type="checkbox"/> Running Correctly	<input type="checkbox"/> Running With Problem	<input type="checkbox"/> Equipment Running
<input type="checkbox"/> Not Running-On level	<input type="checkbox"/> Not Running-Out of Level	<input type="checkbox"/> Equipment Running, not yet fixed
<input type="checkbox"/> Not Running-Escalator	<input type="checkbox"/> Entrapment	<input type="checkbox"/> Equipment not Running, not yet fixed

Maintenance Module	Completed	Rectification Area		Completed
		Elevator	Escalator	
Basic Inspection	<input checked="" type="checkbox"/>	Guide Rails	Drive Station	<input type="checkbox"/>
Basic Module	<input type="checkbox"/>	Doors and Entrances	Track System	<input type="checkbox"/>
Shaft Module	<input type="checkbox"/>	M/C Room Equipments	Truss	<input type="checkbox"/>
Landing Door Module	<input type="checkbox"/>	Shaft Equipments	Safety Signs/Cladding	<input type="checkbox"/>
Door Operator Module	<input type="checkbox"/>	Car	Skirting	<input type="checkbox"/>
Control Panel Module	<input checked="" type="checkbox"/>	Car Sling	Handrail System	<input type="checkbox"/>
Machine Module	<input checked="" type="checkbox"/>	Counter Weight	Step Band	<input type="checkbox"/>
Signalization Module	<input type="checkbox"/>	Rope Assemblies	Floor Plate	<input type="checkbox"/>
MX Module	<input type="checkbox"/>	Control System	Comb Carrier	<input type="checkbox"/>
Drive Module (Escalator)	<input type="checkbox"/>	Drive System	Electrical System	<input type="checkbox"/>
Brake Module (Escalator)	<input type="checkbox"/>	Signalization	Deckings	<input type="checkbox"/>
Handrail Module (Escalator)	<input type="checkbox"/>	Peripheral Devices	Balustrades	<input type="checkbox"/>
Comb Plate Module (Escalator)	<input type="checkbox"/>		Power Supply	<input type="checkbox"/>
Guide Module (Escalator)	<input type="checkbox"/>		Others	<input type="checkbox"/>
Step Module (Escalator)	<input type="checkbox"/>			<input type="checkbox"/>

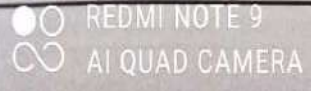
Technician's Remarks	Non-Kone Reason	
	<input type="checkbox"/> Y	<input type="checkbox"/>
	<input type="checkbox"/> Y	<input type="checkbox"/>
	<input type="checkbox"/> Y	<input type="checkbox"/>
	<input type="checkbox"/> Y	<input type="checkbox"/>
	<input type="checkbox"/> Y	<input type="checkbox"/>
	<input type="checkbox"/> Y	<input type="checkbox"/>

Additional Works/Parts Replaced

Customer Comments

Technician Name/Employee No. : <i>Imp / 60102134</i>	Technician Signature <i>[Signature]</i>
Customer Name	Customer Signature <i>[Signature]</i>
Route Supervisor Name	Route Supervisor Signature

KONE Customer Care Center Toll Free Number : 1800-425-4254 & 1800-425-4666



M N° 020500

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KONE Elevator India Private Ltd		Maintenance Report	
Building Name <i>University Building</i>	City/Town <i>Kurud</i>	Service Order Number <i>603225013</i>	Work Center <i>0202501</i>
Customer Contact Number <i>98111</i>	Planner Group <i>005</i>	Equipment Number <i>10784303</i>	Equipment ID <i>30170</i>
Plant Section	Product Type <input checked="" type="checkbox"/> Elevator <input type="checkbox"/> Escalator <input type="checkbox"/> Autowalk	Job Status <input checked="" type="checkbox"/> Closed <input type="checkbox"/> Not Closed	
Type of Visit <input checked="" type="checkbox"/> PM <input type="checkbox"/> Call Out <input type="checkbox"/> Repair <input type="checkbox"/> Audit	Date/Time of Call Out	Start Count Reading / Hour Meter Reading	

Technician Name	Travel Time	Arrival Date	Arrival Time	Restored Date	Restored Time
<i>AKS</i>		<i>17-06-18</i>	<i>7:00 PM</i>	<i>17-06-18</i>	<i>5</i>

Status on Arrival		Rectification Result	
<input type="checkbox"/> Running Correctly	<input type="checkbox"/> Running With Problem	<input checked="" type="checkbox"/> Equipment Running	
<input type="checkbox"/> Not Running-On level	<input type="checkbox"/> Not Running-Out of Level	<input type="checkbox"/> Equipment Running, not yet fixed	
<input type="checkbox"/> Not Running Escalator	<input type="checkbox"/> Entrapment	<input type="checkbox"/> Equipment not Running, not yet fixed	

Maintenance Module	Completed	Rectification Area		Completed
		Elevator	Escalator	
Basic Inspection	<input checked="" type="checkbox"/>	Guide Rails	Drive Station	<input type="checkbox"/>
Basic Module	<input type="checkbox"/>	Doors and Entrances	Track System	<input type="checkbox"/>
Shaft Module	<input checked="" type="checkbox"/>	M/C Room Equipments	Truss <i>NA 11:30</i>	<input type="checkbox"/>
Landing Door Module	<input type="checkbox"/>	Shaft Equipments	Safety Signs/Cladding	<input type="checkbox"/>
Door Operator Module	<input type="checkbox"/>	Car	Swirling	<input type="checkbox"/>
Control Panel Module	<input type="checkbox"/>	Car Sling	Handrail System	<input type="checkbox"/>
Machine Module	<input type="checkbox"/>	Counter Weight	Step Band	<input type="checkbox"/>
Signalization Module	<input type="checkbox"/>	Rope Assemblies	Floor Plate	<input type="checkbox"/>
MX Module	<input type="checkbox"/>	Control System	Comb Carrier	<input type="checkbox"/>
Drive Module (Escalator)	<input type="checkbox"/>	Drive System	Electrical System	<input type="checkbox"/>
Brake Module (Escalator)	<input type="checkbox"/>	Signalization	Deckings	<input type="checkbox"/>
Handrail Module (Escalator)	<input type="checkbox"/>	Peripheral Devices	Balustrades	<input type="checkbox"/>
Comb Plate Module (Escalator)	<input type="checkbox"/>		Power Supply	<input type="checkbox"/>
Guide Module (Escalator)	<input type="checkbox"/>		Others	<input type="checkbox"/>
Step Module (Escalator)	<input type="checkbox"/>			<input type="checkbox"/>

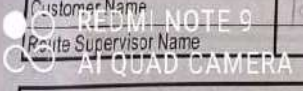
Technician's Remarks	Non-Kone Reas
	<input type="checkbox"/> Y <input type="checkbox"/>
	<input type="checkbox"/> Y <input type="checkbox"/>
	<input type="checkbox"/> Y <input type="checkbox"/>
	<input type="checkbox"/> Y <input type="checkbox"/>
	<input type="checkbox"/> Y <input type="checkbox"/>
	<input type="checkbox"/> Y <input type="checkbox"/>

Additional Works/Parts Replaced

Customer Comments

Technician Name/Employee No. : <i>AKS / 40107494</i>	Technician Signature <i>AKS</i>
Customer Name <i>KIM S DU KRANIP</i>	Customer Signature <i>[Signature]</i>
Route Supervisor Name	Route Supervisor Signature

KONE Customer Care Center Toll Free Number : 1800-425-4254 & 1800-425-4666



030129

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Elevator India Private Ltd

Maintenance Report

Customer Contact Number: Krishna University
 City/Town: Kuvempur
 Product Type: Elevator
 Service Order Number: 222 700
 Date/Time of Call Out: 06/08/15
 Work Center: 222 700
 Start Count Reading / Hour: 10 x 10
 Call Out: Repair
 Meter Reading: 10 x 10
 Equipment Number: 222 700
 Equipment ID: 222 700
 Job Status: Closed

Technician Name: S K Dande
 Travel Time: 10 x 10
 Arrival Date: 06/08/15
 Arrival Time: 12:30
 Restored Date: 06/08/15
 Restored Time: 12:30

Status on Arrival:
 Running Correctly
 Not Running-On level
 Not Running-Escalator
 Running With Problems
 Not Running-Out of Level
 Entrapment

Rectification Result:
 Equipment Running
 Equipment Running, not yet fixed
 Equipment not Running, not yet fixed

Maintenance Module	Completed	Rectification Area		Completed
		Elevator	Escalator	
Basic Inspection	<input type="checkbox"/>	Guide Rails	Drive Station	<input type="checkbox"/>
Basic Module	<input type="checkbox"/>	Doors and Entrances	Track System	<input type="checkbox"/>
Shaft Module	<input type="checkbox"/>	M/C Room Equipments	Truss	<input type="checkbox"/>
Landing Door Module	<input type="checkbox"/>	Shaft Equipments	Safety Signs/Cladding	<input type="checkbox"/>
Door Operator Module	<input type="checkbox"/>	Car	Skirting	<input type="checkbox"/>
Control Panel Module	<input type="checkbox"/>	Car Sling	Handrail System	<input type="checkbox"/>
Machine Module	<input type="checkbox"/>	Counter Weight	Step Band	<input type="checkbox"/>
Signalization Module	<input type="checkbox"/>	Rope Assemblies	Floor Plate	<input type="checkbox"/>
MX Module	<input type="checkbox"/>	Control System	Comb Carrier	<input type="checkbox"/>
Drive Module (Escalator)	<input type="checkbox"/>	Drive System	Electrical System	<input type="checkbox"/>
Brake Module (Escalator)	<input type="checkbox"/>	Signalization	Deckings	<input type="checkbox"/>
Handrail Module (Escalator)	<input type="checkbox"/>	Peripheral Devices	Balustrades	<input type="checkbox"/>
Comb Plate Module (Escalator)	<input type="checkbox"/>		Power Supply	<input type="checkbox"/>
Guide Module (Escalator)	<input type="checkbox"/>		Others	<input type="checkbox"/>
Step Module (Escalator)	<input type="checkbox"/>			<input type="checkbox"/>

Technician's Remarks:
 * 054 Cover Adjustment
 2nd floor car call button Adjustment
 Lift Running ok

Non-Kone Reason:
 Y N
 Y N
 Y N
 Y N
 Y N
 Y N

Additional Works/Parts Replaced

Customer Comments

Technician Name/Employee No.: Suresh Dande / 40104014
 Customer Name: KRMDC - Kuvempur
 Technician Signature: [Signature]
 Customer Signature: [Signature]
 Route Supervisor Signature: [Signature]

The main machine room maintenance work should be done on machines on

Nº 077691

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KONE Elevator India Private Ltd

Maintenance Report

Building Name <i>University Building</i>	City / Town <i>Hyderabad</i>
Customer Contact Number <i>01-2611111</i>	Service Order Number <i>01-2611111</i>
Plant Section <i>Building</i>	Work Center <i>01-2611111</i>
Product Type <input checked="" type="checkbox"/> Elevator <input type="checkbox"/> Escalator <input type="checkbox"/> AutoWalk	Equipment Number <i>01-2611111</i>
Type of Visit <input checked="" type="checkbox"/> PM <input type="checkbox"/> Call Out <input type="checkbox"/> Repair <input type="checkbox"/> Audit	Equipment ID <i>01-2611111</i>
Date/Time of Call Out	Job Status <input checked="" type="checkbox"/> Closed <input type="checkbox"/> Not Closed
Start Count Reading / Hour Meter Reading	

Technician Name	Travel Time	Arrival Date	Arrival Time	Restored Date	Restored Time
<i>[Signature]</i>	<i>15 min</i>	<i>01-06-19</i>	<i>11:30 am</i>	<i>01-06-19</i>	<i>6:30 am</i>

Status on Arrival <input checked="" type="checkbox"/> Running Correctly <input type="checkbox"/> Running With Problem <input type="checkbox"/> Not Running-On level <input type="checkbox"/> Not Running-Out of Level <input type="checkbox"/> Not Running-Escalator <input type="checkbox"/> Entrapment		Rectification Result <input type="checkbox"/> Equipment Running <input type="checkbox"/> Equipment Running, not yet fixed <input type="checkbox"/> Equipment not Running, not yet fixed	
--	--	---	--

Maintenance Module	Completed	Rectification Area		Completed
		Elevator	Escalator	
Basic Inspection	<input checked="" type="checkbox"/>	Guide Rails	Drive Station	<input type="checkbox"/>
Basic Module	<input type="checkbox"/>	Doors and Entrances	Track System	<input type="checkbox"/>
Shaft Module	<input type="checkbox"/>	M/C Room Equipments	Triss	<input type="checkbox"/>
Landing Door Module	<input type="checkbox"/>	Shaft Equipments	Safety Signal/Cladding	<input type="checkbox"/>
Door Operator Module	<input type="checkbox"/>	Car	Skirting	<input type="checkbox"/>
Control Panel Module	<input type="checkbox"/>	Car Sing	Handrail System	<input type="checkbox"/>
Machine Module	<input type="checkbox"/>	Counter Weight	Step Band	<input type="checkbox"/>
Signalization Module	<input checked="" type="checkbox"/>	Rope Assemblies	Floor Plate	<input type="checkbox"/>
MX Module	<input type="checkbox"/>	Control System	Comb Carrier	<input type="checkbox"/>
Drive Module (Escalator)	<input type="checkbox"/>	Drive System	Electrical System	<input type="checkbox"/>
Brake Module (Escalator)	<input type="checkbox"/>	Signalization	Deckings	<input type="checkbox"/>
General Module (Escalator)	<input type="checkbox"/>	Peripheral Devices	Balustrades	<input type="checkbox"/>
Comb Plate Module (Escalator)	<input type="checkbox"/>		Power Supply	<input type="checkbox"/>
Guide Module (Escalator)	<input type="checkbox"/>		Others	<input type="checkbox"/>
Step Module (Escalator)	<input type="checkbox"/>			<input type="checkbox"/>

Technician's Remarks	Non-Kone Reason	
	<input type="checkbox"/> Y	<input type="checkbox"/> N
<i>① All safety point checked functioning working ok now</i>	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N

Additional Works/Parts Replaced

[Blank]

Other Comments

has to replace the regular batteries of all car

University

Technician Name/Employee No. : <i>OMP / 40102699</i>	Technician Signature <i>[Signature]</i>
Name	Customer Signature <i>[Signature]</i>
Supervisor Name	Route Supervisor Signature <i>[Signature]</i>

Customer Care Center Toll Free Number : 1800-425-4254 & 1800-425-4666

REDMI NOTE 9

KESV/F001/C

Machine
could
in the
room
has on

No: 077062

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KONE Elevator India Private Ltd Maintenance Report

Building Name: University Building City/Town: Vardol
 Customer Contact Number: 50160 Service Order Number: 25/2040
 Plant Section: Motor Work Center: 2010401
 Product Type: Elevator Planner Group: Doc Equipment Number: 2010401
 Type of Visit: Elevator Escalator Autowalk Call Out Repair Audit Job Status: Closed Not Closed
 Date/Time of Call Out: PM AM
 Start Count Reading / Hour: Meter Reading:

Technician Name	Travel Time	Arrival Date	Arrival Time	Restored Date	Restored Time
<u>P. J. K. Thomas</u>	<u>30 min</u>	<u>20-06-15</u>	<u>2:00 PM</u>	<u>20-06-15</u>	<u>3:15 PM</u>

Status on Arrival

Running Correctly Running With Problem

Not Running-On level Not Running-Out of Level

Not Running-Escalator Entrapment

Rectification Result

Equipment Running

Equipment Running, not yet fixed

Equipment not Running, not yet fixed

Maintenance Module	Completed	Rectification Area		Completed
		Elevator	Escalator	
Basic Inspection	<input checked="" type="checkbox"/>	Guide Rails	Drive Station	<input type="checkbox"/>
Basic Module	<input type="checkbox"/>	Doors and Entrances	Track System	<input type="checkbox"/>
Shaft Module	<input type="checkbox"/>	M/C Room Equipments	Truss	<input type="checkbox"/>
Landing Door Module	<input type="checkbox"/>	Shaft Equipments	Safety Signs/Cladding	<input type="checkbox"/>
Door Operator Module	<input type="checkbox"/>	Car	Skirting	<input type="checkbox"/>
Control Panel Module	<input type="checkbox"/>	Car Sling	Handrail System	<input type="checkbox"/>
Machine Module	<input checked="" type="checkbox"/>	Counter Weight	Step Band	<input type="checkbox"/>
Signalization Module	<input type="checkbox"/>	Rope Assemblies	Floor Plate	<input type="checkbox"/>
MX Module	<input type="checkbox"/>	Control System	Comb Carrier	<input type="checkbox"/>
Drive Module (Escalator)	<input type="checkbox"/>	Drive System	Electrical System	<input type="checkbox"/>
Brake Module (Escalator)	<input type="checkbox"/>	Signalization	Deckings	<input type="checkbox"/>
Handrail Module (Escalator)	<input type="checkbox"/>	Peripheral Devices	Balustrades	<input type="checkbox"/>
Comb Plate Module (Escalator)	<input type="checkbox"/>		Power Supply	<input type="checkbox"/>
Guide Module (Escalator)	<input type="checkbox"/>		Others	<input type="checkbox"/>
Step Module (Escalator)	<input type="checkbox"/>			<input type="checkbox"/>

Technician's Remarks	Non-Kone Reason
<u>S</u>	<input type="checkbox"/> Y <input type="checkbox"/>
	<input type="checkbox"/> Y <input type="checkbox"/>
	<input type="checkbox"/> Y <input type="checkbox"/>
	<input type="checkbox"/> Y <input type="checkbox"/>
	<input type="checkbox"/> Y <input type="checkbox"/>
	<input type="checkbox"/> Y <input type="checkbox"/>

Additional Works/Parts Replaced

(1) All safety checked & landing working ok. now.

Customer Comments

S

Technician Name/Employee No.:	<u>IMP/ 40106199</u>	Technician Signature	<u>[Signature]</u>
Customer Name	<u>P. J. K. Thomas</u>	Customer Signature	<u>[Signature]</u>
Route Supervisor Name		Route Supervisor Signature	

KONE Customer Care Center Toll Free Number : 1800-425-4254 & 1800-425-4666



KESV

2016

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KONE

KONE Elevator India Private Ltd

Maintenance Report

Building Name: Leisure City, Indira Nagar

Customer Contact Number: 110105228

Plant Section: 110105228

Product Type: Elevator Escalator Planer Group Airtask

Type of Visit: PM Call Out Repair Audit

Date/Time of Call Out: 11/01/16 11:00

Start Count Reading / Hour: 0000000000

Meter Reading: 0000000000

City / Town: Delhi

Service Order Number: 110105228

Work Center: 110105228

Equipment Number: 110105228

Equipment ID: 110105228

Job Status: Closed Not Closed

Technician Name	Travel Time	Arrival Date	Arrival Time	Restored Date	Restored Time
<u>110105228</u>	<u>110105228</u>	<u>11/01/16</u>	<u>11:00</u>	<u>11/01/16</u>	<u>11:00</u>

Status on Arrival

Running Correctly Running With Problems

Not Running-On level Not Running-Out of Level

Not Running-Escalator Entrapment

Rectification Result

Equipment Running

Equipment Running, not yet fixed

Equipment not Running, not yet fixed

Maintenance Module	Completed	Rectification Area		Completed
		Elevator	Escalator	
Basic Inspection	<input type="checkbox"/>	Guide Rails	Drive Station	<input type="checkbox"/>
Basic Module	<input type="checkbox"/>	Doors and Entrances	Track System	<input type="checkbox"/>
Shaft Module	<input type="checkbox"/>	M/C Room Equipments	Truss	<input type="checkbox"/>
Landing Door Module	<input type="checkbox"/>	Shaft Equipments	Safety Signs/Cladding	<input type="checkbox"/>
Door Operator Module	<input type="checkbox"/>	Car	Skirting	<input type="checkbox"/>
Control Panel Module	<input type="checkbox"/>	Car Sling	Handrail System	<input type="checkbox"/>
Machine Module	<input type="checkbox"/>	Counter Weight	Step Band	<input type="checkbox"/>
Signalization Module	<input type="checkbox"/>	Rope Assemblies	Floor Plate	<input type="checkbox"/>
MX Module	<input type="checkbox"/>	Control System	Comb Carrier	<input type="checkbox"/>
Drive Module (Escalator)	<input type="checkbox"/>	Drive System	Electrical System	<input type="checkbox"/>
Brake Module (Escalator)	<input type="checkbox"/>	Signalization	Deckings	<input type="checkbox"/>
Handrail Module (Escalator)	<input type="checkbox"/>	Peripheral Devices	Balustrades	<input type="checkbox"/>
Comb Plate Module (Escalator)	<input type="checkbox"/>		Power Supply	<input type="checkbox"/>
Guide Module (Escalator)	<input type="checkbox"/>		Others	<input type="checkbox"/>
Step Module (Escalator)	<input type="checkbox"/>			<input type="checkbox"/>

Technician's Remarks	Non-Kone Reason
<u>* previous problem etc</u>	<input type="checkbox"/> Y <input type="checkbox"/> N
<u>* lift working ok</u>	<input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/> Y <input type="checkbox"/> N

Additional Works/Parts Replaced

Customer Comments

Please provide MKD / UPS back up for this

to Elevator

Technician Name/Employee No.:	<u>Runeel - 110105228</u>	Technician Signature	<u>[Signature]</u>
Customer Name		Customer Signature	<u>[Signature]</u>
Route Supervisor Name		Route Supervisor Signature	<u>[Signature]</u>

KONE Customer Care Center Toll Free Number : 1800 108 1234 / 1800 425 4254

KESV/F001/1

A N° 008120

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KONE Elevator India Private Ltd Maintenance Report

Building Name	University Building	City / Town	Katol
Customer Contact Number		Service Order Number	008120
Plant Section		Work Center	
Product Type	<input type="checkbox"/> Elevator <input type="checkbox"/> Escalator <input type="checkbox"/> Autowalk	Equipment Number	
Type of Visit	<input type="checkbox"/> PM <input type="checkbox"/> Call Out <input type="checkbox"/> Repair	Equipment ID	
Date/Time of Call Out		Job Status	<input type="checkbox"/> Closed <input type="checkbox"/> Not Closed
Start Count Reading / Hour			
Meter Reading	□□□□□□□□□□		

Technician Name	Travel Time	Arrival Date	Arrival Time	Restored Date	Restored Time

Status on Arrival		Rectification Result	
<input type="checkbox"/> Running Correctly	<input type="checkbox"/> Running With Problem	<input type="checkbox"/> Equipment Running	
<input type="checkbox"/> Not Running-On level	<input type="checkbox"/> Not Running-Out of Level	<input type="checkbox"/> Equipment Running, not yet fixed	
<input type="checkbox"/> Not Running-Escalator	<input type="checkbox"/> Entrapment	<input type="checkbox"/> Equipment not Running, not yet fixed	

Maintenance Module	Completed	Rectification Area		Completed
		Elevator	Escalator	
Basic Inspection	<input type="checkbox"/>	Guide Rails	Drive Station	<input type="checkbox"/>
Basic Module	<input type="checkbox"/>	Doors and Entrances	Track System	<input type="checkbox"/>
Shaft Module	<input type="checkbox"/>	M/C Room Equipments	Truss	<input type="checkbox"/>
Landing Door Module	<input checked="" type="checkbox"/>	Shaft Equipments	Safety Signs/Cladding	<input type="checkbox"/>
Door Operator Module	<input type="checkbox"/>	Car	Skirting	<input type="checkbox"/>
Control Panel Module	<input type="checkbox"/>	Car Sling	Handrail System	<input type="checkbox"/>
Machine Module	<input type="checkbox"/>	Counter Weight	Step Band	<input type="checkbox"/>
Signalization Module	<input type="checkbox"/>	Rope Assemblies	Floor Plate	<input type="checkbox"/>
MX Module	<input type="checkbox"/>	Control System	Comb Carrier	<input type="checkbox"/>
Drive Module (Escalator)	<input type="checkbox"/>	Drive System	Electrical System	<input type="checkbox"/>
Brake Module (Escalator)	<input type="checkbox"/>	Signalization	Deckings	<input type="checkbox"/>
Handrail Module (Escalator)	<input type="checkbox"/>	Peripheral Devices	Balustrades	<input type="checkbox"/>
Comb Plate Module (Escalator)	<input type="checkbox"/>		Power Supply	<input type="checkbox"/>
Guide Module (Escalator)	<input type="checkbox"/>		Others	<input type="checkbox"/>
Step Module (Escalator)	<input type="checkbox"/>			<input type="checkbox"/>

Technician's Remarks	Non-Kone Reason	
* Basic inspection + landing door module carried out etc	<input type="checkbox"/> Y	<input type="checkbox"/>
	<input type="checkbox"/> Y	<input type="checkbox"/>
	<input type="checkbox"/> Y	<input type="checkbox"/>
* Lift running, etc	<input type="checkbox"/> Y	<input type="checkbox"/>
	<input type="checkbox"/> Y	<input type="checkbox"/>
	<input type="checkbox"/> Y	<input type="checkbox"/>

Additional Works/Parts Replaced

Customer Comments

Plz. request UPS for above M/C.

F No 051019

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KONE Elevator India Private Ltd		Maintenance Report	
Building Name	University Building K. J. Somaiya Institute	City / Town	Mumbai
Customer Contact Number		Service Order Number	6211150
Plant Section		Work Center	
Product Type	<input checked="" type="checkbox"/> Elevator <input type="checkbox"/> Escalator <input type="checkbox"/> Autowalk	Equipment Number	6211150
Type of Visit	<input checked="" type="checkbox"/> PM <input type="checkbox"/> Call Out <input type="checkbox"/> Repair <input type="checkbox"/> Audit	Equipment ID	
Date/Time of Call Out	20/11/2016	Job Status	<input checked="" type="checkbox"/> Closed <input type="checkbox"/> Not Closed
Start Count Reading / Hour			
Meier Reading			

Technician Name	Travel Time	Arrival Date	Arrival Time	Restored Date	Restored Time

<input type="checkbox"/> Running Correctly	<input type="checkbox"/> Running With Problem	<input type="checkbox"/> Equipment Running
<input type="checkbox"/> Not Running-On level	<input type="checkbox"/> Not Running-Out of Level	<input type="checkbox"/> Equipment Running, not yet fixed
<input type="checkbox"/> Not Running-Escalator	<input type="checkbox"/> Entrapment	<input type="checkbox"/> Equipment not Running, not yet fixed

Maintenance Module	Completed	Rectification Area		Completed
		Elevator	Escalator	
Visual Inspection	<input checked="" type="checkbox"/>	Guide Rails	Drive Station	<input type="checkbox"/>
Basic Module	<input type="checkbox"/>	Doors and Entrances	Track System	<input type="checkbox"/>
Shaft Module	<input type="checkbox"/>	M/C Room Equipments	Truss	<input type="checkbox"/>
Landing Door Module	<input type="checkbox"/>	Shaft Equipments	Safety Signs/Cladding	<input type="checkbox"/>
Door Operator Module	<input type="checkbox"/>	Car	Skirting	<input type="checkbox"/>
Control Panel Module	<input type="checkbox"/>	Car Slings	Handrail System	<input type="checkbox"/>
Machine Module	<input type="checkbox"/>	Counter Weight	Step Band	<input type="checkbox"/>
Signalization Module	<input checked="" type="checkbox"/>	Rope Assemblies	Floor Plate	<input type="checkbox"/>
MX Module	<input type="checkbox"/>	Control System	Comb Carrier	<input type="checkbox"/>
Drive Module (Escalator)	<input type="checkbox"/>	Drive System	Electrical System	<input type="checkbox"/>
Brake Module (Escalator)	<input type="checkbox"/>	Signalization	Deckings	<input type="checkbox"/>
Handrail Module (Escalator)	<input type="checkbox"/>	Peripheral Devices	Balustrades	<input type="checkbox"/>
Comb Plate Module (Escalator)	<input type="checkbox"/>		Power Supply	<input type="checkbox"/>
Guide Module (Escalator)	<input type="checkbox"/>		Others	<input type="checkbox"/>
Step Module (Escalator)	<input type="checkbox"/>			<input type="checkbox"/>

Technician's Remarks	Non-Kone Reason	
At Elevator service (PM) with Basic module. Unit is running ok after check. Escalator now running smoothly.	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N

Additional Works/Parts Replaced

Customer Comments

Technician Name/Employee No.:	Anirash Madam	Technician Signature	<i>[Signature]</i>
Customer Name	Jaykumar Narayan Patil	Customer Signature	<i>[Signature]</i>
Route Supervisor Name		Route Supervisor Signature	

B N^o 010486

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KONE Elevator India Private Ltd		Maintenance Report	
Building Name	University Building	City / Town	Karachi
Customer Contact Number		Service Order Number	102
Plant Section	1-11	Work Center	
Product Type	<input type="checkbox"/> Elevator <input type="checkbox"/> Escalator <input type="checkbox"/> Autowalk	Equipment Number	102/01201
Type of Visit	<input checked="" type="checkbox"/> PM <input type="checkbox"/> Call Out <input type="checkbox"/> Repair <input type="checkbox"/> Audit	Equipment ID	
Date/Time of Call Out		Job Status	<input type="checkbox"/> Closed <input type="checkbox"/> Not Closed
Start Count Reading / Hour			
Meter Reading			

Technician Name	Travel Time	Arrival Date	Arrival Time	Restored Date	Restored Time
Kunil		24/07/2016	01:05	24/07/2016	01:30

<input type="checkbox"/> Running Correctly	<input type="checkbox"/> Running With Problem	<input type="checkbox"/> Equipment Running
<input type="checkbox"/> Not Running-On level	<input type="checkbox"/> Not Running-Out of Level	<input type="checkbox"/> Equipment Running, not yet fixed
<input type="checkbox"/> Not Running-Escalator	<input type="checkbox"/> Entrapment	<input type="checkbox"/> Equipment not Running, not yet fixed

Maintenance Module	Completed	Rectification Area		Completed
		Elevator	Escalator	
Basic Inspection	<input type="checkbox"/>	Guide Rails	Drive Station	<input type="checkbox"/>
Basic Module	<input type="checkbox"/>	Doors and Entrances	Track System	<input type="checkbox"/>
Shaft Module	<input type="checkbox"/>	M/C Room Equipments	Truss	<input type="checkbox"/>
Landing Door Module	<input type="checkbox"/>	Shaft Equipments	Safety Signs/Cladding	<input type="checkbox"/>
Door Operator Module	<input type="checkbox"/>	Car	Skirting	<input type="checkbox"/>
Control Panel Module	<input checked="" type="checkbox"/>	Car Sling	Handrail System	<input type="checkbox"/>
Machine Module	<input checked="" type="checkbox"/>	Counter Weight	Step Band	<input type="checkbox"/>
Signalization Module	<input type="checkbox"/>	Rope Assemblies	Floor Plate	<input type="checkbox"/>
MX Module	<input type="checkbox"/>	Control System	Comb Carrier	<input type="checkbox"/>
Drive Module (Escalator)	<input type="checkbox"/>	Drive System	Electrical System	<input type="checkbox"/>
Brake Module (Escalator)	<input type="checkbox"/>	Signalization	Deckings	<input type="checkbox"/>
Handrail Module (Escalator)	<input type="checkbox"/>	Peripheral Devices	Balustrades	<input type="checkbox"/>
Comb Plate Module (Escalator)	<input type="checkbox"/>		Power Supply	<input type="checkbox"/>
Guide Module (Escalator)	<input type="checkbox"/>		Others	<input type="checkbox"/>
Step Module (Escalator)	<input type="checkbox"/>			<input type="checkbox"/>

Technician's Remarks	Non-Kone Reason	
*Basic inspection & machine module & control panel module carried out ok	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N

Additional Works/Parts Replaced

Customer Comments

Technician Name/Employee No.:	Kunil - 40103265	Technician Signature	
Customer Name	KIMS DU, Karachi	Customer Signature	
Route Supervisor Name		Route Supervisor Signature	

Nº 026778

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KONE Elevator India Private Ltd Maintenance Report

Building Name	Customer Contact Number		City / Town
Plant Section	Product Type	Planner Group	Service Order Number
Type of Visit	Date/Time of Call Out	Call Out Reason	Work Center
Start/Count Reading / Hour Meter Reading	Job Status	Equipment ID	Equipment Number
Technician Name	Travel Time	Arrival Date	Arrival Time
		Restored Date	Restored Time

<input type="checkbox"/> Running Correctly	<input type="checkbox"/> Running With Problem	<input type="checkbox"/> Equipment Running
<input type="checkbox"/> Not Running-Dr level	<input type="checkbox"/> Not Running-Out of Level	<input type="checkbox"/> Equipment Running, not yet fixed
<input type="checkbox"/> Not Running-Elevator	<input type="checkbox"/> Entrapment	<input type="checkbox"/> Equipment not running, not yet fixed

Maintenance Module	Completed	Rectification Area		Completed
		Elevator	Escalator	
Basic Inspection	<input type="checkbox"/>	Guide Rails	Drive Station	<input type="checkbox"/>
Basic Module	<input type="checkbox"/>	Doors and Entrances	Track System	<input type="checkbox"/>
Shaft Module	<input type="checkbox"/>	M/C Room Equipments	Truss	<input type="checkbox"/>
Landing Door Module	<input type="checkbox"/>	Shaft Equipments	Safety Signs/Cladding	<input type="checkbox"/>
Door Operator Module	<input type="checkbox"/>	Car	Skirting	<input type="checkbox"/>
Control Panel Module	<input type="checkbox"/>	Car Sling	Handrail System	<input type="checkbox"/>
Machine Module	<input type="checkbox"/>	Counter Weight	Step Band	<input type="checkbox"/>
Signalization Module	<input type="checkbox"/>	Rope Assemblies	Floor Plate	<input type="checkbox"/>
MX Module	<input type="checkbox"/>	Control System	Comb Carrier	<input type="checkbox"/>
Drive Module (Escalator)	<input type="checkbox"/>	Drive System	Electrical System	<input type="checkbox"/>
Brake Module (Escalator)	<input type="checkbox"/>	Signalization	Deckings	<input type="checkbox"/>
Handrail Module (Escalator)	<input type="checkbox"/>	Peripheral Devices	Balustrades	<input type="checkbox"/>
Comb Plate Module (Escalator)	<input type="checkbox"/>		Power Supply	<input type="checkbox"/>
Guide Module (Escalator)	<input type="checkbox"/>		Others	<input type="checkbox"/>
Step Module (Escalator)	<input type="checkbox"/>			<input type="checkbox"/>

Technician's Remarks	Non-Kone Reason	
* Basic inspection + shaft module carried out OK	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N

Additional Works/Parts Replaced

* lift condition, Normal Running.

Customer Comments

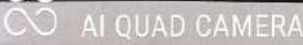
Work done

Technician Name/Employee No.:	Am. + 10106128	Technician Signature	<i>[Signature]</i>
Customer Name	RIMS DU. KAKAD	Customer Signature	<i>[Signature]</i>
Route Supervisor Name		Route Supervisor Signature	<i>[Signature]</i>

KONE Customer Care Center Toll Free Number : 1800-425-4254 & 1800-425-4666

KESV/F001/C/12

KONE Customer Care Center Toll Free Number : 1800 108 1234 / 1800 425 4254



KESV/F001/C/12

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gain the

B No. 010805

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KONE Elevator India Private Ltd Maintenance Report

Building Name <i>University building</i>	City / Town <i>Hydrabad</i>
Customer Contact Number <i>9849123456</i>	Service Order Number <i>010805</i>
Plant Section <i>Escalator</i>	Work Center <i>Hydrabad</i>
Product Type <input type="checkbox"/> Elevator <input checked="" type="checkbox"/> Escalator <input type="checkbox"/> Autowalk	Equipment Number <i>141201234</i>
Type of Visit <input type="checkbox"/> PM <input type="checkbox"/> Call Out <input type="checkbox"/> Repair <input type="checkbox"/> Audit	Equipment ID <i>141201234</i>
Date/Time of Call Out	Job Status <input type="checkbox"/> Closed <input type="checkbox"/> Not Closed
Start Count Reading / Hour	
Meter Reading	

Technician Name	Travel Time	Arrival Date	Arrival Time	Restored Date	Restored Time
<i>Uday Kumar</i>	<i>10:00</i>	<i>22/08/2016</i>	<i>11:00</i>	<i>22/08/2016</i>	<i>01:30</i>

Status on Arrival <input type="checkbox"/> Running Correctly <input type="checkbox"/> Not Running-On level <input type="checkbox"/> Not Running-Escalator	<input type="checkbox"/> Running With Problem <input type="checkbox"/> Not Running-Out of Level <input type="checkbox"/> Entrapment	Rectification Result <input type="checkbox"/> Equipment Running <input type="checkbox"/> Equipment Running, not yet fixed <input type="checkbox"/> Equipment not Running, not yet fixed
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Maintenance Module	Completed	Rectification Area		Completed
		Elevator	Escalator	
Basic Inspection	<input type="checkbox"/>	Guide Rails	Drive Station	<input type="checkbox"/>
Basic Module	<input type="checkbox"/>	Doors and Entrances	Track System	<input type="checkbox"/>
Shaft Module	<input type="checkbox"/>	M/C Room Equipments	Truss	<input type="checkbox"/>
Landing Door Module	<input type="checkbox"/>	Shaft Equipments	Safety Signs/Cladding	<input type="checkbox"/>
Door Operator Module	<input type="checkbox"/>	Car	Skirting	<input type="checkbox"/>
Control Panel Module	<input type="checkbox"/>	Car Slings	Handrail System	<input type="checkbox"/>
Machine Module	<input type="checkbox"/>	Counter Weight	Step Band	<input type="checkbox"/>
Signalization Module	<input type="checkbox"/>	Rope Assemblies	Floor Plate	<input type="checkbox"/>
MX Module	<input type="checkbox"/>	Control System	Comb Carrier	<input type="checkbox"/>
Drive Module (Escalator)	<input type="checkbox"/>	Drive System	Electrical System	<input type="checkbox"/>
Brake Module (Escalator)	<input type="checkbox"/>	Signalization	Deckings	<input type="checkbox"/>
Handrail Module (Escalator)	<input type="checkbox"/>	Peripheral Devices	Balustrades	<input type="checkbox"/>
Comb Plate Module (Escalator)	<input type="checkbox"/>		Power Supply	<input type="checkbox"/>
Guide Module (Escalator)	<input type="checkbox"/>		Others	<input type="checkbox"/>
Step Module (Escalator)	<input type="checkbox"/>			<input type="checkbox"/>

Technician's Remarks	Non-Kone Reason	
<i>* Basic inspection & landing door module checked out ok</i>	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N

Additional Works/Parts Replaced

Customer Comments

Technician Name/Employee No. : <i>Ganesh-40105263</i>	Technician Signature <i>[Signature]</i>
Customer Name <i>H. R. K. H. Hale</i>	Customer Signature <i>[Signature]</i>
Route Supervisor Name	Route Supervisor Signature

KONE Customer Care Center Toll Free Number : 1800-425-4254 & 1800-425-4666

REDMI NOTE 9
AI QUAD CAMERA

KESV/F
KESV/F

...the machine
...mechanic could
...and maintain the
...room

N^o 049096

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KONE Elevator India Private Ltd Maintenance Report

Building Name <i>University Building</i>	City / Town <i>Koat</i>
Customer Contact Number <i>12345678</i>	Service Order Number <i>12345678</i>
Plant Section <i>11</i>	Work Center <i>11</i>
Product Type <input checked="" type="checkbox"/> Elevator <input type="checkbox"/> Escalator <input type="checkbox"/> Autowalk	Equipment Number <i>60204503</i>
Type of Visit <input checked="" type="checkbox"/> PM <input type="checkbox"/> Call Out <input type="checkbox"/> Repair <input type="checkbox"/> Audit	Equipment ID
Date/Time of Call Out	Job Status <input checked="" type="checkbox"/> Closed <input type="checkbox"/> Not Closed
Start Count Reading / Hour	
Meter Reading	

Technician Name <i>A. T. Pillay</i>	Travel Time	Arrival Date <i>30/01/2016</i>	Arrival Time	Restored Date <i>30/01/2016</i>	Restored Time
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<input checked="" type="checkbox"/> Running - Correctly	<input type="checkbox"/> Running With Problem	<input checked="" type="checkbox"/> Equipment Running
<input type="checkbox"/> Not Running-On level	<input type="checkbox"/> Not Running-Out of Level	<input type="checkbox"/> Equipment Running, not yet fixed
<input type="checkbox"/> Not Running-Escalator	<input type="checkbox"/> Entrapment	<input type="checkbox"/> Equipment not Running, not yet fixed

Maintenance Module	Completed	Rectification Area		Completed
		Elevator	Escalator	
Basic Inspection	<input checked="" type="checkbox"/>	Guide Rails	Drive Station	<input type="checkbox"/>
Basic Module	<input type="checkbox"/>	Doors and Entrances	Track System	<input type="checkbox"/>
Shaft Module	<input type="checkbox"/>	M/C Room Equipments	Truss	<input type="checkbox"/>
Landing Door Module	<input type="checkbox"/>	Shaft Equipments	Safety Signs/Cladding	<input type="checkbox"/>
Door Operator Module	<input type="checkbox"/>	Car	Skirting	<input type="checkbox"/>
Control Panel Module	<input checked="" type="checkbox"/>	Car Sling	Handrail System	<input type="checkbox"/>
Machine Module	<input checked="" type="checkbox"/>	Counter Weight	Step Band	<input type="checkbox"/>
Signalization Module	<input type="checkbox"/>	Rope Assemblies	Floor Plate	<input type="checkbox"/>
MX Module	<input type="checkbox"/>	Control System	Comb Carrier	<input type="checkbox"/>
Drive Module (Escalator)	<input type="checkbox"/>	Drive System	Electrical System	<input type="checkbox"/>
Brake Module (Escalator)	<input type="checkbox"/>	Signalization	Deckings	<input type="checkbox"/>
Handrail Module (Escalator)	<input type="checkbox"/>	Peripheral Devices	Balustrades	<input type="checkbox"/>
Comb Plate Module (Escalator)	<input type="checkbox"/>		Power Supply	<input type="checkbox"/>
Guide Module (Escalator)	<input type="checkbox"/>		Others	<input type="checkbox"/>
Step Module (Escalator)	<input type="checkbox"/>			<input type="checkbox"/>

Technician's Remarks	Non-Kone Reason	
<i>Basic Inspection + Machine Module + Control Panel Module Carried out OK</i>	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N

Additional Works/Parts Replaced
fill up oil Cup & Guide Rails lubricated

Customer Comments

Technician Name/Employee No. : <i>Abhijit 60102169</i>	Technician Signature <i>(Signature)</i>
Customer Name	Customer Signature <i>(Signature)</i>
Route Supervisor Name	Route Supervisor Signature <i>(Signature)</i>

Z No 007898

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KONE Elevator India Private Ltd

Maintenance Report

Building Name <i>University Building</i>	City/Town <i>Karad</i>
Customer Contact Number	Service Order Number <i>13263714</i>
Plant Section	Work Center
Product Type <input checked="" type="checkbox"/> Elevator <input type="checkbox"/> Escalator <input type="checkbox"/> Autowalk	Equipment Number <i>67291503</i>
Type of Visit <input checked="" type="checkbox"/> PM <input type="checkbox"/> Call Out <input type="checkbox"/> Repair <input type="checkbox"/> Audit	Equipment ID
Date/Time of Call Out	Job Status <input checked="" type="checkbox"/> Closed <input type="checkbox"/> Not Closed
Start Count Reading / Hour	
Meter Reading	

Technician Name <i>A.S. Bhalerao</i>	Travel Time <i>1.30 hrs</i>	Arrival Date <i>30/05/2014</i>	Arrival Time	Restored Date <i>30/05/2014</i>	Restored Time
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<input type="checkbox"/> Running Correctly <input type="checkbox"/> Not Running-On level <input type="checkbox"/> Not Running-Escalator	<input type="checkbox"/> Running With Problem <input type="checkbox"/> Not Running-Out of Level <input type="checkbox"/> Entrapment	<input type="checkbox"/> Equipment Running <input type="checkbox"/> Equipment Running, not yet fixed <input type="checkbox"/> Equipment not Running, not yet fixed
---	---	--

Maintenance Module	Completed	Rectification Area		Completed
		Elevator	Escalator	
Basic Inspection	<input checked="" type="checkbox"/>	Guide Rails	Drive Station	<input type="checkbox"/>
Basic Module	<input type="checkbox"/>	Doors and Entrances	Track System	<input type="checkbox"/>
Shaft Module	<input type="checkbox"/>	M/C Room Equipments	Truss	<input type="checkbox"/>
Landing Door Module	<input type="checkbox"/>	Shaft Equipments	Safety Signs/Cloadding	<input type="checkbox"/>
Door Operator Module	<input checked="" type="checkbox"/>	Car	Skirting	<input type="checkbox"/>
Control Panel Module	<input type="checkbox"/>	Car Sling	Handrail System	<input type="checkbox"/>
Machine Module	<input type="checkbox"/>	Counter Weight	Step Band	<input type="checkbox"/>
Signalization Module	<input type="checkbox"/>	Rope Assemblies	Floor Plate	<input type="checkbox"/>
MX Module	<input type="checkbox"/>	Control System	Comb Carrier	<input type="checkbox"/>
Drive Module (Escalator)	<input type="checkbox"/>	Drive System	Electncal System	<input type="checkbox"/>
Brake Module (Escalator)	<input type="checkbox"/>	Signalization	Deckings	<input type="checkbox"/>
Handrail Module (Escalator)	<input type="checkbox"/>	Peripheral Devices	Balustrades	<input type="checkbox"/>
Comb Plate Module (Escalator)	<input type="checkbox"/>		Power Supply	<input type="checkbox"/>
Guide Module (Escalator)	<input type="checkbox"/>		Others	<input type="checkbox"/>
Step Module (Escalator)	<input type="checkbox"/>			<input type="checkbox"/>

Technician's Remarks	Non-Kone Reason	
<i>Basic Inspection + Door Operator Module Carried out ok.</i>	<input type="checkbox"/> Y	<input type="checkbox"/> N
<i>* Machine Shave Side Oil Leakage.</i>	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N

Additional Works/Parts Replaced

Done. fill up oil Cup & Guide Rails Lubricated

Customer Comments

1) lift buttons are jam.

2) On phase also on automatically with door.

Technician Name/Employee No. : <i>Khandekar101366y</i>	Technician Signature <i>[Signature]</i>
Customer Name	Customer Signature <i>[Signature]</i>
Route Supervisor Name	Route Supervisor Signature <i>[Signature]</i>

ONE Customer Care Center Toll Free Number : 1800-425-4254 & 1800-425-4666

2017

University Building

G No 080736

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3

KONE Elevator India Private Ltd Maintenance Report

Building Name	Krishna Institute of University	City / Town	Karad
Customer Contact Number	Mr. S. K. Engineer - 8706 594969	Service Order Number	259005105
Plant Section	JN 12	Work Center	282 DMG II
Product Type	<input checked="" type="checkbox"/> Elevator <input type="checkbox"/> Escalator <input type="checkbox"/> Autowalk	Equipment Number	40204503
Type of Visit	<input checked="" type="checkbox"/> PM <input type="checkbox"/> Call Out <input type="checkbox"/> Repair <input type="checkbox"/> Audit	Equipment ID	5170
Date/Time of Call Out		Job Status	<input checked="" type="checkbox"/> Closed <input type="checkbox"/> Not Closed
Start Count Reading / Hour			
Meter Reading			

Technician Name	Travel Time	Arrival Date	Arrival Time	Restored Date	Restored Time
Avinash	45 min	11/11/2017	9:20 am	11/11/2017	10:30

Status on Arrival

<input checked="" type="checkbox"/> Running Correctly	<input type="checkbox"/> Running With Problem	<input checked="" type="checkbox"/> Equipment Running
<input type="checkbox"/> Not Running-On level	<input type="checkbox"/> Not Running-Out of Level	<input type="checkbox"/> Equipment Running, not yet fixed
<input type="checkbox"/> Not Running-Escalator	<input type="checkbox"/> Entrapment	<input type="checkbox"/> Equipment not Running, not yet fixed

Maintenance Module	Completed	Rectification Area		Completed
		Elevator	Escalator	
Basic Inspection	<input type="checkbox"/>	Guide Rails	Drive Station	<input type="checkbox"/>
Basic Module	<input type="checkbox"/>	Doors and Entrances	Track System	<input type="checkbox"/>
Shaft Module	<input checked="" type="checkbox"/>	M/C Room Equipments	Truss	<input type="checkbox"/>
Landing Door Module	<input type="checkbox"/>	Shaft Equipments	Safety Signs/Cladding	<input type="checkbox"/>
Door Operator Module	<input type="checkbox"/>	Car	Skirting	<input type="checkbox"/>
Control Panel Module	<input type="checkbox"/>	Car Sling	Handrail System	<input type="checkbox"/>
Machine Module	<input type="checkbox"/>	Counter Weight	Step Band	<input type="checkbox"/>
Signalization Module	<input type="checkbox"/>	Rope Assemblies	Floor Plate	<input type="checkbox"/>
MX Module	<input type="checkbox"/>	Control System	Comb Carrier	<input type="checkbox"/>
Drive Module (Escalator)	<input type="checkbox"/>	Drive System	Electrical System	<input type="checkbox"/>
Brake Module (Escalator)	<input type="checkbox"/>	Signalization	Deckings	<input type="checkbox"/>
Handrail Module (Escalator)	<input type="checkbox"/>	Peripheral Devices	Balustrades	<input type="checkbox"/>
Comb Plate Module (Escalator)	<input type="checkbox"/>		Power Supply	<input type="checkbox"/>
Guide Module (Escalator)	<input type="checkbox"/>		Others	<input type="checkbox"/>
Step Module (Escalator)	<input type="checkbox"/>			<input type="checkbox"/>

Technician's Remarks	Non-Kone Reason
* preventive maintenance service done	<input type="checkbox"/> Y <input type="checkbox"/> N
* Fan alarm interference check working ok	<input type="checkbox"/> Y <input type="checkbox"/> N
* Emergency light, check working ok	<input type="checkbox"/> Y <input type="checkbox"/> N
* Emergency check working ok	<input type="checkbox"/> Y <input type="checkbox"/> N
* All landing & car contact safety checks	<input type="checkbox"/> Y <input type="checkbox"/> N

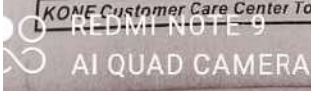
Additional Works/Parts Replaced

ok

* lubrication oil both L/R

Customer Comments

Technician Name/Employee No.:	Avinash Kholapuri	Technician Signature	<i>Avinash</i>
Customer Name	Mr. Bhanubhai sir	Customer Signature	<i>Bhanubhai</i>
Route Supervisor Name	Mr. T. D. Patil	Route Supervisor Signature	



Machine
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D No: 185876

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KONE Elevator India Private Ltd		Maintenance Report	
Building Name	DT. Bhubaneswar Building	City / Town	Bhubaneswar
Customer Contact Number		Service Order Number	15 0078 250
Plant Section		Work Center	31 0116 11
Product Type	<input type="checkbox"/> Elevator <input type="checkbox"/> Escalator <input type="checkbox"/> Autowalk	Equipment Number	40-0116-2
Type of Visit	<input checked="" type="checkbox"/> PM <input type="checkbox"/> Call Out <input type="checkbox"/> Repair <input type="checkbox"/> Audit	Equipment ID	00120
Date/Time of Call Out		Job Status	<input checked="" type="checkbox"/> Closed <input type="checkbox"/> Not Closed
Start Count Reading / Hour			
Meter Reading	□□□□□□□□□□		

Technician Name	Travel Time	Arrival Date	Arrival Time	Restored Date	Restored Time
Avinash		14/7/2017	11:00	14/7/2017	12:30

Status on Arrival		Rectification Result	
<input type="checkbox"/> Running Correctly	<input type="checkbox"/> Running With Problem	<input type="checkbox"/> Equipment Running	
<input type="checkbox"/> Not Running-On level	<input type="checkbox"/> Not Running-Out of Level	<input type="checkbox"/> Equipment Running, not yet fixed	
<input type="checkbox"/> Not Running-Escalator	<input type="checkbox"/> Entrapment	<input type="checkbox"/> Equipment not Running, not yet fixed	

Maintenance Module	Completed	Rectification Area		Completed
		Elevator	Escalator	
Basic Inspection	<input checked="" type="checkbox"/>	Guide Rails	Drive Station	<input type="checkbox"/>
Basic Module	<input type="checkbox"/>	Doors and Entrances	Track System	<input type="checkbox"/>
Shaft Module	<input type="checkbox"/>	M/C Room Equipments	Truss	<input type="checkbox"/>
Landing Door Module	<input type="checkbox"/>	Shaft Equipments	Safety Signs/Cladding	<input type="checkbox"/>
Door Operator Module	<input type="checkbox"/>	Car	Skirting	<input type="checkbox"/>
Control Panel Module	<input type="checkbox"/>	Car Sling	Handrail System	<input type="checkbox"/>
Machine Module	<input type="checkbox"/>	Counter Weight	Step Band	<input type="checkbox"/>
Signalization Module	<input type="checkbox"/>	Rope Assemblies	Floor Plate	<input type="checkbox"/>
MX Module	<input type="checkbox"/>	Control System	Comb Carrier	<input type="checkbox"/>
Drive Module (Escalator)	<input type="checkbox"/>	Drive System	Electrical System	<input type="checkbox"/>
Brake Module (Escalator)	<input type="checkbox"/>	Signalization	Deckings	<input type="checkbox"/>
Handrail Module (Escalator)	<input type="checkbox"/>	Peripheral Devices	Balustrades	<input type="checkbox"/>
Comb Plate Module (Escalator)	<input type="checkbox"/>		Power Supply	<input type="checkbox"/>
Guide Module (Escalator)	<input type="checkbox"/>		Others	<input type="checkbox"/>
Step Module (Escalator)	<input type="checkbox"/>			<input type="checkbox"/>

Technician's Remarks	Non-Kone Reason	
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	* preventive maintenance service done	
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	* fan, light, Alarm, Intecom,	
	<input type="checkbox"/> Y	<input type="checkbox"/> N
Emergency light check ok.		
<input type="checkbox"/> Y	<input type="checkbox"/> N	
<input type="checkbox"/> Y	<input type="checkbox"/> N	

Additional Works/Parts Replaced

* Lubrication oil 500ml

* lift working normal condition

Customer Comments

* ok!

Technician Name/Employee No.:	Avinash 4010941	Technician Signature	<i>Avinash</i>
Customer Name	Mr. bhambare gir	Customer Signature	<i>Avinash</i>
Life Support Name	Mr. T.S. Jadhav	Route Supervisor Signature	

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KONE Elevator India Private Ltd		Maintenance Report	
Building Name	krishna hospital university bldg	City / Town	bangalore
Customer Contact Number		Service Order Number	
Plant Section	TN/12	Planner Group	2016/11
Product Type	<input type="checkbox"/> Elevator <input type="checkbox"/> Escalator <input type="checkbox"/> Autowalk	Work Center	2016/11/11
Type of Visit	<input checked="" type="checkbox"/> PM <input type="checkbox"/> Call Out <input type="checkbox"/> Repair <input type="checkbox"/> Audit	Equipment Number	2016/11/11
Date/Time of Call Out		Equipment ID	2016/11/11
Start Count Reading / Hour Meter Reading		Job Status	<input type="checkbox"/> Closed <input type="checkbox"/> Not Closed

Technician Name	Travel Time	Arrival Date	Arrival Time	Restored Date	Restored Time
Durush	40 min	21/11/2017	9:30	21/11/2017	10:30

Status on Arrival		Rectification Result	
<input checked="" type="checkbox"/> Running Correctly	<input type="checkbox"/> Running With Problem	<input type="checkbox"/> Equipment Running	
<input type="checkbox"/> Not Running-On level	<input type="checkbox"/> Not Running-Out of Level	<input type="checkbox"/> Equipment Running, not yet fixed	
<input type="checkbox"/> Not Running-Escalator	<input type="checkbox"/> Entrapment	<input type="checkbox"/> Equipment not Running, not yet fixed	

Maintenance Module	Completed	Rectification Area		Completed
		Elevator	Escalator	
Basic Inspection	<input type="checkbox"/>	Guide Rails	Drive Station	<input type="checkbox"/>
Basic Module	<input type="checkbox"/>	Doors and Entrances	Track System	<input type="checkbox"/>
Shaft Module	<input type="checkbox"/>	M/C Room Equipments	Truss	<input type="checkbox"/>
Landing Door Module	<input type="checkbox"/>	Shaft Equipments	Safety Signs/Cladding	<input type="checkbox"/>
Door Operator Module	<input type="checkbox"/>	Car	Skirting	<input type="checkbox"/>
Control Panel Module	<input type="checkbox"/>	Car Sling	Handrail System	<input type="checkbox"/>
Machine Module	<input type="checkbox"/>	Counter Weight	Step Band	<input type="checkbox"/>
Signalization Module	<input type="checkbox"/>	Rope Assemblies	Floor Plate	<input type="checkbox"/>
MX Module	<input type="checkbox"/>	Control System	Comb Carrier	<input type="checkbox"/>
Drive Module (Escalator)	<input type="checkbox"/>	Drive System	Electrical System	<input type="checkbox"/>
Brake Module (Escalator)	<input type="checkbox"/>	Signalization	Deckings	<input type="checkbox"/>
Handrail Module (Escalator)	<input type="checkbox"/>	Peripheral Devices	Balustrades	<input type="checkbox"/>
Comb Plate Module (Escalator)	<input type="checkbox"/>		Power Supply	<input type="checkbox"/>
Guide Module (Escalator)	<input type="checkbox"/>		Others	<input type="checkbox"/>
Step Module (Escalator)	<input type="checkbox"/>			<input type="checkbox"/>

Technician's Remarks	Non-Kone Reason	
* preventive maintenance service done	<input type="checkbox"/> Y	<input type="checkbox"/> N
* (over) oiling / lubrication check etc	<input type="checkbox"/> Y	<input type="checkbox"/> N
* all landing & car call buttons work & checked etc	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N

Additional Works/Parts Replaced

* now lift is running normally
 * lubrication oil lift etc

Customer Comments

Technician Name/Employee No. :	Murali Subramanian	Technician Signature	
Customer Name	...	Customer Signature	
...	...	Route Supervisor Signature	

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KONE Elevator India Private Ltd		Maintenance Report	
Building Name	University Building	City / Town	Kanpur
Customer Contact Number		Service Order Number	655288142
Plant Section	JN12	Planner Group	282 DMG 11
Product Type	<input checked="" type="checkbox"/> Elevator <input type="checkbox"/> Escalator <input type="checkbox"/> Autowalk	Work Center	282 DMG 11
Type of Visit	<input checked="" type="checkbox"/> PM <input type="checkbox"/> Call Out <input type="checkbox"/> Repair <input type="checkbox"/> Audit	Equipment Number	40204503
Date/Time of Call Out		Equipment ID	50130
Start Count Reading / Hour		Job Status	<input checked="" type="checkbox"/> Closed <input type="checkbox"/> Not Closed
Meter Reading			

Technician Name	Travel Time	Arrival Date	Arrival Time	Restored Date	Restored Time
Anirash		24/8/2017	9:00	24/8/2017	10:40

Status on Arrival		Rectification Result	
<input checked="" type="checkbox"/> Running Correctly	<input type="checkbox"/> Running With Problem	<input checked="" type="checkbox"/> Equipment Running	
<input type="checkbox"/> Not Running-On level	<input type="checkbox"/> Not Running-Out of Level	<input type="checkbox"/> Equipment Running, not yet fixed	
<input type="checkbox"/> Not Running-Escalator	<input type="checkbox"/> Entrapment	<input type="checkbox"/> Equipment not Running, not yet fixed	

Maintenance Module	Completed	Rectification Area		Completed
		Elevator	Escalator	
Basic Inspection	<input checked="" type="checkbox"/>	Guide Rails	Drive Station	<input type="checkbox"/>
Basic Module	<input type="checkbox"/>	Doors and Entrances	Track System	<input type="checkbox"/>
Shaft Module	<input type="checkbox"/>	M/C Room Equipments	Truss	<input type="checkbox"/>
Landing Door Module	<input type="checkbox"/>	Shaft Equipments	Safety Signs/Cladding	<input type="checkbox"/>
Door Operator Module	<input type="checkbox"/>	Car	Skirting	<input type="checkbox"/>
Control Panel Module	<input checked="" type="checkbox"/>	Car Sling	Handrail System	<input type="checkbox"/>
Machine Module	<input checked="" type="checkbox"/>	Counter Weight	Step Band	<input type="checkbox"/>
Signalization Module	<input type="checkbox"/>	Rope Assemblies	Floor Plate	<input type="checkbox"/>
MX Module	<input type="checkbox"/>	Control System	Comb Carrier	<input type="checkbox"/>
Drive Module (Escalator)	<input type="checkbox"/>	Drive System	Electrical System	<input type="checkbox"/>
Brake Module (Escalator)	<input type="checkbox"/>	Signalization	Deckings	<input type="checkbox"/>
Handrail Module (Escalator)	<input type="checkbox"/>	Peripheral Devices	Balustrades	<input type="checkbox"/>
Comb Plate Module (Escalator)	<input type="checkbox"/>		Power Supply	<input type="checkbox"/>
Guide Module (Escalator)	<input type="checkbox"/>		Others	<input type="checkbox"/>
Step Module (Escalator)	<input type="checkbox"/>			<input type="checkbox"/>

Technician's Remarks	Non-Kone Reason
* preventive maintenance service done	<input type="checkbox"/> Y <input type="checkbox"/> N
* fan, Alarm, Intercom check ok	<input type="checkbox"/> Y <input type="checkbox"/> N
* LPO Buttons & HLG check	<input type="checkbox"/> Y <input type="checkbox"/> N
* Emergency light check	<input type="checkbox"/> Y <input type="checkbox"/> N
* lift level check & noise check.	<input type="checkbox"/> Y <input type="checkbox"/> N

Additional Works/Parts Replaced

* Lubrication oil half LPO

Customer Comments

Technician Name/Employee No.:	Anirash 4012941	Technician Signature	<i>Anirash</i>
Customer Name	Mr. Bhambhani sir	Customer Signature	<i>[Signature]</i>
Route Supervisor Name	Mr. J.D. Mishra	Route Supervisor Signature	<i>[Signature]</i>

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KONE Elevator India Private Ltd

Maintenance Report

Building Name	University Building		City / Town	Kanad
Customer Contact Number			Service Order Number	647330816
Plant Section	JEN 12	Planner Group	Work Center	282 DMG 11
Product Type	<input checked="" type="checkbox"/> Elevator	<input type="checkbox"/> Escalator	<input type="checkbox"/> Autowalk	Equipment Number
Type of Visit	<input checked="" type="checkbox"/> PM	<input type="checkbox"/> Call Out	<input type="checkbox"/> Repair	<input type="checkbox"/> Audit
Date/Time of Call Out			Equipment ID	40204503
Start Count Reading / Hour			Job Status	<input checked="" type="checkbox"/> Closed <input type="checkbox"/> Not Closed
Meter Reading				

Technician Name	Travel Time	Arrival Date	Arrival Time	Restored Date	Restored Time
Avinash		16/12/2017	12:20	16/12/2017	11:55

<input checked="" type="checkbox"/> Running Correctly	<input type="checkbox"/> Running With Problem	<input checked="" type="checkbox"/> Equipment Running
<input type="checkbox"/> Not Running-On level	<input type="checkbox"/> Not Running-Out of Level	<input type="checkbox"/> Equipment Running, not yet fixed
<input type="checkbox"/> Not Running-Escalator	<input type="checkbox"/> Entrapment	<input type="checkbox"/> Equipment not Running, not yet fixed

Maintenance Module	Completed	Rectification Area		Completed
		Elevator	Escalator	
Basic Inspection	<input type="checkbox"/>	Guide Rails	Drive Station	<input type="checkbox"/>
Basic Module	<input checked="" type="checkbox"/>	Doors and Entrances	Track System	<input checked="" type="checkbox"/>
Shaft Module	<input type="checkbox"/>	M/C Room Equipments	Truss	<input type="checkbox"/>
Landing Door Module	<input type="checkbox"/>	Shaft Equipments	Safety Signs/Cladding	<input type="checkbox"/>
Door Operator Module	<input type="checkbox"/>	Car	Skirting	<input type="checkbox"/>
Control Panel Module	<input type="checkbox"/>	Car Sling	Handrail System	<input checked="" type="checkbox"/>
Machine Module	<input type="checkbox"/>	Counter Weight	Step Band	<input type="checkbox"/>
Signalization Module	<input type="checkbox"/>	Rope Assemblies	Floor Plate	<input type="checkbox"/>
MX Module	<input type="checkbox"/>	Control System	Comb Carrier	<input checked="" type="checkbox"/>
Drive Module (Escalator)	<input type="checkbox"/>	Drive System	Electrical System	<input type="checkbox"/>
Brake Module (Escalator)	<input type="checkbox"/>	Signalization	Deckings	<input type="checkbox"/>
Handrail Module (Escalator)	<input type="checkbox"/>	Peripheral Devices	Balustrades	<input type="checkbox"/>
Comb Plate Module (Escalator)	<input type="checkbox"/>		Power Supply	<input type="checkbox"/>
Guide Module (Escalator)	<input type="checkbox"/>		Others	<input type="checkbox"/>
Step Module (Escalator)	<input type="checkbox"/>			<input type="checkbox"/>

Technician's Remarks	Non-Kone Reason	
	<input type="checkbox"/> Y	<input type="checkbox"/> N
* Elevator prevently monthly service done	<input type="checkbox"/> Y	<input type="checkbox"/> N
* light fan, Intercom, Alarm check done ok	<input type="checkbox"/> Y	<input type="checkbox"/> N
* all doors check ok	<input type="checkbox"/> Y	<input type="checkbox"/> N

Additional Works/Parts Replaced
Lubricant oil 500 ml

Customer Comments

Technician Name/Employee No.:	Avinash 40102941	Technician Signature	
Customer Name	Mr. T.D. Jadhav	Customer Signature	
		Route Supervisor Signature	

REDMI NOTE 9
AI QUAD CAMERA

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KONE Elevator India Private Ltd Maintenance Report

Building Name	University Building		City / Town	Kolkata
Customer Contact Number			Service Order Number	51421115
Plant Section	2N12	Planner Group	Work Center	5-311011
Product Type	<input checked="" type="checkbox"/> Elevator	<input type="checkbox"/> Escalator	<input type="checkbox"/> Autowalk	Equipment Number
Type of Visit	<input checked="" type="checkbox"/> PM	<input type="checkbox"/> Call Out	<input type="checkbox"/> Repair	<input type="checkbox"/> Audit
Date/Time of Call Out			Equipment ID	50170
Start Count Reading / Hour			Job Status	<input type="checkbox"/> Closed <input type="checkbox"/> Not Closed
Meter Reading	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			

Technician Name	Travel Time	Arrival Date	Arrival Time	Restored Date	Restored Time
A. Ghosh		30/07/2019	2:10	30/07/2019	5:30

Status on Arrival		Rectification Result	
<input type="checkbox"/> Running Correctly	<input type="checkbox"/> Running With Problem	<input type="checkbox"/> Equipment Running	
<input type="checkbox"/> Not Running-On level	<input type="checkbox"/> Not Running-Out of Level	<input type="checkbox"/> Equipment Running, not yet fixed	
<input type="checkbox"/> Not Running-Escalator	<input type="checkbox"/> Entrapment	<input type="checkbox"/> Equipment not Running, not yet fixed	

Maintenance Module	Completed	Rectification Area		Completed
		Elevator	Escalator	
Basic Inspection	<input type="checkbox"/>	Guide Rails	Drive Station	<input type="checkbox"/>
Basic Module	<input type="checkbox"/>	Doors and Entrances	Track System	<input type="checkbox"/>
Shaft Module	<input type="checkbox"/>	M/C Room Equipments	Truss	<input type="checkbox"/>
Landing Door Module	<input type="checkbox"/>	Shaft Equipments	Safety Signs/Cladding	<input type="checkbox"/>
Door Operator Module	<input type="checkbox"/>	Car	Skirting	<input type="checkbox"/>
Control Panel Module	<input type="checkbox"/>	Car Sling	Handrail System	<input type="checkbox"/>
Machine Module	<input type="checkbox"/>	Counter Weight	Step Band	<input type="checkbox"/>
Signalization Module	<input type="checkbox"/>	Rope Assemblies	Floor Plate	<input type="checkbox"/>
MX Module	<input type="checkbox"/>	Control System	Comb Carrier	<input type="checkbox"/>
Drive Module (Escalator)	<input type="checkbox"/>	Drive System	Electrical System	<input type="checkbox"/>
Brake Module (Escalator)	<input type="checkbox"/>	Signalization	Deckings	<input type="checkbox"/>
Handrail Module (Escalator)	<input type="checkbox"/>	Peripheral Devices	Balustrades	<input type="checkbox"/>
Comb Plate Module (Escalator)	<input type="checkbox"/>		Power Supply	<input type="checkbox"/>
Guide Module (Escalator)	<input type="checkbox"/>		Others	<input type="checkbox"/>
Step Module (Escalator)	<input type="checkbox"/>			<input type="checkbox"/>

Technician's Remarks	Non-Kone Reason
* p.m. visit done	<input type="checkbox"/> Y <input type="checkbox"/> N
* fan, Alarm, Intercom check ok	<input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/> Y <input type="checkbox"/> N

Additional Works/Parts Replaced

* LUB 10% 500 ml
 * Note lift is running normally
 * lift working in normal condition

Customer Comments

Technician Name/Employee No.:	Technician Signature
Customer Name	Customer Signature
Route Supervisor Name	Route Supervisor Signature

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KONE Elevator India Private Ltd

Maintenance Report

Building Name	Office Building University	City / Town	Karad
Customer Contact Number		Service Order Number	643698820
Plant Section	ING II	Work Center	IDE IN II
Product Type	<input checked="" type="checkbox"/> Elevator <input type="checkbox"/> Escalator <input type="checkbox"/> Autowalk	Equipment Number	40206052
Type of Visit	<input checked="" type="checkbox"/> PM <input type="checkbox"/> Call Out <input type="checkbox"/> Repair <input type="checkbox"/> Audit	Equipment ID	
Date/Time of Call Out		Job Status	<input checked="" type="checkbox"/> Closed <input type="checkbox"/> Not Closed
Start Count Reading / Hour			
Meter Reading			

Technician Name	Travel Time	Arrival Date	Arrival Time	Restored Date	Restored Time
Aravash		27/1/2017	12:00	27/1/2017	12:00

Status on Arrival		Rectification Result	
<input type="checkbox"/> Running Correctly	<input type="checkbox"/> Running With Problem	<input type="checkbox"/> Equipment Running	
<input type="checkbox"/> Not Running-On level	<input type="checkbox"/> Not Running-Out of Level	<input type="checkbox"/> Equipment Running, not yet fixed	
<input type="checkbox"/> Not Running-Escalator	<input type="checkbox"/> Entrapment	<input type="checkbox"/> Equipment not Running, not yet fixed	

Maintenance Module	Completed	Rectification Area		Completed
		Elevator	Escalator	
Basic Inspection	<input checked="" type="checkbox"/>	Guide Rails	Drive Station	<input type="checkbox"/>
Basic Module	<input type="checkbox"/>	Doors and Entrances	Track System	<input checked="" type="checkbox"/>
Shaft Module	<input type="checkbox"/>	M/C Room Equipments	Truss	<input type="checkbox"/>
Landing Door Module	<input checked="" type="checkbox"/>	Shaft Equipments	Safety Signs/Cladding	<input type="checkbox"/>
Door Operator Module	<input checked="" type="checkbox"/>	Car	Skirting	<input type="checkbox"/>
Control Panel Module	<input type="checkbox"/>	Car Sling	Handrail System	<input type="checkbox"/>
Machine Module	<input type="checkbox"/>	Counter Weight	Step Band	<input type="checkbox"/>
Signalization Module	<input type="checkbox"/>	Rope Assemblies	Floor Plate	<input type="checkbox"/>
MX Module	<input type="checkbox"/>	Control System	Comb Carrier	<input type="checkbox"/>
Drive Module (Escalator)	<input type="checkbox"/>	Drive System	Electrical System	<input type="checkbox"/>
Brake Module (Escalator)	<input type="checkbox"/>	Signalization	Deckings	<input type="checkbox"/>
Handrail Module (Escalator)	<input type="checkbox"/>	Peripheral Devices	Balustrades	<input type="checkbox"/>
Comb Plate Module (Escalator)	<input type="checkbox"/>		Power Supply	<input type="checkbox"/>
Guide Module (Escalator)	<input type="checkbox"/>		Others	<input type="checkbox"/>
Step Module (Escalator)	<input type="checkbox"/>			<input type="checkbox"/>

Technician's Remarks	Non-Kone Reason	
	<input type="checkbox"/> Y	<input type="checkbox"/> N
Elevator service / pmr / 401 + hokol	<input type="checkbox"/> Y	<input type="checkbox"/> N
to module done	<input type="checkbox"/> Y	<input type="checkbox"/> N
to safety check	<input type="checkbox"/> Y	<input type="checkbox"/> N
to safety check	<input type="checkbox"/> Y	<input type="checkbox"/> N

Additional Works/Parts Replaced

N/A

Customer Comments

change cap button

Technician Name/Employee No. :	Aravash 41010294/1	Technician Signature	Aravash 27/1/2017
Customer Name	Talase B.V.	Customer Signature	
Route Supervisor Name	Mr. T D Yadav	Route Supervisor Signature	

No 088860

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KONE Elevator India Private Ltd

Maintenance Report

Customer Name	Krishnana University Building			City / Town	Varad.
Customer Contact Number				Service Order Number	
Product Section	IN 11	Planner Group	282 DMG	Work Center	DMG IN 11
Product Type	<input checked="" type="checkbox"/> Elevator	<input type="checkbox"/> Escalator	<input type="checkbox"/> Autowalk	Equipment Number	46204503
Time of Visit	<input checked="" type="checkbox"/> PM	<input type="checkbox"/> Call Out	<input type="checkbox"/> Repair	Equipment ID	
Start/Time of Call Out				Job Status	<input checked="" type="checkbox"/> Closed <input type="checkbox"/> Not Closed
Start Count Reading / Hour					
Meter Reading					

Technician Name	Travel Time	Arrival Date	Arrival Time	Restored Date	Restored Time
Avimash		27/11/2017	11:30	27/11/2017	12:00

Status on Arrival

<input type="checkbox"/> Running Correctly	<input type="checkbox"/> Running With Problem	Rectification Result
<input type="checkbox"/> Not Running-On level	<input type="checkbox"/> Not Running-Out of Level	
<input type="checkbox"/> Not Running-Escalator	<input type="checkbox"/> Entrapment	
		<input type="checkbox"/> Equipment Running
		<input type="checkbox"/> Equipment Running, not yet fixed
		<input type="checkbox"/> Equipment not Running, not yet fixed

Maintenance Module	Completed	Rectification Area		Completed
		Elevator	Escalator	
Basic Inspection	<input checked="" type="checkbox"/>	Guide Rails	Drive Station	<input type="checkbox"/>
Basic Module	<input type="checkbox"/>	Doors and Entrances	Track System	<input type="checkbox"/>
Shaft Module	<input type="checkbox"/>	M/C Room Equipments	Truss	<input type="checkbox"/>
Landing Door Module	<input checked="" type="checkbox"/>	Shaft Equipments	Safety Signs/Cladding	<input type="checkbox"/>
Door Operator Module	<input type="checkbox"/>	Car	Skirting	<input type="checkbox"/>
Control Panel Module	<input type="checkbox"/>	Car Sling	Handrail System	<input type="checkbox"/>
Machine Module	<input type="checkbox"/>	Counter Weight	Step Band	<input type="checkbox"/>
Signalization Module	<input checked="" type="checkbox"/>	Rope Assemblies	Floor Plate	<input type="checkbox"/>
MX Module	<input type="checkbox"/>	Control System	Comb Carrier	<input type="checkbox"/>
Drive Module (Escalator)	<input type="checkbox"/>	Drive System	Electrical System	<input type="checkbox"/>
Brake Module (Escalator)	<input type="checkbox"/>	Signalization	Deckings	<input type="checkbox"/>
Handrail Module (Escalator)	<input type="checkbox"/>	Peripheral Devices	Balustrades	<input type="checkbox"/>
Comb Plate Module (Escalator)	<input type="checkbox"/>		Power Supply	<input type="checkbox"/>
Guide Module (Escalator)	<input type="checkbox"/>		Others	<input type="checkbox"/>
Step Module (Escalator)	<input type="checkbox"/>			<input type="checkbox"/>

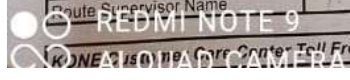
Technician's Remarks	Non-Kone Reason	
	<input type="checkbox"/> Y	<input type="checkbox"/> N
* p.m visit done - 11	<input type="checkbox"/> Y	<input type="checkbox"/> N
* check all door	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N

Additional Works/Parts Replaced

* cap Buttons change 3 no floor done

Customer Comments

Technician Name/Employee No.:	Avimash 40102941	Technician Signature	<i>Avimash</i> 27/11/2017
Customer Name	H. B. Khachale	Customer Signature	<i>H. B. Khachale</i>
Route Supervisor Name	T. D. Jadhav	Route Supervisor Signature	<i>T. D. Jadhav</i>



Call Free Number: 1800 108 1234 / 1800 425 4254

KESV/F001/C/12

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KONE Elevator India Private Ltd

Maintenance Report

Building Name	University Building		City / Town	Rajkot
Customer Contact Number			Service Order Number	on call
Plant Section	JN 11	Planner Group	282 DMG 11	Work Center
Product Type	<input checked="" type="checkbox"/> Elevator	<input type="checkbox"/> Escalator	<input type="checkbox"/> Autowalk	Equipment Number
Type of Visit	<input type="checkbox"/> PM	<input type="checkbox"/> Call Out	<input checked="" type="checkbox"/> Repair	<input type="checkbox"/> Audit
Date/Time of Call Out			Equipment ID	N/A
Start Count Reading / Hour			Job Status	<input checked="" type="checkbox"/> Closed <input type="checkbox"/> Not Closed
Meter Reading				

Technician Name	Travel Time	Arrival Date	Arrival Time	Restored Date	Restored Time
Aamash	40	2/3/2017	1:30	2/3/2017	3:40

Status on Arrival

<input type="checkbox"/> Running Correctly	<input type="checkbox"/> Running With Problem	Rectification Result
<input type="checkbox"/> Not Running-On level	<input type="checkbox"/> Not Running-Out of Level	<input type="checkbox"/> Equipment Running
<input type="checkbox"/> Not Running-Escalator	<input type="checkbox"/> Entrapment	<input type="checkbox"/> Equipment Running, not yet fixed
		<input type="checkbox"/> Equipment not Running, not yet fixed

Maintenance Module	Completed	Rectification Area		Completed
		Elevator	Escalator	
Basic Inspection	<input type="checkbox"/>	Guide Rails	Drive Station	<input type="checkbox"/>
Basic Module	<input type="checkbox"/>	Doors and Entrances	Track System	<input type="checkbox"/>
Shaft Module	<input type="checkbox"/>	M/C Room Equipments	Truss	<input checked="" type="checkbox"/>
Landing Door Module	<input type="checkbox"/>	Shaft Equipments	Safety Signs/Cladding	<input type="checkbox"/>
Door Operator Module	<input type="checkbox"/>	Car	Skirting	<input type="checkbox"/>
Control Panel Module	<input type="checkbox"/>	Car Sling	Handrail System	<input type="checkbox"/>
Machine Module	<input type="checkbox"/>	Counter Weight	Step Band	<input type="checkbox"/>
Signalization Module	<input type="checkbox"/>	Rope Assemblies	Floor Plate	<input type="checkbox"/>
MX Module	<input type="checkbox"/>	Control System	Comb Carrier	<input checked="" type="checkbox"/>
Drive Module (Escalator)	<input type="checkbox"/>	Drive System	Electrical System	<input type="checkbox"/>
Brake Module (Escalator)	<input type="checkbox"/>	Signalization	Deckings	<input type="checkbox"/>
Handrail Module (Escalator)	<input type="checkbox"/>	Peripheral Devices	Balustrades	<input type="checkbox"/>
Comb Plate Module (Escalator)	<input type="checkbox"/>		Power Supply	<input type="checkbox"/>
Guide Module (Escalator)	<input type="checkbox"/>		Others	<input type="checkbox"/>
Step Module (Escalator)	<input type="checkbox"/>			<input type="checkbox"/>

Technician's Remarks	Non-Kone Reason	
* lift shut down because main controller Ratemy problem	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
* make a change future	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N

Additional Works/Parts Replaced

Customer Comments

Technician Name/Employee No.:	Aamash 40102941	Technician Signature	<i>Aamash</i> 2/3/17
Customer Name	Mr. Jogesh Kulkarni	Customer Signature	<i>Jogesh</i>
Route Supervisor Name	Mr. D. Jadhav	Route Supervisor Signature	<i>D. Jadhav</i>

N

No 079425

University Bldg

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11

KONE Elevator India Private Ltd

Maintenance Report

Building Name	KJ Somaiya University Building		City / Town	Karad
Customer Contact Number	079425		Service Order Number	66213154
Plant Section	M/S Engineering		Work Center	28200611
Product Type	Elevator		Equipment Number	40204503
Type of Visit	<input type="checkbox"/> Elevator <input type="checkbox"/> Escalator <input type="checkbox"/> Autowalk <input type="checkbox"/> Call Out <input type="checkbox"/> Repair <input type="checkbox"/> Audit		Equipment ID	59129
Date/Time of Call Out	<input type="checkbox"/> PM <input type="checkbox"/> Job Status		<input type="checkbox"/> Closed <input type="checkbox"/> Not Closed	
Start Count Reading / Hour Meter Reading				

Technician Name	Travel Time	Arrival Date	Arrival Time	Restored Date	Restored Time
Arunach	-	14/12/2017	9:00	14/12/2017	5:00 pm

Status on Arrival

<input type="checkbox"/> Running Correctly	<input type="checkbox"/> Running With Problem	Rectification Result
<input type="checkbox"/> Not Running-On level	<input type="checkbox"/> Not Running-Out of Level	
<input type="checkbox"/> Not Running-Escalator	<input type="checkbox"/> Entrapment	

Equipment Running
 Equipment Running, not yet fixed
 Equipment not Running, not yet fixed

Maintenance Module	Completed	Rectification Area		Completed
		Elevator	Escalator	
Basic Inspection	<input checked="" type="checkbox"/>	Guide Rails	Drive Station	<input type="checkbox"/>
Basic Module	<input type="checkbox"/>	Doors and Entrances	Track System	<input type="checkbox"/>
Shaft Module	<input checked="" type="checkbox"/>	M/C Room Equipments	Truss	<input type="checkbox"/>
Landing Door Module	<input type="checkbox"/>	Shaft Equipments	Safety Signs/Cladding	<input type="checkbox"/>
Door Operator Module	<input checked="" type="checkbox"/>	Car	Skirting	<input type="checkbox"/>
Control Panel Module	<input type="checkbox"/>	Car Sling	Handrail System	<input type="checkbox"/>
Machine Module	<input type="checkbox"/>	Counter Weight	Step Band	<input type="checkbox"/>
Signalization Module	<input type="checkbox"/>	Rope Assemblies	Floor Plate	<input type="checkbox"/>
MX Module	<input type="checkbox"/>	Control System	Comb Carrier	<input type="checkbox"/>
Drive Module (Escalator)	<input type="checkbox"/>	Drive System	Electrical System	<input type="checkbox"/>
Brake Module (Escalator)	<input type="checkbox"/>	Signalization	Deckings	<input type="checkbox"/>
Handrail Module (Escalator)	<input type="checkbox"/>	Peripheral Devices	Balustrades	<input type="checkbox"/>
Comb Plate Module (Escalator)	<input type="checkbox"/>		Power Supply	<input type="checkbox"/>
Guide Module (Escalator)	<input type="checkbox"/>		Others	<input type="checkbox"/>
Step Module (Escalator)	<input type="checkbox"/>			<input type="checkbox"/>

Technician's Remarks	Non-Kone Reason	
* preventive maintenance service done	<input type="checkbox"/> Y	<input type="checkbox"/> N
* Fan, Alarm, Intercom, Emergency light check working ok	<input type="checkbox"/> Y	<input type="checkbox"/> N
* roller manually Brake operations check working ok	<input type="checkbox"/> Y	<input type="checkbox"/> N
* put tension weight pulley check position ok	<input type="checkbox"/> Y	<input type="checkbox"/> N

Additional Works/Parts Replaced

* car power down module check working ok

* no-w lift running normally

① Lubrication oil = 1 LTR

Customer Comments

Technician Name/Employee No.:	Arunach 40102941	Technician Signature	
Customer Name	M. Chhabra 512	Customer Signature	
Route Supervisor Signature			

N

No 079491

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KONE Elevator India Private Ltd

Maintenance Report

Building Name	University Building	City / Town	Kanpur
Customer Contact Number		Service Order Number	
Plant Section	JN12	Planner Group	DMG 11
Product Type	<input checked="" type="checkbox"/> Elevator <input type="checkbox"/> Escalator <input type="checkbox"/> Autowalk	Work Center	102 BIRG 11
Type of Visit	<input type="checkbox"/> PM <input checked="" type="checkbox"/> Call Out <input type="checkbox"/> Repair <input type="checkbox"/> Audit	Equipment Number	10204503
Date/Time of Call Out	12:50 pm	Equipment ID	
Start Count Reading / Hour		Job Status	<input checked="" type="checkbox"/> Closed <input type="checkbox"/> Not Closed
Meter Reading	[] []		

Technician Name	Travel Time	Arrival Date	Arrival Time	Restored Date	Restored Time
Aimash	50 min	21/10/2017	9:10	21/10/2017	12:50

Status on Arrival		Rectification Result	
<input type="checkbox"/> Running Correctly	<input checked="" type="checkbox"/> Running With Problem	<input type="checkbox"/> Equipment Running	
<input type="checkbox"/> Not Running-On level	<input type="checkbox"/> Not Running-Out of Level	<input type="checkbox"/> Equipment Running, not yet fixed	
<input type="checkbox"/> Not Running-Escalator	<input type="checkbox"/> Entrapment	<input type="checkbox"/> Equipment not Running, not yet fixed	

Maintenance Module	Completed	Rectification Area		Completed
		Elevator	Escalator	
Basic Inspection	<input type="checkbox"/>	Guide Rails	Drive Station	<input type="checkbox"/>
Basic Module	<input type="checkbox"/>	Doors and Entrances	Track System	<input checked="" type="checkbox"/>
Shaft Module	<input type="checkbox"/>	M/C Room Equipments	Truss	<input type="checkbox"/>
Landing Door Module	<input type="checkbox"/>	Shaft Equipments	Safety Signs/Cladding	<input checked="" type="checkbox"/>
Door Operator Module	<input type="checkbox"/>	Car	Skirting	<input type="checkbox"/>
Control Panel Module	<input type="checkbox"/>	Car Sling	Handrail System	<input checked="" type="checkbox"/>
Machine Module	<input type="checkbox"/>	Counter Weight	Step Band	<input type="checkbox"/>
Signalization Module	<input type="checkbox"/>	Rope Assemblies	Floor Plate	<input type="checkbox"/>
MX Module	<input type="checkbox"/>	Control System	Comb Carrier	<input checked="" type="checkbox"/>
Drive Module (Escalator)	<input type="checkbox"/>	Drive System	Electrical System	<input type="checkbox"/>
Brake Module (Escalator)	<input type="checkbox"/>	Signalization	Deckings	<input type="checkbox"/>
Handrail Module (Escalator)	<input type="checkbox"/>	Peripheral Devices	Balustrades	<input type="checkbox"/>
Comb Plate Module (Escalator)	<input type="checkbox"/>		Power Supply	<input type="checkbox"/>
Guide Module (Escalator)	<input type="checkbox"/>		Others	<input type="checkbox"/>
Step Module (Escalator)	<input type="checkbox"/>			<input checked="" type="checkbox"/>

Technician's Remarks	Non-Kone Reason	
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N

Additional Works/Parts Replaced

* check all landing door contact & clean.

* Now lift is running normally

* Ferrar Not found in amballer LCD

Customer Comments

Technician Name/Employee No.:	Aimash 40102941	Technician Signature	<i>[Signature]</i>
Customer Name	M. Bhambhaniya	Customer Signature	<i>[Signature]</i>
Route Supervisor Name	M. T. D. Jadhav	Route Supervisor Signature	<i>[Signature]</i>

REDMI NOTE 9

AI QUAD CAMERA

N

No 079492

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KONE Elevator India Private Ltd

Maintenance Report

Building Name	University Building		City / Town	Karad.	
Customer Contact Number			Service Order Number		
Plant Section			Work Center	282 DMG II	
Product Type	TN12	Planner Group	DMG II	Equipment Number	40204503
Type of Visit	<input checked="" type="checkbox"/> Elevator	<input type="checkbox"/> Escalator	<input type="checkbox"/> Autowalk	Equipment ID	
Date/Time of Call Out	<input type="checkbox"/> PM	<input checked="" type="checkbox"/> Call Out	<input type="checkbox"/> Repair	<input type="checkbox"/> Audit	
Start Count Reading / Hour	4:30 pm		Job Status	<input checked="" type="checkbox"/> Closed	<input type="checkbox"/> Not Closed
Meter Reading					

Technician Name	Travel Time	Arrival Date	Arrival Time	Restored Date	Restored Time
Arunash	90	21/11/2017	9:10	21/11/2017	4:30 pm

Status on Arrival		Rectification Result	
<input type="checkbox"/> Running Correctly	<input checked="" type="checkbox"/> Running With Problem	<input checked="" type="checkbox"/> Equipment Running	
<input type="checkbox"/> Not Running-On level	<input type="checkbox"/> Not Running-Out of Level	<input type="checkbox"/> Equipment Running, not yet fixed	
<input type="checkbox"/> Not Running-Escalator	<input type="checkbox"/> Entrapment	<input type="checkbox"/> Equipment not Running, not yet fixed	

Maintenance Module	Completed	Rectification Area		Completed
		Elevator	Escalator	
Basic Inspection	<input type="checkbox"/>	Guide Rails	Drive Station	<input type="checkbox"/>
Basic Module	<input type="checkbox"/>	Doors and Entrances	Track System	<input type="checkbox"/>
Shaft Module	<input type="checkbox"/>	M/C Room Equipments	Truss	<input type="checkbox"/>
Landing Door Module	<input type="checkbox"/>	Shaft Equipments	Safety Signs/Cladding	<input type="checkbox"/>
Door Operator Module	<input type="checkbox"/>	Car	Skirting	<input type="checkbox"/>
Control Panel Module	<input type="checkbox"/>	Car Sling	Handrail System	<input type="checkbox"/>
Machine Module	<input type="checkbox"/>	Counter Weight	Step Band	<input type="checkbox"/>
Signalization Module	<input type="checkbox"/>	Rope Assemblies	Floor Plate	<input type="checkbox"/>
MX Module	<input type="checkbox"/>	Control System	Comb Carrier	<input type="checkbox"/>
Drive Module (Escalator)	<input type="checkbox"/>	Drive System	Electrical System	<input type="checkbox"/>
Brake Module (Escalator)	<input type="checkbox"/>	Signalization	Deckings	<input type="checkbox"/>
Handrail Module (Escalator)	<input type="checkbox"/>	Peripheral Devices	Balustrades	<input type="checkbox"/>
Comb Plate Module (Escalator)	<input type="checkbox"/>		Power Supply	<input type="checkbox"/>
Guide Module (Escalator)	<input type="checkbox"/>		Others	<input type="checkbox"/>
Step Module (Escalator)	<input type="checkbox"/>			<input type="checkbox"/>

Technician's Remarks	Non-Kone Reason	
* check OSG safety switch because lift not moving properly	<input type="checkbox"/> Y	<input type="checkbox"/> N
* same problem lift moving time stuck.	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N

Additional Works/Parts Replaced

* check all safety Equipments
 * check pit switch
 * loose cable in connection 11, 5200, 50200
 connect connection properly
 * Now lift is running normally

Customer Comments

Technician Name/Employee No.:	Arunash 40102941	Technician Signature	
Customer Name	Mr. Phombure sir	Customer Signature	
Route Supervisor Name	Mr. J. D. Jadhav	Route Supervisor Signature	

2018

Maintenance Visit Record



Customer Name KRISHNA INSTITUTE OF MEDICAL

Site Name	KRISHNA INSTITUTE OF MEDICAL	Address	PUNE BANGALORE ROAD MALKAPUR KARAD DIT SATARA
Contract Number	41357797	City	KARAD
Equipment Number	40204503	Service Order	671275145
Equipment ID	UNIVERSITY LIFT	Visit Date	3/7/2018
		Attended by	MADANE AVINASH SHIVAJI

Y: Basic inspection
Z: Signalisation module

This is a record of completion for the above maintenance modules. Should there be any items that we need to bring to your attention, following this visit a member of our team will be in contact.

Job Description

preventive maintenance service done fan Allarm and intercom check working ok lubrication oil 1000ml

Customer Comments

N/A

Arrived Time 03/07/2018 15:21
Finished Time 16/07/2018 09:28

Customer Signature

671275145

Signed By Mr Bhambure sir

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REDMI NOTE 9
AI QUAD CAMERA

Maintenance Visit Record



Customer Name KRISHNA INSTITUTE OF MEDICAL

Site Name	KRISHNA INSTITUTE OF MEDICAL	Address	PUNE BANGALORE ROAD MALKAPUR KARAD DIT SATARA
Contract Number	41357797	City	KARAD
Equipment Number	40204503	Service Order	678627542
Equipment ID	UNIVERSITY LIFT	Visit Date	20/11/2018
		Attended by	MADANE AVINASH SHIVAJI

B: Basic module

This is a record of completion for the above maintenance modules. Should there be any items that we need to bring to your attention, following this visit a member of our team will be in contact.

Job Description

Preventive maintenance service done fan Alarm and intercom check working ok all landing door contact check working ok all landing and car HLG Display check working ok emergency lights check working ok lubrication oil 1000ml

Customer Comments

Not applicable

Arrived Time 20/11/2018 10:59

Finished Time 20/11/2018 12:11

Customer Signature

678627542

Signed By Mr Bhambure sir

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REDMI NOTE 9
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Maintenance Visit Record



Customer Name KRISHNA INSTITUTE OF MEDICAL

Site Name	KRISHNA INSTITUTE OF MEDICAL	Address	PUNE BANGALORE ROAD MALKAPUR KARAD DIT SATARA
Contract Number	41357797	City	KARAD
Equipment Number	40204503	Service Order	678627542
Equipment ID	UNIVERSITY LIFT	Visit Date	20/11/2018
		Attended by	MADANE AVINASH SHIVAJI

B: Basic module

This is a record of completion for the above maintenance modules. Should there be any items that we need to bring to your attention, following this visit a member of our team will be in contact.

Job Description

Preventive maintenance service done fan Alarm and intercom check working ok all landing door contact check working ok all landing and car HLG Display check working ok emergency lights check working ok lubrication oil 1000ml

Customer Comments

Not applicable

Arrived Time 20/11/2018 10:59

Finished Time 20/11/2018 12:11

Customer Signature

678627542

Signed By Mr Bhambure sir

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Maintenance Visit Record



Customer Name KRISHNA INSTITUTE OF MEDICAL

Site Name KRISHNA INSTITUTE OF MEDICAL **Address** PUNE
BANGALORE
ROAD MALKAPUR
KARAD DIT
SATARA

Contract Number 41357797 **City** KARAD

Equipment Number 40204503 **Service Order** 674524525

Equipment ID UNIVERSITY LIFT **Visit Date** 8/9/2018

Attended by MADANE
AVINASH SHIVAJI

Y: Basic inspection
D: Door operator module
L: Landing door module

This is a record of completion for the above maintenance modules. Should there be any items that we need to bring to your attention, following this visit a member of our team will be in contact.

Job Description

preventive maintenance service done fan Allarm and intercom check working ok all landing door contact check working ok emergency lights check working ok all landing and car HLG Display check working ok m/c break liner check ok m/c oil level check ok

Customer Comments

lubrication oil 1000ml

Arrived Time 08/09/2018 09:51
Finished Time 11/09/2018 11:48

Customer Signature

674524525

Signed By

Mr Bhambure sir

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REDMI NOTE 9
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Maintenance Visit Record



Customer Name KRISHNA INSTITUTE OF MEDICAL

Site Name	UNIVERSITY BUILDING	Address	PUNE BANGALORE ROAD MALKAPUR KARAD DIT SATARA
Contract Number	41357797	City	KARAD
Equipment Number	40204503	Service Order	663537469
Equipment ID	UNIVERSITY LIFT	Visit Date	20/7/2018
		Attended by	MADANE AVINASH SHIVAJI

Y: Basic inspection
M: Machine module
C: Control panel module
A: ARD module

This is a record of completion for the above maintenance modules. Should there be any items that we need to bring to your attention, following this visit a member of our team will be in contact.

Job Description
preventive maintenance service done
Customer Comments

Customer Signature

Signed By 663537469
Mr Bhambure sir

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No 004592

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KONE Elevator India Private Ltd

Maintenance Report

Customer Name	University Building		City / Town	Kanpur
Customer Contact Number	Mr. Bhambhani		Service Order Number	23017602
Plant Section	JNL2		Work Center	233 DTG 11
Product Type	Elevator		Equipment Number	40204503
Type of Visit	<input checked="" type="checkbox"/> Elevator <input type="checkbox"/> Planner Group <input type="checkbox"/> Escalator <input type="checkbox"/> Autowalk		Equipment ID	50120
Date/Time of Call/Out	<input type="checkbox"/> PM <input type="checkbox"/> Call-Out <input type="checkbox"/> Repair <input type="checkbox"/> Audit		Job Status	<input type="checkbox"/> Closed <input type="checkbox"/> Not Closed
Start Count Reading / Hour				
Meter Reading				

Technician Name	Travel Time	Arrival Date	Arrival Time	Restored Date	Restored Time
Avinash	45 min	8/27/2018	7:00	8/27/2018	7:00 AM

Status on Arrival		Rectification Result	
<input checked="" type="checkbox"/> Running Correctly	<input type="checkbox"/> Running With Problem	<input type="checkbox"/> Equipment Running	
<input type="checkbox"/> Not Running-On level	<input type="checkbox"/> Not Running-Out of Level	<input type="checkbox"/> Equipment Running, not yet fixed	
<input type="checkbox"/> Not Running-Escalator	<input type="checkbox"/> Entrapment	<input type="checkbox"/> Equipment not Running, not yet fixed	

Maintenance Module	Completed	Rectification Area		Completed
		Elevator	Escalator	
Basic Inspection	<input type="checkbox"/>	Guide Rails	Drive Station	<input type="checkbox"/>
Basic Module	<input type="checkbox"/>	Doors and Entrances	Track System	<input type="checkbox"/>
Shaft Module	<input type="checkbox"/>	M/C Room Equipments	Truss	<input type="checkbox"/>
Landing Door Module	<input type="checkbox"/>	Shaft Equipments	Safety Signs/Cladding	<input type="checkbox"/>
Door Operator Module	<input type="checkbox"/>	Car	Skirting	<input type="checkbox"/>
Control Panel Module	<input type="checkbox"/>	Car Sling	Handrail System	<input type="checkbox"/>
Machine Module	<input type="checkbox"/>	Counter Weight	Step Band	<input type="checkbox"/>
Signalization Module	<input type="checkbox"/>	Rope Assemblies	Floor Plate	<input type="checkbox"/>
MX Module	<input type="checkbox"/>	Control System	Comb Carrier	<input type="checkbox"/>
Drive Module (Escalator)	<input type="checkbox"/>	Drive System	Electrical System	<input type="checkbox"/>
Brake Module (Escalator)	<input type="checkbox"/>	Signalization	Deckings	<input type="checkbox"/>
Handrail Module (Escalator)	<input type="checkbox"/>	Peripheral Devices	Balustrades	<input type="checkbox"/>
Comb Plate Module (Escalator)	<input type="checkbox"/>		Power Supply	<input type="checkbox"/>
Guide Module (Escalator)	<input type="checkbox"/>		Others	<input type="checkbox"/>
Step Module (Escalator)	<input type="checkbox"/>			<input type="checkbox"/>

Technician's Remarks	Non-Kone Reason	
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N

Additional Works/Parts Replaced

- ① fan Buttons = 02 Nos
- ② 1 to 4 floor cap. B. = 04 Nos
- ③ open - 1 to close = 1 = 02 Nos
- ④ Intercom Buttons = 01 Nos
- ⑤ Alarm Buttons = 02 Nos
- ⑥ All landing call down or up Buttons = 06 Nos

Customer Comments

Technician Name/Employee No.:	Avinash 46102941	Technician Signature	
Customer Name:	Mr. Bhambhani sir	Customer Signature	
Route Supervisor Name:	Mr. J. D. Pathak	Route Supervisor Signature	

Maintenance Visit Record



Customer Name KRISHNA INSTITUTE OF MEDICAL

Site Name	KRISHNA INSTITUTE OF MEDICAL	Address	PUNE BANGALORE ROAD MALKAPUR KARAD DIT SATARA
Contract Number	41357797	City	KARAD
Equipment Number	40204503	Service Order	679577312
Equipment ID	UNIVERSITY LIFT	Visit Date	5/12/2018
		Attended by	MADANE AVINASH SHIVAJI

Y: Basic inspection
S: Shaft module

This is a record of completion for the above maintenance modules. Should there be any items that we need to bring to your attention, following this visit a member of our team will be in contact.

Job Description

Preventive maintenance service done fan Allarm and intercom check working ok all landing door contact check working ok all landing and car HLG Display check working ok emergency lights check working ok lubrication oil 1000ml

Customer Comments

Not applicable

Arrived Time 05/12/2018 16:51
Finished Time 06/12/2018 11:47

Customer Signature

679577312

Signed By

Mr bhamure sir

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Maintenance Visit Record



Site Name	UNIVERSITY BUILDING	Address	PUNE BANGALORE ROAD MALKAPUR KARAD DIT SATARA
Contract Number	41357797	City	KARAD
Equipment Number	40204503	Service Order	669554609
		Visit Date	6/6/2018
Equipment ID	UNIVERSITY LIFT	Attended by	MADANE AVINASH SHIVAJI

Y: Basic inspection
S: Shaft module

This is a record of completion for the above maintenance modules. Should there be any items that we need to bring to your attention, following this visit a member of our team will be in contact.

Job Description

preventive maintenance service done fan Allarm and intercom check working ok ERD operation check working ok all landing door contact check working ok all landing and car HLG Display check lubrication oil 1000ml

Customer Comments

N/A

Arrived Time 06/06/2018 06:13
Finished Time 14/06/2018 14:50

Customer Signature

669554609

Customer Name KRISHNA INSTITUTE OF MEDICAL

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N^o 004520

University Bldg

Dedicated to People Flow™



KONE Elevator India Private Ltd

Maintenance Report

Customer Name	University Bldg	City / Town	Karad.
Customer Contact Number	Mr. Bhambure sir	Service Order Number	
Plant Section	IN 12	Work Center	282DMG11
Product Type	<input checked="" type="checkbox"/> Elevator <input type="checkbox"/> Escalator	Equipment Number	40204503
Type of Visit	<input checked="" type="checkbox"/> PM <input type="checkbox"/> Call Out <input type="checkbox"/> Repair <input type="checkbox"/> Audit	Equipment ID	
Date/Time of Call Out		Job Status	<input checked="" type="checkbox"/> Closed <input type="checkbox"/> Not Closed
Start Count Reading / Hour			
Meter Reading			

Technician Name	Arinash	Travel Time		Arrival Date	5/08/2018	Arrival Time	4:40 pm	Restored Date	5/9/2018	Restored Time	5:30 pm
-----------------	---------	-------------	--	--------------	-----------	--------------	---------	---------------	----------	---------------	---------

Status on Arrival		Rectification Result	
<input checked="" type="checkbox"/> Running Correctly	<input type="checkbox"/> Running With Problem	<input checked="" type="checkbox"/> Equipment Running	
<input type="checkbox"/> Not Running-On level	<input type="checkbox"/> Not Running-Out of Level	<input type="checkbox"/> Equipment Running, not yet fixed	
<input type="checkbox"/> Not Running-Escalator	<input type="checkbox"/> Entrapment	<input type="checkbox"/> Equipment not Running, not yet fixed	

Maintenance Module	Completed	Rectification Area		Completed
		Elevator	Escalator	
Basic Inspection	<input type="checkbox"/>	Guide Rails	Drive Station	<input type="checkbox"/>
Basic Module	<input type="checkbox"/>	Doors and Entrances	Track System	<input type="checkbox"/>
Shaft Module	<input type="checkbox"/>	M/C Room Equipments	Truss	<input type="checkbox"/>
Landing Door Module	<input type="checkbox"/>	Shaft Equipments	Safety Signs/Cadding	<input type="checkbox"/>
Door Operator Module	<input type="checkbox"/>	Car	Skirting	<input type="checkbox"/>
Control Panel Module	<input type="checkbox"/>	Car Sling	Handrail System	<input type="checkbox"/>
Machine Module	<input type="checkbox"/>	Counter Weight	Step Band	<input type="checkbox"/>
Signalization Module	<input type="checkbox"/>	Rope Assemblies	Floor Plate	<input type="checkbox"/>
MX Module	<input type="checkbox"/>	Control System	Comb Carrier	<input type="checkbox"/>
Drive Module (Escalator)	<input type="checkbox"/>	Drive System	Electrical System	<input type="checkbox"/>
Brake Module (Escalator)	<input type="checkbox"/>	Signalization	Deckings	<input type="checkbox"/>
Handrail Module (Escalator)	<input type="checkbox"/>	Peripheral Devices	Balustrades	<input type="checkbox"/>
Comb Plate Module (Escalator)	<input type="checkbox"/>		Power Supply	<input type="checkbox"/>
Guide Module (Escalator)	<input type="checkbox"/>		Others	<input type="checkbox"/>
Step Module (Escalator)	<input type="checkbox"/>			<input type="checkbox"/>

Technician's Remarks	Non-Kone Reason
★ preventive maintenance service done	<input type="checkbox"/> Y <input type="checkbox"/> N
★ fan, Alarm, Intercom check working ok	<input type="checkbox"/> Y <input type="checkbox"/> N
★ All Landing & car call buttons check. working ok	<input type="checkbox"/> Y <input type="checkbox"/> N
★ All Landing & car Ele or mech-safety	<input type="checkbox"/> Y <input type="checkbox"/> N

Additional Works/Parts Replaced: check working ok
 ★ All HLG Display check
 ① Lubrication oil = 1000 ml

Customer Comments

Technician Name/Employee No.:	Arinash 40102941	Technician Signature	
Customer Name	Mr. Bhambure sir	Customer Signature	
Route Supervisor Name	Mr. P.D. Jadhav	Route Supervisor Signature	

Nº 004520

Univarsity Bldg

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KONE Elevator India Private Ltd

Maintenance Report

Customer Name	Univarsity Bldg	City / Town	Karad
Customer Contact Number	020 2821100	Service Order Number	
Plant Section	1st bhamburda str	Work Center	2821100
Product Type	July 12	Equipment Number	60204508
Type of Visit	<input checked="" type="checkbox"/> Elevator <input type="checkbox"/> Escalator <input type="checkbox"/> Autowalk	Equipment ID	
Date/Time of Call/Out	<input type="checkbox"/> PM <input type="checkbox"/> Call Out <input type="checkbox"/> Repair <input type="checkbox"/> Audit	Job Status	<input type="checkbox"/> Closed <input type="checkbox"/> Not Closed
Start Count Reading / Hour			
Meter Reading			
Technician Name	Aravash	Travel Time	
Arrival Date	5/10/2018	Arrival Time	4:40 pm
Restored Date	5/10/2018	Restored Time	5:30 pm

Status on Arrival

<input checked="" type="checkbox"/> Running Correctly	<input type="checkbox"/> Running With Problem	<input checked="" type="checkbox"/> Equipment Running
<input type="checkbox"/> Not Running-On level	<input type="checkbox"/> Not Running-Out of Level	<input type="checkbox"/> Equipment Running, not yet fixed
<input type="checkbox"/> Not Running-Escalator	<input type="checkbox"/> Entrapment	<input type="checkbox"/> Equipment not Running, not yet fixed

Maintenance Module	Completed	Rectification Area		Completed
		Elevator	Escalator	
Basic Inspection	<input type="checkbox"/>	Guide Rails	Drive Station	<input type="checkbox"/>
Basic Module	<input type="checkbox"/>	Doors and Entrances	Track System	<input type="checkbox"/>
Shaft Module	<input type="checkbox"/>	M/C Room Equipments	Truss	<input type="checkbox"/>
Landing Door Module	<input type="checkbox"/>	Shaft Equipments	Safety Signs/Cladding	<input type="checkbox"/>
Door Operator Module	<input type="checkbox"/>	Car	Skirting	<input type="checkbox"/>
Control Panel Module	<input type="checkbox"/>	Car Sling	Handrail System	<input type="checkbox"/>
Machine Module	<input type="checkbox"/>	Counter Weight	Step Band	<input type="checkbox"/>
Signalization Module	<input type="checkbox"/>	Rope Assemblies	Floor Plate	<input type="checkbox"/>
MX Module	<input type="checkbox"/>	Control System	Comb Carrier	<input type="checkbox"/>
Drive Module (Escalator)	<input type="checkbox"/>	Drive System	Electrical System	<input type="checkbox"/>
Brake Module (Escalator)	<input type="checkbox"/>	Signalization	Deckings	<input type="checkbox"/>
Handrail Module (Escalator)	<input type="checkbox"/>	Peripheral Devices	Balustrades	<input type="checkbox"/>
Comb Plate Module (Escalator)	<input type="checkbox"/>		Power Supply	<input type="checkbox"/>
Guide Module (Escalator)	<input type="checkbox"/>		Others	<input type="checkbox"/>
Step Module (Escalator)	<input type="checkbox"/>			<input type="checkbox"/>

Technician's Remarks	Non-Kone Reason	
* preventive maintenance service done	<input type="checkbox"/> Y	<input type="checkbox"/> N
* fan, Alarm, Intercom check working ok	<input type="checkbox"/> Y	<input type="checkbox"/> N
* All landing & car call buttons check working ok	<input type="checkbox"/> Y	<input type="checkbox"/> N
* All landing & car Ele or mech-safety	<input type="checkbox"/> Y	<input type="checkbox"/> N

Additional Works/Parts Replaced

check working ok

* All H/LG Display check

① Lubrication oil = 1000 ml

Customer Comments

Technician Name/Employee No. :	Aravash 40102411	Technician Signature	<i>Aravash</i>
Customer Name	02 bhamburda str	Customer Signature	
Route Supervisor Name	Mr. T. D. Jadhav	Route Supervisor Signature	

No. 004591

University Bldg (pm) 11/12

Dedicated to People Flow™



KONE Elevator India Private Ltd

Maintenance Report

Customer Name	University Building	City / Town	Karad
Customer Contact Number	Mr. Bhambar Sir	Service Order Number	663537469
Plant Section	JN12	Work Center	282DMG-11
Product Type	<input checked="" type="checkbox"/> Elevator <input type="checkbox"/> Escalator	Planner Group	282DMG-11
Type of Visit	<input checked="" type="checkbox"/> IPM <input type="checkbox"/> Call Out <input type="checkbox"/> Repair <input type="checkbox"/> Audit	Equipment Number	40204503
Date/Time of Call Out		Equipment ID	50120
Start Count Reading / Hour Meter Reading		Job Status	<input checked="" type="checkbox"/> Closed <input type="checkbox"/> Not Closed

Technician Name	Travel Time	Arrival Date	Arrival Time	Restored Date	Restored Time
Arunash	45 min	8/02/2018	02:00 pm	8/02/2018	03:10

Status on Arrival

<input checked="" type="checkbox"/> Running Correctly	<input type="checkbox"/> Running With Problem	<input type="checkbox"/> Equipment Running
<input type="checkbox"/> Not Running-On level	<input type="checkbox"/> Not Running-Out of Level	<input type="checkbox"/> Equipment Running, not yet fixed
<input type="checkbox"/> Not Running-Escalator	<input type="checkbox"/> Entrapment	<input type="checkbox"/> Equipment not Running, not yet fixed

Maintenance Module	Completed	Rectification Area		Completed
		Elevator	Escalator	
Basic Inspection	<input checked="" type="checkbox"/>	Guide Rails	Drive Station	<input checked="" type="checkbox"/>
Basic Module	<input type="checkbox"/>	Doors and Entrances	Track System	<input type="checkbox"/>
Shaft Module	<input type="checkbox"/>	M/C Room Equipments	Truss	<input type="checkbox"/>
Landing Door Module	<input type="checkbox"/>	Shaft Equipments	Safety Signs/Cladding	<input type="checkbox"/>
Door Operator Module	<input type="checkbox"/>	Car	Skirting	<input type="checkbox"/>
Control Panel Module	<input checked="" type="checkbox"/>	Car Sling	Handrail System	<input type="checkbox"/>
Machine Module	<input checked="" type="checkbox"/>	Counter/Weight	Step Band	<input type="checkbox"/>
Signalization Module	<input type="checkbox"/>	Rope Assemblies	Floor Plate	<input type="checkbox"/>
MX Module	<input type="checkbox"/>	Control System	Comb Carrier	<input type="checkbox"/>
Drive Module (Escalator)	<input type="checkbox"/>	Drive System	Electrical System	<input type="checkbox"/>
Brake Module (Escalator)	<input type="checkbox"/>	Signalization	Deckings	<input type="checkbox"/>
Handrail Module (Escalator)	<input type="checkbox"/>	Peripheral Devices	Balustrades	<input type="checkbox"/>
Comb Plate Module (Escalator)	<input type="checkbox"/>		Power Supply	<input type="checkbox"/>
Guide Module (Escalator)	<input type="checkbox"/>		Others	<input type="checkbox"/>
Step Module (Escalator)	<input type="checkbox"/>			<input type="checkbox"/>

Technician's Remarks	Non-Kone Reason	
* preventive maintenance service done fan, all gear, intercom, check working ok	<input type="checkbox"/> Y	<input type="checkbox"/> N
* Emergency light check working ok	<input type="checkbox"/> Y	<input type="checkbox"/> N
* m/c oil level check working ok	<input type="checkbox"/> Y	<input type="checkbox"/> N
* m/c Brake liner checked ok	<input type="checkbox"/> Y	<input type="checkbox"/> N

Additional Works/Parts Replaced

* m/c manually Brake operational check working ok

* controller wiring check & main m/c B check working ok

(1) Lubrication oil = 1000 ml

Customer Comments

Technician Name/Employee No.: Arunash 4102941
 Customer Name: Mr. Bhambar Sir
 Route Supervisor Name: Mr. T.P. Jadhav

KONE Customer Care Center Toll Free Number: 1800 108 1234 / 1800 425 4254

REMI NOTE 9
 AT QUAD CAMERA

KONE Packaged Service Repair

University



Customer Name KRISHNA INSTITUTE OF MEDICAL

Site Name UNIVERSITY BUILDING

Address PUNE
BANGALORE
ROAD MALKAPUR
KARAD DIT
SATARA

Contract Number 41357797

City KARAD

Equipment Number 40204503

KONE Order 662883587

Equipment ID UNIVERSITY LIFT

Visit Date 13/12/2018

Attended by MADANE
AVINASH SHIVAJI

Below is a summary of the work performed during this job:

REPAIR WORK

Job Description

repairing work done

Customer Comments

Not applicable

Arrived Time 12/08/2018 15:03

Finished Time 13/12/2018 16:17

Customer Signature

662883587

Signed By Mr Bhambure sir

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KONE Packaged Service Repair



Customer Name KRISHNA INSTITUTE OF MEDICAL

Site Name	UNIVERSITY BUILDING	Address	PUNE BANGALORE ROAD MALKAPUR KARAD DIT SATARA
Contract Number	41357797	City	KARAD
Equipment Number	40204503	KONE Order	663019658
Equipment ID	UNIVERSITY LIFT	Visit Date	12/8/2018
		Attended by	MADANE AVINASH SHIVAJI

 Below is a summary of the work performed during this job:

Planned Order

Job Description


repair work done

Customer Comments

N/A

Customer Signature

663019658

 Signed By

Mr Bhambure sir

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KONE
Status Closed



Dispatch number 10280129
Caller Name / Time Mr bhamure sir at 04/08/2018 10:49

Customer Name KRISHNA INSTITUTE OF MEDICAL
Site Name KRISHNA INSTITUTE OF MEDICAL
Equipment Type Elevator
Equipment ID UNIVERSITY LIFT
Equipment Number 40204503
Street PUNE BANGALORE ROAD MALKAPUR KARAD
DIT SATARA
Postal Code / City 415110 KARAD

Job Description 2nd or 3rd floor cop buttons replaced not open cop panel because cop top plate removed and all buttons are replaced
Failure Description 2nd or 3rd floor cop buttons replaced
Fitter Name / Accepted Time MADANE AVINASH SHIVAJI at 04/08/2018 10:53
Equipment Condition on Arrival Running - Not stopping accurately

Equipment Condition on Leaving 01
Reason Code Description Misuse
Action Code Description Replaced
Customer Comments now lift is running normally thanks

Customer Signature

10280129

Signed By Mr Bhambure sir

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KONE
Status Closed



Dispatch number 10254440
Caller Name / Time at 03/07/2018 15:20

Customer Name KRISHNA INSTITUTE OF MEDICAL
Site Name KRISHNA INSTITUTE OF MEDICAL
Equipment Type Elevator
Equipment ID UNIVERSITY LIFT
Equipment Number 40204503
Street PUNE BANGALORE ROAD MALKAPUR KARAD
Postal Code / City DIT SATARA
415110 KARAD

Job Description M/C Room cleaned work all landing door contact adjust
Failure Description Additional work performed during Maintenance
671275145
Fitter Name / Accepted Time MADANE AVINASH SHIVAJI at 03/07/2018 16:39
Equipment Condition on Arrival No Applicable - No Applicable

Equipment Condition on Leaving 01
Reason Code Description Outdated component
Action Code Description Adjusted
Customer Comments
Arrived Time 03/07/2018 16:40
Finished Time 03/07/2018 17:50

Customer Signature

Extra Work 671275145

Signed By Mr Bhambure sir

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Maintenance Visit Record



Site Name	UNIVERSITY BUILDING	Address	PUNE BANGALORE ROAD MALKAPUR KARAD DIT SATARA
Contract Number	41357797	City	KARAD
Equipment Number	40204503	Service Order	668145883
		Visit Date	4/5/2018
Equipment ID	UNIVERSITY LIFT	Attended by	MADANE AVINASH SHIVAJI

B: Basic module

This is a record of completion for the above maintenance modules. Should there be any items that we need to bring to your attention, following this visit a member of our team will be in contact.

Comments for Customer

N/A

Customer Signature

668145883

Customer Name KRISHNA INSTITUTE OF MEDICAL

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KONE
Status Closed



Dispatch number 10325363
Caller Name / Time at 08/09/2018 09:51

Customer Name KRISHNA INSTITUTE OF MEDICAL
Site Name KRISHNA INSTITUTE OF MEDICAL
Equipment Type Elevator
Equipment ID UNIVERSITY LIFT
Equipment Number 40204503
Street PUNE BANGALORE ROAD MALKAPUR KARAD
DIT SATARA
Postal Code / City 415110 KARAD

Job Description 3rd floor level adjust work
Failure Description Additional work performed during Maintenance
674524525
Fitter Name / Accepted Time MADANE AVINASH SHIVAJI at 08/09/2018 11:16
Equipment Condition on Arrival No Applicable - No Applicable

Equipment Condition on Leaving 01
Reason Code Description Change of equipment parameters
Action Code Description Not applicable
Customer Comments not applicable
Arrived Time 08/09/2018 11:16
Finished Time 08/09/2018 12:09

Customer Signature

Extra Work 674524525

Signed By

Mr Bhambure sir

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KONE Packaged Service Repair



Customer Name KRISHNA INSTITUTE OF MEDICAL

Site Name	UNIVERSITY BUILDING	Address	PUNE BANGALORE ROAD MALKAPUR KARAD DIT SATARA
Contract Number	41357797	City	KARAD
Equipment Number	40204503	KONE Order	663339005
Equipment ID	UNIVERSITY LIFT	Visit Date	20/7/2018
		Attended by	MADANE AVINASH SHIVAJI

Below is a summary of the work performed during this job:

REPAIR WORK

Job Description

work done

Customer Comments

Customer Signature

663339005

Signed By

Mr Bhambure sir

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REDMI NOTE 9
AI QUAD CAMERA

KONE
Status Closed



Dispatch number 10326648
Caller Name / Time Mr Bhambure sir at 12/09/2018 11:39

Customer Name KRISHNA INSTITUTE OF MEDICAL
Site Name KRISHNA INSTITUTE OF MEDICAL
Equipment Type Elevator
Equipment ID UNIVERSITY LIFT
Equipment Number 40204503
Street PUNE BANGALORE ROAD MALKAPUR KARAD
DIT SATARA
Postal Code / City 415110 KARAD

Job Description controller wiring supply or finally fine problem
change CPU or both 3 card replaced and checked
now lift running normally
Failure Description lift not work when cop card is not work properly
Fitter Name / Accepted Time MADANE AVINASH SHIVAJI at 12/09/2018 11:45
Equipment Condition on Arrival Not running - At floor - door closed

Equipment Condition on Leaving 01
Reason Code Description Outdated component
Action Code Description Tested
Customer Comments not applicable
Arrived Time 12/09/2018 13:21
Finished Time 12/09/2018 15:59

Customer Signature

10326648

Signed By

Mr yogesh sir

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KONE
Status Closed



Dispatch number 10192876
Caller Name / Time at 29/05/2018 14:47

Site Name UNIVERSITY BUILDING
Equipment Type Elevator
Equipment ID UNIVERSITY LIFT
Equipment Number 40204503
Street PUNE BANGALORE ROAD MALKAPUR KARAD
DIT SATARA
Postal Code / City 415110 KARAD

Job Description car top pit or shaft Equipment cleaning work done
Failure Description car top or pit and shafts Equipment cleaning work
Fitter Name / Accepted Time MADANE AVINASH SHIVAJI at 29/05/2018 14:50
Equipment Condition on Arrival Running - Running correctly (no fault found)

Equipment Condition on Leaving 01
Reason Code Description Outdated component
Action Code Description Cleaned - Spillage
Customer Comments N/A
Arrived Time 30/05/2018 08:31
Finished Time 30/05/2018 13:15

Customer Signature

10192876

Mr Bhambure sir

Customer Name

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Maintenance Visit Record



Customer Name KRISHNA INSTITUTE OF MEDICAL

Site Name KRISHNA INSTITUTE OF MEDICAL

Address

PUNE
BANGALORE
ROAD MALKAPUR
KARAD DIT
SATARA

Contract Number 41357797

City

KARAD

Equipment Number 40204503

Service Order 672964267

Equipment ID UNIVERSITY LIFT

Visit Date 8/8/2018

Attended by MADANE
AVINASH SHIVAJI

Y: Basic inspection
M: Machine module
C: Control panel module
A: ARD module

This is a record of completion for the above maintenance modules. Should there be any items that we need to bring to your attention, following this visit a member of our team will be in contact.

Job Description

preventive maintenance service done fan Allarm and intercom check working ok emergency lights check working ok all landing door contact check working ok all landing and car HLG Display check working ok lubrication oil 1000ml

Customer Comments

N/A

Customer Signature



672964267

Signed By

Mr Bhambure sir

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2019

Maintenance Visit Record



Customer Name KRISHNA INSTITUTE OF MEDICAL

Site Name	KRISHNA INSTITUTE OF MEDICAL	Address	PUNE BANGALORE ROAD MALKAPUR KARAD DIT SATARA
Contract Number	41357797	City	KARAD
Equipment Number	40204503	Service Order	691959086
Equipment ID	UNIVERSITY LIFT	Visit Date	2/7/2019
		Attended by	MADANE AVINASH SHIVAJI

Y: Basic inspection
Z: Signalisation module

This is a record of completion for the above maintenance modules. Should there be any items that we need to bring to your attention, following this visit a member of our team will be in contact.

Job Description

Preventive meantenance service done fan Allarm and intercom check working ok

Customer Comments

Arrived Time 02/07/2019 09:20
Finished Time 06/07/2019 17:22

Customer Signature

Signed By

Mr Bhambure sir

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KONE Packaged Service Repair



Customer Name KRISHNA INSTITUTE OF MEDICAL

Site Name KRISHNA INSTITUTE OF MEDICAL

Address

PUNE
BANGALORE
ROAD MALKAPUR
KARAD DIT
SATARA

Contract Number 41357797

City

KARAD

Equipment Number 40204503

KONE Order

691597998

Equipment ID UNIVERSITY LIFT

Visit Date

2/7/2019

Attended by

MADANE AVINASH
SHIVAJI

Below is a summary of the work performed during this job:

Planned Order

Job Description

capacitor replaced work done

Customer Comments

Arrived Time 02/07/2019 12:02

Finished Time 02/07/2019 16:10

Customer Signature

41357797

Signed By

Mr Bhambure sir

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KONE Packaged Service Repair



Customer Name	KRISHNA INSTITUTE OF MEDICAL		
Site Name	KRISHNA INSTITUTE OF MEDICAL	Address	PUNE BANGALORE ROAD MALKAPUR KARAD DIT SATARA
Contract Number	41357797	City	KARAD
Equipment Number	40204503	KONE Order	691597995
Equipment ID	UNIVERSITY LIFT	Visit Date	2/7/2019
		Attended by	MADANE AVINASH SHIVAJI

Below is a summary of the work performed during this job:

Planned Order

Job Description

CVT capacitor replaced work done

Customer Comments

Arrived Time 02/07/2019 11:35
Finished Time 02/07/2019 12:02

Customer Signature

691597995

Signed By Mr Bhambure sir

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KONE Status Closed



Dispatch number 10578706
Caller Name / Time MADANE AVINASH SHIVAJI at 01/06/2019 09:09

Customer Name KRISHNA INSTITUTE OF MEDICAL
Site Name KRISHNA INSTITUTE OF MEDICAL
Equipment Type Elevator
Equipment ID UNIVERSITY LIFT
Equipment Number 40204503
Street PUNE BANGALORE ROAD MALKAPUR KARAD
DIT SATARA
Postal Code / City 415110 KARAD

Job Description lift running time noice problem
Failure Description Additional work performed during Maintenance
689637322
Fitter Name / Accepted Time MADANE AVINASH SHIVAJI at 01/06/2019 10:11
Equipment Condition on Arrival No Applicable - No Applicable

Equipment Condition on Leaving 01
Reason Code Description Misuse
Action Code Description Adjusted
Customer Comments
Arrived Time 01/06/2019 10:12
Finished Time 01/06/2019 11:16

Customer Signature

Enter Work 689637322

Signed By

Mr Bhambure sir

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KONE

Status Closed



Dispatch number 10448440
Caller Name / Time at 04/01/2019 09:31

Customer Name KRISHNA INSTITUTE OF MEDICAL
Site Name KRISHNA INSTITUTE OF MEDICAL
Equipment Type Elevator
Equipment ID UNIVERSITY LIFT
Equipment Number 40204503
Street PUNE BANGALORE ROAD MALKAPUR KARAD
DIT SATARA
Postal Code / City 415110 KARAD

Job Description pit pulley shorting and all safety check working
Failure Description Additional work performed during Maintenance
681389209
Fitter Name / Accepted Time MADANE AVINASH SHIVAJI at 04/01/2019 10:15
Equipment Condition on Arrival No Applicable - No Applicable

Equipment Condition on Leaving 01
Reason Code Description Inspection
Action Code Description Not applicable
Customer Comments Not applicable
Arrived Time 04/01/2019 10:17
Finished Time 04/01/2019 11:27

Customer Signature

Extra Work 681389209

Signed By

Mr Bhambure sir

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Maintenance Visit Record



Customer Name KRISHNA INSTITUTE OF MEDICAL

Site Name KRISHNA INSTITUTE OF MEDICAL

Address

PUNE
BANGALORE
ROAD MALKAPUR
KARAD DIT
SATARA

Contract Number 41357797

City

KARAD

Equipment Number 40204503

Service Order 681389209

Visit Date 4/1/2019

Equipment ID UNIVERSITY LIFT

Attended by

MADANE
AVINASH SHIVAJI

Y: Basic inspection

Z: Signalisation module

This is a record of completion for the above maintenance modules. Should there be any items that we need to bring to your attention, following this visit a member of our team will be in contact.

Job Description

Preventive meantenance service done fan Allarm and intercom check working ok emergency lights check working ok all landing door contact check working ok all landing and car HLG Display check working ok lubrication oil 1000ml used

Customer Comments

all safety checks working ok all up final down final check working ok

Arrived Time 04/01/2019 09:33

Finished Time 12/01/2019 15:59

Customer Signature

681389209

Signed By

Mr Bhambure sir

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REDMI NOTE 9

AI QUAD CAMERA

KONE Status Closed



Dispatch number 10519780
Caller Name / Time - at 05/04/2019 11:41

Customer Name KRISHNA INSTITUTE OF MEDICAL
Site Name KRISHNA INSTITUTE OF MEDICAL
Equipment Type Elevator
Equipment ID UNIVERSITY LIFT
Equipment Number 40204503
Street PUNE BANGALORE ROAD MALKAPUR KARAD
DIT SATARA
Postal Code / City 415110 KARAD

Job Description mc room cleaning work done and shaft light tube lights and bulb replaced
Failure Description mc room light replaced work
Fitter Name / Accepted Time MADANE AVINASH SHIVAJI at 05/04/2019 11:44
Equipment Condition on Arrival Running - Running correctly (no fault found)

Equipment Condition on Leaving 01
Reason Code Description Cleaning assistance
Action Code Description Not applicable
Customer Comments Customer satisfied and happy
Arrived Time 05/04/2019 11:45
Finished Time 05/04/2019 13:09

Customer Signature

10519780

Signed By

Mr H.R.Khable

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KONE

Status Closed



Dispatch number 10714973
Caller Name / Time - at 25/10/2019 13:39

Customer Name KRISHNA INSTITUTE OF MEDICAL
Site Name KRISHNA INSTITUTE OF MEDICAL
Equipment Type Elevator
Equipment ID UNIVERSITY LIFT
Equipment Number 40204503
Street PUNE BANGALORE ROAD MALKAPUR KARAD
DIT SATARA
Postal Code / City 415110 KARAD

Job Description now lift working ok
Failure Description door contact roller noise
Fitter Name / Accepted Time MADANE AVINASH SHIVAJI at 25/10/2019 13:47
Equipment Condition on Arrival Running - Noisy

Equipment Condition on Leaving 01
Reason Code Description Misuse
Action Code Description Tested
Customer Comments costcomer satisfied
Arrived Time 25/10/2019 15:53
Work Completed Time 25/10/2019 17:15

No signature available.

Customer Signature

Signed By

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KONE Packaged Service Repair



Customer Name KRISHNA INSTITUTE OF MEDICAL

Site Name KRISHNA INSTITUTE OF MEDICAL

Address PUNE
BANGALORE
ROAD MALKAPUR
KARAD DIT
SATARA

Contract Number 41357797

City KARAD

Equipment Number 40204503

KONE Order 691598000

Equipment ID UNIVERSITY LIFT

Attended by MADANE AVINASH
SHIVAJI

Below is a summary of the work performed during this job:

Planned Order

Job Description

cvt capacitor replaced work done

Customer Comments

Arrived Time 03/08/2019 11:55

Work Completed Time 03/08/2019 13:10

Customer Signature

691598000

Signed By

Mr H.R.Khable

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Maintenance Visit Record



Customer Name KRISHNA INSTITUTE OF MEDICAL

Site Name	KRISHNA INSTITUTE OF MEDICAL	Address	PUNE BANGALORE ROAD MALKAPUR KARAD DIT SATARA
Contract Number	41357797	City	KARAD
Equipment Number	40204503	Service Order	698868919
Equipment ID	UNIVERSITY LIFT	Attended by	MADANE AVINASH SHIVAJI

B: Basic module

This is a record of completion for the above maintenance modules. Should there be any items that we need to bring to your attention, following this visit a member of our team will be in contact.

Job Description

preventative maintenance service done fan alarm and intercom check working ok emergency light checked working ok lub oil used 1000ml

Customer Comments

costcomer satisfied

Arrived Time 04/11/2019 16:50

Work Completed Time 04/11/2019 18:10

Customer Signature

698868919

Mr H.R.Khable

Signed By

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Maintenance Visit Record



Customer Name KRISHNA INSTITUTE OF MEDICAL

Site Name KRISHNA INSTITUTE OF MEDICAL

Address

PUNE
BANGALORE
ROAD MALKAPUR
KARAD DIT
SATARA

Contract Number 41357797

City

KARAD

Equipment Number 40204503

Service Order 688740025

Equipment ID UNIVERSITY LIFT

Visit Date 15/5/2019

Attended by

MADANE AVINASH
SHIVAJI

B: Basic module

This is a record of completion for the above maintenance modules. Should there be any items that we need to bring to your attention, following this visit a member of our team will be in contact.

Job Description

Preventive maintenance service done fan Alarm and intercom check working ok all landing and car HLG Display check working ok lubrication oil 1000ml

Customer Comments

Customer satisfied

Arrived Time 15/05/2019 13:23

Finished Time 16/05/2019 17:59

Customer Signature

688740025

Signed By

Mr H.R.Khabale

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Maintenance Visit Record



Customer Name KRISHNA INSTITUTE OF MEDICAL

Site Name	KRISHNA INSTITUTE OF MEDICAL	Address	PUNE BANGALORE ROAD MALKAPUR KARAD DIT SATARA
Contract Number	41357797	City	KARAD
Equipment Number	40204503	Service Order	695354739
Equipment ID	UNIVERSITY LIFT	Attended by	MADANE AVINASH SHIVAJI

Y: Basic inspection
D: Door operator module
L: Landing door module

This is a record of completion for the above maintenance modules. Should there be any items that we need to bring to your attention, following this visit a member of our team will be in contact.

Job Description

preventative maintenance service done fan alarm and intercom check working ok emergency light checked working ok all landing and car Ele OR mech safety checked working ok lub oil used 1000ml

Customer Comments

costcomer satisfied

Arrived Time 30/09/2019 08:45

Work Completed Time 30/09/2019 10:00

Customer Signature

Signed By  Mr Bhambure sir

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Maintenance Visit Record



Customer Name KRISHNA INSTITUTE OF MEDICAL

Site Name KRISHNA INSTITUTE OF MEDICAL

Address PUNE
BANGALORE
ROAD MALKAPUR
KARAD DIT
SATARA

Contract Number 41357797

City KARAD

Equipment Number 40204503

Service Order 693664846

Equipment ID UNIVERSITY LIFT

Attended by MADANE AVINASH
SHIVAJI

Y: Basic inspection
M: Machine module
C: Control panel module

This is a record of completion for the above maintenance modules. Should there be any items that we need to bring to your attention, following this visit a member of our team will be in contact.

Job Description

preventive maintenance service done fan alarm and emergency lights check working ok m/c brake liners check working ok m/c oil levels and thickness check ok car top and pit cleaned work done lubrication oil oil 1000ml

Customer Comments

Arrived Time 03/08/2019 09:33
Work Completed Time 03/08/2019 10:50

Customer Signature

693664846

Signed By Mr H.R.Khable

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2020

University

Maintenance Visit Record



Customer Name KRISHNA INSTITUTE OF MEDICAL

Site Name	KRISHNA INSTITUTE OF MEDICAL	Address	PUNE BANGALORE ROAD MALKAPUR KARAD DIT SATARA
Contract Number	41357797	City	KARAD
Equipment Number	40204503	Service Order	720576007
Equipment ID	UNIVERSITY LIFT	Attended by	MADANE AVINASH SHIVAJI

B: Basic module

This is a record of completion for the above maintenance modules. Should there be any items that we need to bring to your attention, following this visit a member of our team will be in contact.

Job Description
Routine maintenance completed, back to normal

Customer Comments
Due to Covid-19 situation Signature is not obtained for the services rendered in your premises . However report is sent to the registered mail ID for record purpose.

Arrived Time 05/11/2020 09:26
Work Completed Time 05/11/2020 10:27

Customer Signature

720576007

Signed By Mr Bhambure sir

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Maintenance Visit Record



Customer Name: KRISHNA INSTITUTE OF MEDICAL

Site Name	KRISHNA INSTITUTE OF MEDICAL	Address	PUNE BANGALORE ROAD MALKAPUR KARAD DIST SATARA
Contract Number	41357797	City	KARAD
Equipment Number	40204503	Service Order	720576007
Equipment ID	UNIVERSITY LIFT	Attended by	MADANE AVINASH SHIVAJI

B: Basic module

This is a record of completion for the above maintenance modules. Should there be any items that we need to bring to your attention, following this visit a member of our team will be in contact.

Job Description

Routine maintenance completed, back to normal

Customer Comments

Due to Covid-19 situation Signature is not obtained for the services rendered in your premises . However report is sent to the registered mail ID for record purpose.

Arrived Time 05/11/2020 09:26

Work Completed Time 05/11/2020 10:27

Customer Signature

720576007

Signed By

Mr Bhambure sir

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Maintenance Visit Record



Customer Name KRISHNA INSTITUTE OF MEDICAL

Site Name KRISHNA INSTITUTE OF MEDICAL

Address

PUNE
BANGALORE
ROAD MALKAPUR
KARAD DIT
SATARA

Contract Number 41357797

City

KARAD

Equipment Number 40204503

Service Order

709444215

Equipment ID UNIVERSITY LIFT

Attended by

MADANE AVINASH
SHIVAJI

B: Basic module

This is a record of completion for the above maintenance modules. Should there be any items that we need to bring to your attention, following this visit a member of our team will be in contact.

Job Description

* Maintenance activity * 1) preventive maintenance service done 2) fan alarm and intercom check working ok 3) all landing and car Electrical or mechanical contact check working ok 4) Lubrication Oil used 1000ml 5) HLG Display check working ok

Customer Comments

customer satisfied

Arrived Time 29/05/2020 09:13

Work Completed Time 29/05/2020 10:15

Customer Signature

70944215

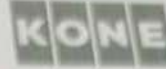
Signed By

Mr Bhambure sir

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Tel No: +91 20252 86962. Fax: . . . www.kone.com, konein@kone.com

Maintenance Visit Record



Customer Name KRISHNA INSTITUTE OF MEDICAL

Site Name	KRISHNA INSTITUTE OF MEDICAL	Address	PUNE BANGALORE ROAD MALKAPUR KARAD DIT SATARA
Contract Number	41357797	City	KARAD
Equipment Number	40204503	Service Order	711088129
Equipment ID	UNIVERSITY LIFT	Attended by	MADANE AVINASH SHIVAJI

Y: Basic inspection
S: Shaft module

This is a record of completion for the above maintenance modules. Should there be any items that we need to bring to your attention, following this visit a member of our team will be in contact.

Job Description

* Maintenance activity * 1) preventive maintenance service done 2) fan alarm and intercom check working ok 3) all landing and car Electrical or mechanical contact check working ok 4) Lubrication Oil used 1000ml 5) HLG Display check working ok

Customer Comments

customer satisfied

Arrived Time 02/06/2020 14:17

Work Completed Time 02/06/2020 15:23

Customer Signature

Signed By

Mr Bhambure sir

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Tel No: +91 20252 86962, Fax: , www.kone.com, konein@kone.com

Maintenance Visit Record



Customer Name KRISHNA INSTITUTE OF MEDICAL

Site Name KRISHNA INSTITUTE OF MEDICAL

Address PUNE
BANGALORE
ROAD MALKAPUR
KARAD DIT
SATARA

Contract Number 41357797

City KARAD

Equipment Number 40204503

Service Order 709444215

Equipment ID UNIVERSITY LIFT

Attended by MADANE AVINASH
SHIVAJI

B: Basic module

This is a record of completion for the above maintenance modules. Should there be any items that we need to bring to your attention, following this visit a member of our team will be in contact.

Job Description

* Maintenance activity * 1) preventive maintenance service done 2)fan alarm and intercom check working ok 3)all landing and car Electrical or mechanical contact check working ok 4)Lubrication Oil used 1000ml 5) HLG Display check working ok

Customer Comments

customer satisfied

Arrived Time 29/05/2020 09:13

Work Completed Time 29/05/2020 10:15

Customer Signature

7544215

Signed By

Mr Bhambure sir

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KONE Elevators India Pvt Ltd, PUNE, 411038
Tel No: +91 20252 86962, Fax: , www.kone.com, konein@kone.com

Maintenance Visit Record



Customer Name KRISHNA INSTITUTE OF MEDICAL

Site Name KRISHNA INSTITUTE OF MEDICAL

Address PUNE
BANGALORE
ROAD MALKAPUR
KARAD DIT
SATARA

Contract Number 41357797

City KARAD

Equipment Number 40204503

Service Order 711088129

Equipment ID UNIVERSITY LIFT

Attended by MADANE AVINASH
SHIVAJI

Y: Basic inspection
S: Shaft module

This is a record of completion for the above maintenance modules. Should there be any items that we need to bring to your attention, following this visit a member of our team will be in contact.

Job Description

* Maintenance activity * 1) preventive maintenance service done 2) fan alarm and intercom check working ok 3) all landing and car Electrical or mechanical contact check working ok 4) Lubrication Oil used 1000ml 5) HLG Display check working ok

Customer Comments

customer satisfied

Arrived Time 02/06/2020 14:17

Work Completed Time 02/06/2020 15:23

Customer Signature

Signed By

Mr Bhambure sir

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Maintenance Visit Record

Customer Name KRISHNA INSTITUTE OF MEDICAL



Site Name KRISHNA INSTITUTE OF MEDICAL

Address PUNE
BANGALORE
ROAD MALKAPUR
KARAD DIT
SATARA

Contract Number 41357797

City KARAD

Equipment Number 40204503

Service Order 704162801

Equipment ID UNIVERSITY LIFT

Attended by MADANE AVINASH
SHIVAJI

Y: Basic inspection
M: Machine module
C: Control panel module

This is a record of completion for the above maintenance modules. Should there be any items that we need to bring to your attention, following this visit a member of our team will be in contact.

Job Description

preventive maintenance service done fan alarm and intercom check working ok all landing and car HLG Display check working ok all shaft light check working ok all landing and car Electrical or mechanical contact check working ok Lubrication Oil used 1000ml

Customer Comments

customer satisfied

Arrived Time 04/02/2020 15:01

Work Completed Time 04/02/2020 16:19

Customer Signature

25/11/2021

Signed By

Mr Bhambure sir

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KONE Packaged Service Repair



Customer Name	KRISHNA INSTITUTE OF MEDICAL		
Site Name	KRISHNA INSTITUTE OF MEDICAL	Address	PUNE BANGALORE ROAD MALKAPUR KARAD DIT SATARA
Contract Number	41357787	City	KARAD
Equipment Number	40204503	KONE Order	704783671
Equipment ID	UNIVERSITY LIFT	Attended by	MADANE AVINASH SHIVAJI

Below is a summary of the work performed during this job:

Planned Order

Job Description

osg switch work done

Customer Comments

Arrived Time 27/02/2020 09:38

Work Completed Time 27/02/2020 10:23

Customer Signature

704783671

Signed By

Mr Bhambure sir

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Maintenance Visit Record



Customer Name KRISHNA INSTITUTE OF MEDICAL

Site Name KRISHNA INSTITUTE OF MEDICAL

Contract Number 41357797

Equipment Number 40204503

Equipment ID UNIVERSITY LIFT

Address PUNE
BANGALORE
ROAD MALKAPUR
KARAD DIT
SATARA

City KARAD

Service Order 704162801

Attended by MADANE AVINASH
SHIVAJI

Y: Basic inspection
M: Machine module
C: Control panel module

This is a record of completion for the above maintenance modules. Should there be any items that we need to bring to your attention, following this visit a member of our team will be in contact.

Job Description

preventive maintenance service done fan alarm and intercom check working ok all landing and car HLG Display check working ok all shaft light check working ok all landing and car Electrical or mechanical contact check working ok Lubrication Oil used 1000ml

Customer Comments

customer satisfied

Arrived Time 04/02/2020 15:01

Work Completed Time 04/02/2020 16:19

Customer Signature

26412801

Signed By

Mr Bhambure sir

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Tel No: +91 20252 86962, Fax: , www.kone.com, konein@kone.com

Maintenance Visit Record

Customer Name KRISHNA INSTITUTE OF MEDICAL



Site Name KRISHNA INSTITUTE OF MEDICAL

Address PUNE
BANGALORE
ROAD MALKAPUR
KARAD DIT
SATARA

Contract Number 41357797

City KARAD

Equipment Number 40204503

Service Order 702341578

Equipment ID UNIVERSITY LIFT

Attended by MADANE AVINASH
SHIVAJI

Y: Basic inspection
Z: Signalisation module

This is a record of completion for the above maintenance modules. Should there be any items that we need to bring to your attention, following this visit a member of our team will be in contact.

Job Description

preventive maintenance service done fan alarm and intercom check working ok all landing and car
Electrical or mechanical contact check working ok all landing and car HLG Display check working ok
lubrication oil use 1000ml

Customer Comments

Arrived Time 03/01/2020 09:11

Work Completed Time 03/01/2020 09:52

Customer Signature

702341578

Signed By


Mr Bhambure sir

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Medical College KONE

New lift from 2017

N No 079450
Dedicated to People Flow™


KONE Elevator India Private Ltd Maintenance Report

Building Name: <u>Medical College</u>		City / Town: <u>Chennai</u>	
Customer Contact Number: <u>044-26111111</u>		Service Order Number: <u>1000000000</u>	
Plant Section: <u>Medical College</u>		Work Center: <u>Medical College</u>	
Product Type: <input type="checkbox"/> Elevator <input type="checkbox"/> Escalator <input type="checkbox"/> Autowalk		Equipment Number: <u>1000000000</u>	
Type of Visit: <input type="checkbox"/> PM <input type="checkbox"/> Call Out <input type="checkbox"/> Repair <input type="checkbox"/> Audit		Equipment ID: <u>1000000000</u>	
Date/Time of Call Out: <u>10/10/2017 10:00 AM</u>		Job Status: <input type="checkbox"/> Closed <input type="checkbox"/> Not Closed	
Start Count Reading / Hour Meter Reading: <u>0000000000</u>			

Technician Name: <u>Aravind</u>	Travel Time: <u>15</u>	Arrival Date: <u>10/10/2017</u>	Arrival Time: <u>10:15 AM</u>	Restored Date: <u>10/10/2017</u>	Restored Time: <u>10:30 AM</u>
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Status on Arrival

 Running Correctly
 Not Running-On level
 Not Running-Escalator
 Running With Problem
 Not Running- Out of Level
 Entrapment

Rectification Result

 Equipment Running
 Equipment Running, not yet fixed
 Equipment not Running, not yet fixed

Maintenance Module	Completed	Rectification Area		Completed
		Elevator	Escalator	
Basic Inspection	<input checked="" type="checkbox"/>	Guide Rails	Drive Station	<input checked="" type="checkbox"/>
Basic Module	<input checked="" type="checkbox"/>	Doors and Entrances	Track System	<input checked="" type="checkbox"/>
Shaft Module	<input checked="" type="checkbox"/>	M/C Room Equipments	Truss	<input checked="" type="checkbox"/>
Landing Door Module	<input checked="" type="checkbox"/>	Shaft Equipments	Safety Signs/Cladding	<input checked="" type="checkbox"/>
Door Operator Module	<input checked="" type="checkbox"/>	Car	Skirting	<input checked="" type="checkbox"/>
Control Panel Module	<input checked="" type="checkbox"/>	Car Sling	Handrail System	<input checked="" type="checkbox"/>
Machine Module	<input checked="" type="checkbox"/>	Counter Weight	Step Band	<input checked="" type="checkbox"/>
Signalization Module	<input checked="" type="checkbox"/>	Rope Assemblies	Floor Plate	<input checked="" type="checkbox"/>
MX Module	<input checked="" type="checkbox"/>	Control System	Comb Carrier	<input checked="" type="checkbox"/>
Drive Module (Escalator)	<input checked="" type="checkbox"/>	Drive System	Electrical System	<input checked="" type="checkbox"/>
Brake Module (Escalator)	<input checked="" type="checkbox"/>	Signalization	Deckings	<input checked="" type="checkbox"/>
Handrail Module (Escalator)	<input checked="" type="checkbox"/>	Peripheral Devices	Balustrades	<input checked="" type="checkbox"/>
Comb Plate Module (Escalator)	<input checked="" type="checkbox"/>		Power Supply	<input checked="" type="checkbox"/>
Guide Module (Escalator)	<input checked="" type="checkbox"/>		Others	<input checked="" type="checkbox"/>
Step Module (Escalator)	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>

Technician's Remarks	Non-Kone Reason	
	<input type="checkbox"/> Y	<input type="checkbox"/> N
<u>A preventive maintenance service done</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>for Alarm, Intercom, Emergency light</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>working</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>A building on car not buttons are</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>working</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Working on 4th floor display panel</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>working etc.</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Works/Parts Replaced

A new lift is running ok


① Lubrication oil = 1 LTR

Customer Comments

Good

Technician Name/Employee No. : <u>Aravind</u>	Technician Signature: <u>Aravind</u>
Customer Name: <u>Medical College</u>	Customer Signature: <u>Aravind</u>
Route Supervisor Name: <u>Aravind</u>	Route Supervisor Signature: <u>Aravind</u>

KONE Customer Care Center Toll Free Number : 1800 108 1234 / 1800 425 4254


KESV/F001/G/12

medicow collage of scv

G N^o 080738

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134

KONE Elevator India Private Ltd				Maintenance Report			
Building Name	Krisna hospital medicow collage			City / Town	kairad.		
Customer Contact Number	Mr. bhambure sir 8796524969			Service Order Number	659052209		
Plant Section	TNTZ			Planner Group	DMS II		
Product Type	<input checked="" type="checkbox"/> Elevator	<input type="checkbox"/> Escalator	<input type="checkbox"/> Autowalk	Work Center	282 DMS II		
Type of Visit	<input checked="" type="checkbox"/> PM	<input type="checkbox"/> Call Out	<input type="checkbox"/> Repair	Equipment Number	42362796		
Date/Time of Call Out				Equipment ID	31505080		
Start Count Reading / Hour				Job Status	<input checked="" type="checkbox"/> Closed	<input type="checkbox"/> Not Closed	
Meter Reading	[] [] [] [] [] [] [] [] [] []						

Technician Name	Travel Time	Arrival Date	Arrival Time	Restored Date	Restored Time
Avinash	45 min	17/12/2017	4:30	17/12/2017	5:30

Status on Arrival		Rectification Result	
<input checked="" type="checkbox"/> Running Correctly	<input type="checkbox"/> Running With Problem	<input type="checkbox"/> Equipment Running	
<input type="checkbox"/> Not Running-On level	<input type="checkbox"/> Not Running-Out of Level	<input type="checkbox"/> Equipment Running, not yet fixed	
<input type="checkbox"/> Not Running-Escalator	<input type="checkbox"/> Entrapment	<input type="checkbox"/> Equipment not Running, not yet fixed	

Maintenance Module	Completed	Rectification Area		Completed
		Elevator	Escalator	
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Basic Inspection	<input checked="" type="checkbox"/>	Guide Rails	Drive Station	<input type="checkbox"/>
Basic Module	<input type="checkbox"/>	Doors and Entrances	Track System	<input type="checkbox"/>
Shaft Module	<input checked="" type="checkbox"/>	M/C Room Equipments	Truss	<input type="checkbox"/>
Landing Door Module	<input type="checkbox"/>	Shaft Equipments	Safety Signs/Cladding	<input type="checkbox"/>
Door Operator Module	<input type="checkbox"/>	Car	Skirting	<input type="checkbox"/>
Control Panel Module	<input type="checkbox"/>	Car Sling	Handrail System	<input type="checkbox"/>
Machine Module	<input type="checkbox"/>	Counter Weight	Step Band	<input type="checkbox"/>
Signalization Module	<input type="checkbox"/>	Rope Assemblies	Floor Plate	<input type="checkbox"/>
MX Module	<input type="checkbox"/>	Control System	Comb Carrier	<input type="checkbox"/>
Drive Module (Escalator)	<input type="checkbox"/>	Drive System	Electrical System	<input type="checkbox"/>
Brake Module (Escalator)	<input type="checkbox"/>	Signalization	Deckings	<input type="checkbox"/>
Handrail Module (Escalator)	<input type="checkbox"/>	Peripheral Devices	Balustrades	<input type="checkbox"/>
Comb Plate Module (Escalator)	<input type="checkbox"/>		Power Supply	<input type="checkbox"/>
Guide Module (Escalator)	<input type="checkbox"/>		Others	<input type="checkbox"/>
Step Module (Escalator)	<input type="checkbox"/>			<input type="checkbox"/>

Technician's Remarks	Non-Kone Reason
* preventive maintenance service done.	<input type="checkbox"/> Y <input type="checkbox"/>
* fan, Alarm, Intercom check working ok	<input type="checkbox"/> Y <input type="checkbox"/>
* Emergency light check working ok	<input type="checkbox"/> Y <input type="checkbox"/>
* E.R.D. operational. check working ok.	<input type="checkbox"/> Y <input type="checkbox"/>
* shaft Equipments. check ok.	<input type="checkbox"/> Y <input type="checkbox"/>

Additional Works/Parts Replaced	* check Rope condition check ok. * lubrication oil half LTR
--	--

Customer Comments	
--------------------------	--

Technician Name/Employee No.:	Avinash 4010941	Technician Signature	<i>[Signature]</i>
Customer Name:	Mr. Bhambure sir	Customer Signature	<i>[Signature]</i>

REDMI NOTE 9 AI QUAD CAMERA

FILE NO.

N

No 079459

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KONE Elevator India Private Ltd Maintenance Report

Building Name	knary medical college	City / Town	Karad
Customer Contact Number		Service Order Number	23200611
Plant Section	JN12	Planner Group	DMG II
Product Type	<input checked="" type="checkbox"/> Elevator <input type="checkbox"/> Escalator <input type="checkbox"/> Autowalk	Work Center	42262798
Type of Visit	<input checked="" type="checkbox"/> PM <input type="checkbox"/> Call Out <input type="checkbox"/> Repair <input type="checkbox"/> Audit	Equipment Number	
Date/Time of Call Out		Equipment ID	
Start Count Reading / Hour		Job Status	<input type="checkbox"/> Closed <input type="checkbox"/> Not Closed
Meter Reading			

Technician Name	Travel Time	Arrival Date	Arrival Time	Restored Date	Restored Time
Ajayash	40 min	10/10/2017	9:25 AM	10/10/2017	10:35

Status on Arrival		Rectification Result	
<input checked="" type="checkbox"/> Running Correctly	<input type="checkbox"/> Running With Problem	<input checked="" type="checkbox"/> Equipment Running	
<input type="checkbox"/> Not Running-On level	<input type="checkbox"/> Not Running-Out of Level	<input type="checkbox"/> Equipment Running, not yet fixed	
<input type="checkbox"/> Not Running-Escalator	<input type="checkbox"/> Entrapment	<input type="checkbox"/> Equipment not Running, not yet fixed	

Maintenance Module	Completed	Rectification Area		Completed
		Elevator	Escalator	
Basic Inspection	<input type="checkbox"/>	Guide Rails	Drive Station	<input type="checkbox"/>
Basic Module	<input type="checkbox"/>	Doors and Entrances	Track System	<input type="checkbox"/>
Shaft Module	<input type="checkbox"/>	M/C Room Equipments	Truss	<input type="checkbox"/>
Landing Door Module	<input type="checkbox"/>	Shaft Equipments	Safety Signs/Cladding	<input type="checkbox"/>
Door Operator Module	<input type="checkbox"/>	Car	Skirting	<input type="checkbox"/>
Control Panel Module	<input type="checkbox"/>	Car Sling	Handrail System	<input type="checkbox"/>
Machine Module	<input type="checkbox"/>	Counter Weight	Step Band	<input type="checkbox"/>
Signalization Module	<input type="checkbox"/>	Rope Assemblies	Floor Plate	<input type="checkbox"/>
MX Module	<input type="checkbox"/>	Control System	Comb Carrier	<input type="checkbox"/>
Drive Module (Escalator)	<input type="checkbox"/>	Drive System	Electrical System	<input type="checkbox"/>
Brake Module (Escalator)	<input type="checkbox"/>	Signalization	Deckings	<input type="checkbox"/>
Handrail Module (Escalator)	<input type="checkbox"/>	Peripheral Devices	Balustrades	<input type="checkbox"/>
Comb Plate Module (Escalator)	<input type="checkbox"/>		Power Supply	<input type="checkbox"/>
Guide Module (Escalator)	<input type="checkbox"/>		Others	<input type="checkbox"/>
Step Module (Escalator)	<input type="checkbox"/>			<input type="checkbox"/>

Technician's Remarks	Non-Kone Reason	
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N

Additional Works/Parts Replaced

* Emergency light working ok

* All Landing & car HLG clean ok

* Now lift is running normally

* Lubrication oil half LTR

Customer Comments

Technician Name/Employee No.:	Ajayash 40101041	Technician Signature	<i>Ajayash</i>
Customer Name	Mr. Bharadwaj	Customer Signature	<i>Bharadwaj</i>
Route Supervisor Name	Mr. T.D. Jadhav	Route Supervisor Signature	<i>T.D. Jadhav</i>

KONE Customer Care Center Toll Free Number: 1800 108 1234 / 1800 425 4254

N

No 079460

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KONE Elevator India Private Ltd Maintenance Report

Building Name	Kusma medical collage		City / Town	Kanad
Customer Contact Number			Service Order Number	
Plant Section	TN 12	Planner Group	Dmg II	Work Center
Product Type	<input checked="" type="checkbox"/> Elevator	<input type="checkbox"/> Escalator	<input type="checkbox"/> Autowalk	Equipment Number
Type of Visit	<input type="checkbox"/> PM	<input type="checkbox"/> Call Out	<input checked="" type="checkbox"/> Repair	<input type="checkbox"/> Audit
Date/Time of Call Out			Equipment ID	
Start Count Reading / Hour			Job Status	<input type="checkbox"/> Closed <input type="checkbox"/> Not Closed
Meter Reading	□□□□□□□□□□			

Technician Name	Travel Time	Arrival Date	Arrival Time	Restored Date	Restored Time
Avinash		10/10/2017	10:35	10/10/2017	1:00 PM

Status on Arrival		Rectification Result	
<input type="checkbox"/> Running Correctly	<input type="checkbox"/> Running With Problem	<input type="checkbox"/> Equipment Running	
<input type="checkbox"/> Not Running-On level	<input type="checkbox"/> Not Running-Out of Level	<input type="checkbox"/> Equipment Running, not yet fixed	
<input type="checkbox"/> Not Running-Escalator	<input type="checkbox"/> Entrapment	<input type="checkbox"/> Equipment not Running, not yet fixed	

Maintenance Module	Completed	Rectification Area		Completed
		Elevator	Escalator	
Basic Inspection	<input type="checkbox"/>	Guide Rails	Drive Station	<input type="checkbox"/>
Basic Module	<input type="checkbox"/>	Doors and Entrances	Track System	<input checked="" type="checkbox"/>
Shaft Module	<input type="checkbox"/>	M/C Room Equipments	Truss	<input type="checkbox"/>
Landing Door Module	<input type="checkbox"/>	Shaft Equipments	Safety Signs/Cladding	<input type="checkbox"/>
Door Operator Module	<input type="checkbox"/>	Car	Skirting	<input type="checkbox"/>
Control Panel Module	<input type="checkbox"/>	Car Sling	Handrail System	<input type="checkbox"/>
Machine Module	<input type="checkbox"/>	Counter Weight	Step Band	<input type="checkbox"/>
Signalization Module	<input type="checkbox"/>	Rope Assemblies	Floor Plate	<input type="checkbox"/>
MX Module	<input type="checkbox"/>	Control System	Comb Carrier	<input type="checkbox"/>
Drive Module (Escalator)	<input type="checkbox"/>	Drive System	Electrical System	<input type="checkbox"/>
Brake Module (Escalator)	<input type="checkbox"/>	Signalization	Deckings	<input checked="" type="checkbox"/>
Handrail Module (Escalator)	<input type="checkbox"/>	Peripheral Devices	Balustrades	<input type="checkbox"/>
Comb Plate Module (Escalator)	<input type="checkbox"/>		Power Supply	<input type="checkbox"/>
Guide Module (Escalator)	<input type="checkbox"/>		Others	<input checked="" type="checkbox"/>
Step Module (Escalator)	<input type="checkbox"/>			<input type="checkbox"/>

Technician's Remarks	Non-Kone Reason	
* Adjust Landing door come noise in door	<input type="checkbox"/> Y	<input type="checkbox"/> N
* change firemen glass ground floor	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N

Additional Works/Parts Replaced: A- Replaced single board customer cone No.

Customer Comments:

Technician Name/Employee No.:	Avinash 40102941	Technician Signature	
Customer Name	Mr. Bhambhani sir	Customer Signature	
Route Supervisor Name	Mr. J. D. Jadhav	Route Supervisor Signature	

KONE Customer Care Center Toll Free Number: 1800 108 1234 / 1800 425 4254

REDMI NOTE 9 AI QUAD CAMERA

N No 079461

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KONE Elevator India Private Ltd		Maintenance Report	
Building Name	Kristna medical science	City / Town	Kanad
Customer Contact Number		Service Order Number	
Plant Section	IN12	Planner Group	DMG 11
Product Type	<input checked="" type="checkbox"/> Elevator <input type="checkbox"/> Escalator <input type="checkbox"/> Autowalk	Work Center	
Type of Visit	<input checked="" type="checkbox"/> PM <input type="checkbox"/> Call Out <input type="checkbox"/> Repair <input type="checkbox"/> Audit	Equipment Number	42201675
Date/Time of Call Out		Equipment ID	
Start Count Reading / Hour		Job Status	<input type="checkbox"/> Closed <input type="checkbox"/> Not Closed
Meter Reading	□□□□□□□□□□		

Technician Name	Travel Time	Arrival Date	Arrival Time	Restored Date	Restored Time
Arunish	20 min	10/10/2017	7:00	10/10/2017	7:30

Status on Arrival		Rectification Result	
<input type="checkbox"/> Running Correctly	<input type="checkbox"/> Running With Problem	<input type="checkbox"/> Equipment Running	
<input type="checkbox"/> Not Running-On level	<input type="checkbox"/> Not Running-Out of Level	<input type="checkbox"/> Equipment Running, not yet fixed	
<input type="checkbox"/> Not Running-Escalator	<input type="checkbox"/> Entrapment	<input type="checkbox"/> Equipment not Running, not yet fixed	

Maintenance Module	Completed	Rectification Area		Completed
		Elevator	Escalator	
Basic Inspection	<input type="checkbox"/>	Guide Rails	Drive Station	<input type="checkbox"/>
Basic Module	<input type="checkbox"/>	Doors and Entrances	Track System	<input type="checkbox"/>
Shaft Module	<input type="checkbox"/>	M/C Room Equipments	Truss	<input type="checkbox"/>
Landing Door Module	<input type="checkbox"/>	Shaft Equipments	Safety Signs/Cladding	<input type="checkbox"/>
Door Operator Module	<input type="checkbox"/>	Car	Skirting	<input type="checkbox"/>
Control Panel Module	<input type="checkbox"/>	Car Sling	Handrail System	<input type="checkbox"/>
Machine Module	<input type="checkbox"/>	Counter Weight	Step Band	<input type="checkbox"/>
Signalization Module	<input type="checkbox"/>	Rope Assemblies	Floor Plate	<input type="checkbox"/>
MX Module	<input type="checkbox"/>	Control System	Comb Carrier	<input type="checkbox"/>
Drive Module (Escalator)	<input type="checkbox"/>	Drive System	Electrical System	<input type="checkbox"/>
Brake Module (Escalator)	<input type="checkbox"/>	Signalization	Deckings	<input type="checkbox"/>
Handrail Module (Escalator)	<input type="checkbox"/>	Peripheral Devices	Balustrades	<input type="checkbox"/>
Comb Plate Module (Escalator)	<input type="checkbox"/>		Power Supply	<input type="checkbox"/>
Guide Module (Escalator)	<input type="checkbox"/>		Others	<input type="checkbox"/>
Step Module (Escalator)	<input type="checkbox"/>			<input type="checkbox"/>

Technician's Remarks	Non-Kone Reason	
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N

Additional Works/Parts Replaced

* Landing call buttons & core call buttons are checked ok

* FRD working check ok

* Lubrication oil half liter

Customer Comments

Technician Name/Employee No. :	Arunish 410120141	Technician Signature	
Customer Name	Dr. Bhanu Prasad	Customer Signature	
Route Supervisor Name	Mr. J. D. Reddy	Route Supervisor Signature	

B No 0670551

Dedicated to People Flow™



KONE Elevator India Private Ltd		Maintenance Report	
Building Name	Kingsara Medical Collage	City / Town	Korba
Customer Contact Number		Service Order Number	554702765
Plant Section	IN12	Planner Group	282 DMG 11
Product Type	<input checked="" type="checkbox"/> Elevator <input type="checkbox"/> Escalator <input type="checkbox"/> Autowalk	Work Center	47361675
Type of Visit	<input checked="" type="checkbox"/> PM <input type="checkbox"/> Call Out <input type="checkbox"/> Repair <input type="checkbox"/> Audit	Equipment ID	0883
Date/Time of Call Out		Job Status	<input checked="" type="checkbox"/> Closed <input type="checkbox"/> Not Closed
Start Count Reading / Hour			
Meter Reading			

Technician Name	Travel Time	Arrival Date	Arrival Time	Restored Date	Restored Time
Anirash		24/8/2017	11:00	24/8/2017	12:50

Status on Arrival		Rectification Result	
<input checked="" type="checkbox"/> Running Correctly	<input type="checkbox"/> Running With Problem	<input checked="" type="checkbox"/> Equipment Running	
<input type="checkbox"/> Not Running-On level	<input type="checkbox"/> Not Running-Out of Level	<input type="checkbox"/> Equipment Running, not yet fixed	
<input type="checkbox"/> Not Running-Escalator	<input type="checkbox"/> Entrapment	<input type="checkbox"/> Equipment not Running, not yet fixed	

Maintenance Module	Completed	Rectification Area		Completed
		Elevator	Escalator	
Basic Inspection	<input checked="" type="checkbox"/>	Guide Rails	Drive Station	<input type="checkbox"/>
Basic Module	<input type="checkbox"/>	Doors and Entrances	Track System	<input type="checkbox"/>
Shaft Module	<input type="checkbox"/>	M/C Room Equipments	Truss	<input type="checkbox"/>
Landing Door Module	<input type="checkbox"/>	Shaft Equipments	Safety Signs/Cladding	<input type="checkbox"/>
Door Operator Module	<input checked="" type="checkbox"/>	Car	Skirting	<input type="checkbox"/>
Control Panel Module	<input type="checkbox"/>	Car Sling	Handrail System	<input type="checkbox"/>
Machine Module	<input type="checkbox"/>	Counter Weight	Step Band	<input type="checkbox"/>
Signalization Module	<input type="checkbox"/>	Rope Assemblies	Floor Plate	<input type="checkbox"/>
MX Module	<input type="checkbox"/>	Control System	Comb Carrier	<input type="checkbox"/>
Drive Module (Escalator)	<input type="checkbox"/>	Drive System	Electrical System	<input type="checkbox"/>
Brake Module (Escalator)	<input type="checkbox"/>	Signalization	Deckings	<input type="checkbox"/>
Handrail Module (Escalator)	<input type="checkbox"/>	Peripheral Devices	Balustrades	<input type="checkbox"/>
Comb Plate Module (Escalator)	<input type="checkbox"/>		Power Supply	<input type="checkbox"/>
Guide Module (Escalator)	<input type="checkbox"/>		Others	<input type="checkbox"/>
Step Module (Escalator)	<input type="checkbox"/>			<input type="checkbox"/>

Technician's Remarks	Non-Kone Reason	
	<input type="checkbox"/> Y	<input type="checkbox"/> N
* preventive maintenance service done	<input type="checkbox"/> Y	<input type="checkbox"/> N
* fan, Alarm, Intercom check ok	<input type="checkbox"/> Y	<input type="checkbox"/> N
* Lip B. Buttons HLA check	<input type="checkbox"/> Y	<input type="checkbox"/> N
* Emergency light working ok.	<input type="checkbox"/> Y	<input type="checkbox"/> N

Additional Works/Parts Replaced * lubrication oil half LPR

Customer Comments

Technician Name/Employee No.:	Anirash 40102941	Technician Signature	<i>Anirash</i>
Customer Name	Mr. Bhambhani Sir	Customer Signature	<i>Bhambhani</i>
Route Supervisor Name	Mr. T.D. Jadhav	Route Supervisor Signature	<i>T.D. Jadhav</i>

D No 85875 medical collage

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KONE Elevator India Private Ltd		Maintenance Report	
Building Name	Krishna Institute of medical collage	City / Town	
Customer Contact Number	12312	Service Order Number	43150794
Plant Section		Planner Group	Dmg II
Product Type	<input type="checkbox"/> Elevator <input type="checkbox"/> Escalator <input type="checkbox"/> Autowalk	Work Center	43202775
Type of Visit	<input type="checkbox"/> PM <input type="checkbox"/> Call Out <input type="checkbox"/> Repair <input type="checkbox"/> Audit	Equipment Number	4320
Date/Time of Call Out		Equipment ID	
Start Count Reading / Hour Meter Reading		Job Status	<input type="checkbox"/> Closed <input type="checkbox"/> Not Closed

Technician Name	Travel Time	Arrival Date	Arrival Time	Restored Date	Restored Time
Avinash		19/11/2017	11:00	19/11/2017	11:00

Status on Arrival	Rectification Result
<input type="checkbox"/> Running Correctly <input type="checkbox"/> Running With Problem	<input type="checkbox"/> Equipment Running
<input type="checkbox"/> Not Running-On level <input type="checkbox"/> Not Running-Out of Level	<input type="checkbox"/> Equipment Running, not yet fixed
<input type="checkbox"/> Not Running-Escalator <input type="checkbox"/> Entrapment	<input type="checkbox"/> Equipment not Running, not yet fixed

Maintenance Module	Completed	Rectification Area		Completed
		Elevator	Escalator	
Basic Inspection	<input checked="" type="checkbox"/>	Guide Rails	Drive Station	<input type="checkbox"/>
Basic Module	<input type="checkbox"/>	Doors and Entrances	Track System	<input type="checkbox"/>
Shaft Module	<input type="checkbox"/>	M/C Room Equipments	Truss	<input type="checkbox"/>
Landing Door Module	<input type="checkbox"/>	Shaft Equipments	Safety Signs/Cladding	<input type="checkbox"/>
Door Operator Module	<input type="checkbox"/>	Car	Skirting	<input type="checkbox"/>
Control Panel Module	<input type="checkbox"/>	Car Sling	Handrail System	<input type="checkbox"/>
Machine Module	<input type="checkbox"/>	Counter Weight	Step Band	<input type="checkbox"/>
Signalization Module	<input type="checkbox"/>	Rope Assemblies	Floor Plate	<input type="checkbox"/>
MX Module	<input type="checkbox"/>	Control System	Comb Carrier	<input type="checkbox"/>
Drive Module (Escalator)	<input type="checkbox"/>	Drive System	Electrical System	<input type="checkbox"/>
Brake Module (Escalator)	<input type="checkbox"/>	Signalization	Deckings	<input type="checkbox"/>
Handrail Module (Escalator)	<input type="checkbox"/>	Peripheral Devices	Balustrades	<input type="checkbox"/>
Comb Plate Module (Escalator)	<input type="checkbox"/>		Power Supply	<input type="checkbox"/>
Guide Module (Escalator)	<input type="checkbox"/>		Others	<input type="checkbox"/>
Step Module (Escalator)	<input type="checkbox"/>			<input type="checkbox"/>

Technician's Remarks	Non-Kone Reason	
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N

* preventive maintenance service done
B module

* fan, Alaram, Intercom, E light check.
working ok.

Additional Works/Parts Replaced

* Lubrication oil 500ml

* Lift working normal condition

Customer Comments

Technician Name/Employee No.:	Avinash 141029211	Technician Signature	
Customer Name	Mr. Bhambare sir	Customer Signature	
	M. D. Jadhav	Route Supervisor Signature	

ALQUAD CAMERA

KONE Customer Care Center Toll Free Number : 1800-425-4254 & 1800-425-4666

KESV/F0

G N° 080584

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KONE Elevator India Private Ltd		Maintenance Report	
Building Name	Krushama Institute of medical	City / Town	Kanpur
Customer Contact Number		Service Order Number	201712017
Plant Section	JN12	Planner Group	28201911
Product Type	<input type="checkbox"/> Elevator <input type="checkbox"/> Escalator <input type="checkbox"/> Autowalk	Work Center	28201911
Type of Visit	<input type="checkbox"/> PM <input type="checkbox"/> Call Out <input type="checkbox"/> Repair <input type="checkbox"/> Audit	Equipment Number	W/M
Date/Time of Call Out		Equipment ID	
Start Count Reading / Hour		Job Status	<input checked="" type="checkbox"/> Closed <input type="checkbox"/> Not Closed
Meter Reading			

Technician Name	Travel Time	Arrival Date	Arrival Time	Restored Date	Restored Time
Animesh	40	26/11/2017	10:00	20/11/2017	11:30

Status on Arrival		Rectification Result	
<input checked="" type="checkbox"/> Running Correctly	<input type="checkbox"/> Running With Problem	<input type="checkbox"/> Equipment Running	
<input type="checkbox"/> Not Running-On level	<input type="checkbox"/> Not Running-Out of Level	<input type="checkbox"/> Equipment Running, not yet fixed	
<input type="checkbox"/> Not Running-Escalator	<input type="checkbox"/> Entrapment	<input type="checkbox"/> Equipment not Running, not yet fixed	

Maintenance Module	Completed	Rectification Area		Completed
		Elevator	Escalator	
Basic Inspection	<input checked="" type="checkbox"/>	Guide Rails	Drive Station	<input type="checkbox"/>
Basic Module	<input checked="" type="checkbox"/>	Doors and Entrances	Track System	<input type="checkbox"/>
Shaft Module	<input type="checkbox"/>	M/C Room Equipments	Truss	<input type="checkbox"/>
Landing Door Module	<input checked="" type="checkbox"/>	Shaft Equipments	Safety Signs/Cladding	<input type="checkbox"/>
Door Operator Module	<input type="checkbox"/>	Car	Skirting	<input type="checkbox"/>
Control Panel Module	<input type="checkbox"/>	Car Sling	Handrail System	<input type="checkbox"/>
Machine Module	<input type="checkbox"/>	Counter Weight	Step Band	<input type="checkbox"/>
Signalization Module	<input type="checkbox"/>	Rope Assemblies	Floor Plate	<input type="checkbox"/>
MX Module	<input type="checkbox"/>	Control System	Comb Carrier	<input type="checkbox"/>
Drive Module (Escalator)	<input type="checkbox"/>	Drive System	Electrical System	<input type="checkbox"/>
Brake Module (Escalator)	<input type="checkbox"/>	Signalization	Deckings	<input type="checkbox"/>
Handrail Module (Escalator)	<input type="checkbox"/>	Peripheral Devices	Balustrades	<input type="checkbox"/>
Comb Plate Module (Escalator)	<input type="checkbox"/>		Power Supply	<input type="checkbox"/>
Guide Module (Escalator)	<input type="checkbox"/>		Others	<input type="checkbox"/>
Step Module (Escalator)	<input type="checkbox"/>			<input type="checkbox"/>

Technician's Remarks	<input type="checkbox"/> Y <input type="checkbox"/> N	
	<input type="checkbox"/> Y <input type="checkbox"/> N	
	<input type="checkbox"/> Y <input type="checkbox"/> N	
	<input type="checkbox"/> Y <input type="checkbox"/> N	
	<input type="checkbox"/> Y <input type="checkbox"/> N	

Additional Works/Parts Replaced

A m/c room very dirty

Lub oil 900 ml

Customer Comments

A m/c room very dirty

Technician Name/Employee No.:	Animesh 401020111	Technician Signature	
Customer Name	...	Customer Signature	
Route Supervisor Name	Mr. TD Jaisan	Route Supervisor Signature	

KONE Customer Care Center Toll Free Number : 1800 108 1234 / 1800 425 4254

G N^o 080030

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KONE Elevator India Private Ltd		Maintenance Report	
Building Name	kausma hospital	City / Town	Karad
Customer Contact Number		Service Order Number	651610694
Plant Section	IN 12	Planner Group	Dmg II
Product Type	<input checked="" type="checkbox"/> Elevator <input type="checkbox"/> Escalator <input type="checkbox"/> Autowalk	Work Center	282 BING II
Type of Visit	<input checked="" type="checkbox"/> PM <input type="checkbox"/> Call Out <input type="checkbox"/> Repair <input type="checkbox"/> Audit	Equipment Number	42367196
Date/Time of Call Out		Equipment ID	0803
Start Count Reading / Hour		Job Status	<input checked="" type="checkbox"/> Closed <input type="checkbox"/> Not Closed
Meter Reading			

Technician Name	Travel Time	Arrival Date	Arrival Time	Restored Date	Restored Time
Avinash		30/6/2017	11:50	30/6/2017	1:00 pm

Status on Arrival		Rectification Result	
<input checked="" type="checkbox"/> Running Correctly	<input type="checkbox"/> Running With Problem	<input checked="" type="checkbox"/> Equipment Running	
<input type="checkbox"/> Not Running-On level	<input type="checkbox"/> Not Running-Out of Level	<input type="checkbox"/> Equipment Running, not yet fixed	
<input type="checkbox"/> Not Running-Escalator	<input type="checkbox"/> Entrapment	<input type="checkbox"/> Equipment not Running, not yet fixed	

Maintenance Module	Completed	Rectification Area		Completed
		Elevator	Escalator	
Basic Inspection	<input checked="" type="checkbox"/>	Guide Rails	Drive Station	<input type="checkbox"/>
Basic Module	<input type="checkbox"/>	Doors and Entrances	Track System	<input type="checkbox"/>
Shaft Module	<input type="checkbox"/>	M/C Room Equipments	Truss	<input type="checkbox"/>
Landing Door Module	<input type="checkbox"/>	Shaft Equipments	Safety Signs/Cladding	<input type="checkbox"/>
Door Operator Module	<input type="checkbox"/>	Car	Skirting	<input type="checkbox"/>
Control Panel Module	<input type="checkbox"/>	Car Sling	Handrail System	<input type="checkbox"/>
Machine Module	<input type="checkbox"/>	Counter Weight	Step Band	<input type="checkbox"/>
Signalization Module	<input checked="" type="checkbox"/>	Rope Assemblies	Floor Plate	<input type="checkbox"/>
MX Module	<input type="checkbox"/>	Control System	Comb Carrier	<input type="checkbox"/>
Drive Module (Escalator)	<input type="checkbox"/>	Drive System	Electrical System	<input type="checkbox"/>
Brake Module (Escalator)	<input type="checkbox"/>	Signalization	Deckings	<input type="checkbox"/>
Handrail Module (Escalator)	<input type="checkbox"/>	Peripheral Devices	Balustrades	<input type="checkbox"/>
Comb Plate Module (Escalator)	<input type="checkbox"/>		Power Supply	<input type="checkbox"/>
Guide Module (Escalator)	<input type="checkbox"/>		Others	<input type="checkbox"/>
Step Module (Escalator)	<input type="checkbox"/>			<input type="checkbox"/>

Technician's Remarks	Non-Kone Reason	
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N

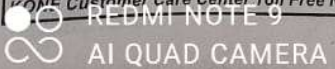
Additional Works/Parts Replaced

A Lub oil 500 ml

Customer Comments

Technician Name/Employee No.:	Avinash 46102941	Technician Signature	
Customer Name	Mr. P. V. Kapashi	Customer Signature	
Route Supervisor Name	Mr. T. D. Tadhai	Route Supervisor Signature	

KONE Customer Care Center Toll Free Number : 1800 108 1234 / 1800 425 4254



KESV/F001/C/12

F N9 088866

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KONE Elevator India Private Ltd		Maintenance Report	
Building Name	Konrad Engineering College	City / Town	Konrad
Customer Contact Number		Service Order Number	DOE IN 11
Plant Section	DOE IN 11	Planner Group	282 281
Product Type	<input checked="" type="checkbox"/> Elevator <input type="checkbox"/> Escalator <input type="checkbox"/> Autowalk	Work Center	42362790
Type of Visit	<input checked="" type="checkbox"/> PM <input type="checkbox"/> Call Out <input type="checkbox"/> Repair <input type="checkbox"/> Audit	Equipment Number	
Date/Time of Call Out		Equipment ID	
Start Count Reading / Hour Meter Reading		Job Status	<input checked="" type="checkbox"/> Closed <input type="checkbox"/> Not Closed

Technician Name	Travel Time	Arrival Date	Arrival Time	Restored Date	Restored Time
Amitesh		27/11/2017	9:30 AM	27/11/2017	12:00 PM

Status on Arrival		Rectification Result	
<input checked="" type="checkbox"/> Running Correctly	<input type="checkbox"/> Running With Problem	<input type="checkbox"/> Equipment Running	
<input type="checkbox"/> Not Running-On level	<input type="checkbox"/> Not Running-Out of Level	<input type="checkbox"/> Equipment Running, not yet fixed	
<input type="checkbox"/> Not Running-Escalator	<input type="checkbox"/> Entrapment	<input type="checkbox"/> Equipment not Running, not yet fixed	

Maintenance Module	Completed	Rectification Area		Completed
		Elevator	Escalator	
Basic Inspection	<input checked="" type="checkbox"/>	Guide Rails	Drive Station	<input checked="" type="checkbox"/>
Basic Module	<input type="checkbox"/>	Doors and Entrances	Track System	<input type="checkbox"/>
Shaft Module	<input checked="" type="checkbox"/>	M/C Room Equipments	Truss	<input type="checkbox"/>
Landing Door Module	<input checked="" type="checkbox"/>	Shaft Equipments	Safety Signs/Cladding	<input type="checkbox"/>
Door Operator Module	<input type="checkbox"/>	Car	Skirting	<input type="checkbox"/>
Control Panel Module	<input checked="" type="checkbox"/>	Car Sling	Handrail System	<input type="checkbox"/>
Machine Module	<input checked="" type="checkbox"/>	Counter Weight	Step Band	<input type="checkbox"/>
Signalization Module	<input checked="" type="checkbox"/>	Rope Assemblies	Floor Plate	<input type="checkbox"/>
MX Module	<input type="checkbox"/>	Control System	Comb Carrier	<input type="checkbox"/>
Drive Module (Escalator)	<input type="checkbox"/>	Drive System	Electrical System	<input type="checkbox"/>
Brake Module (Escalator)	<input type="checkbox"/>	Signalization	Deckings	<input type="checkbox"/>
Handrail Module (Escalator)	<input type="checkbox"/>	Peripheral Devices	Balustrades	<input type="checkbox"/>
Comb Plate Module (Escalator)	<input type="checkbox"/>		Power Supply	<input type="checkbox"/>
Guide Module (Escalator)	<input type="checkbox"/>		Others	<input type="checkbox"/>
Step Module (Escalator)	<input type="checkbox"/>			<input type="checkbox"/>

Technician's Remarks	Non-Kone Reason	
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N

Additional Works/Parts Replaced

200 ml oil

Customer Comments

Technician Name/Employee No.:	Amitesh 4010204	Technician Signature	[Signature] 27/11/2017
Customer Name	Mr. B. K.	Customer Signature	[Signature]
Route Supervisor Name	Mr. T. D. Tadwal	Route Supervisor Signature	

REDMI NOTE 9
AT QUAD CAMERA

KONE Customer Care Center Toll Free Number: 1800 108 1234 / 1800 425 4254

KESV/F001/C/12

Medical College

H N^o 059927

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KONE Elevator India Private Ltd		Maintenance Report	
Building Name	kaushra Institute medicine	City / Town	Kanpur
Customer Contact Number		Service Order Number	047425136
Plant Section		Work Center	282 DING /
Product Type	<input type="checkbox"/> Elevator <input type="checkbox"/> Escalator <input type="checkbox"/> Autowalk	Equipment Number	4224679
Type of Visit	<input type="checkbox"/> PM <input type="checkbox"/> Call Out <input type="checkbox"/> Repair <input type="checkbox"/> Audit	Equipment ID	
Date/Time of Call Out		Job Status	<input checked="" type="checkbox"/> Closed <input type="checkbox"/> Not Closed
Start Count Reading / Hour			
Meter Reading			

Technician Name	Travel Time	Arrival Date	Arrival Time	Restored Date	Restored Time
Avinash		10/2/2017	11:30		

Status on Arrival		Rectification Result	
<input type="checkbox"/> Running Correctly	<input type="checkbox"/> Running With Problem	<input type="checkbox"/> Equipment Running	
<input type="checkbox"/> Not Running-On level	<input type="checkbox"/> Not Running-Out of Level	<input type="checkbox"/> Equipment Running, not yet fixed	
<input type="checkbox"/> Not Running-Escalator	<input type="checkbox"/> Entrapment	<input type="checkbox"/> Equipment not Running, not yet fixed	

Maintenance Module	Completed	Rectification Area		Completed
		Elevator	Escalator	
Basic Inspection	<input checked="" type="checkbox"/>	Guide Rails	Drive Station	<input checked="" type="checkbox"/>
Basic Module	<input checked="" type="checkbox"/>	Doors and Entrances	Track System	<input checked="" type="checkbox"/>
Shaft Module	<input checked="" type="checkbox"/>	M/C Room Equipments	Truss	<input checked="" type="checkbox"/>
Landing Door Module	<input checked="" type="checkbox"/>	Shaft Equipments	Safety Signs/Cladding	<input checked="" type="checkbox"/>
Door Operator Module	<input checked="" type="checkbox"/>	Car	Skirting	<input checked="" type="checkbox"/>
Control Panel Module	<input checked="" type="checkbox"/>	Car Sling	Handrail System	<input checked="" type="checkbox"/>
Machine Module	<input checked="" type="checkbox"/>	Counter Weight	Step Band	<input checked="" type="checkbox"/>
Signalization Module	<input checked="" type="checkbox"/>	Rope Assemblies	Floor Plate	<input checked="" type="checkbox"/>
MX Module	<input checked="" type="checkbox"/>	Control System	Comb Carrier	<input checked="" type="checkbox"/>
Drive Module (Escalator)	<input checked="" type="checkbox"/>	Drive System	Electrical System	<input checked="" type="checkbox"/>
Brake Module (Escalator)	<input checked="" type="checkbox"/>	Signalization	Deckings	<input checked="" type="checkbox"/>
Handrail Module (Escalator)	<input checked="" type="checkbox"/>	Peripheral Devices	Balustrades	<input checked="" type="checkbox"/>
Comb Plate Module (Escalator)	<input checked="" type="checkbox"/>		Power Supply	<input checked="" type="checkbox"/>
Guide Module (Escalator)	<input checked="" type="checkbox"/>		Others	<input checked="" type="checkbox"/>
Step Module (Escalator)	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>

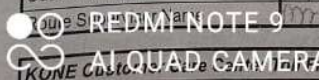
Technician's Remarks	Non-Kone Reason	
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N

Additional Works/Parts Replaced

Lub oil 500 ml

Customer Comments

Technician Name/Employee No. :	Technician Signature
Customer Name	Customer Signature
	Route Supervisor Signature



KONE Customer Care Number : 1800 108 1234 / 1800 425 4254

D N^o 85875. *medikal collage*

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KONE Elevator India Private Ltd		Maintenance Report	
Building Name	<i>Krishna Institute of medical collage</i>	City / Town	<i>Karad</i>
Customer Contact Number		Service Order Number	<i>503150734</i>
Plant Section	<i>ENTZ</i>	Planner Group	<i>DMG II</i>
Product Type	<input type="checkbox"/> Elevator <input type="checkbox"/> Escalator <input type="checkbox"/> Autowalk	Work Center	<i>52-DMG II</i>
Type of Visit	<input type="checkbox"/> PM <input type="checkbox"/> Call Out <input type="checkbox"/> Repair <input type="checkbox"/> Audit	Equipment Number	<i>42362796</i>
Date/Time of Call Out		Equipment ID	<i>05-04</i>
Start Count Reading / Hour		Job Status	<input type="checkbox"/> Closed <input type="checkbox"/> Not Closed
Meter Reading			

Technician Name	Travel Time	Arrival Date	Arrival Time	Restored Date	Restored Time
<i>Avimash</i>		<i>19/11/2017</i>	<i>9:00</i>	<i>19/11/2017</i>	<i>11:00</i>

Status on Arrival		Rectification Result	
<input type="checkbox"/> Running Correctly	<input type="checkbox"/> Running With Problem	<input type="checkbox"/> Equipment Running	
<input type="checkbox"/> Not Running-On level	<input type="checkbox"/> Not Running-Out of Level	<input type="checkbox"/> Equipment Running, not yet fixed	
<input type="checkbox"/> Not Running-Escalator	<input type="checkbox"/> Entrapment	<input type="checkbox"/> Equipment not Running, not yet fixed	

Maintenance Module	Completed	Rectification Area		Completed
		Elevator	Escalator	
Basic Inspection	<input checked="" type="checkbox"/>	Guide Rails	Drive Station	<input type="checkbox"/>
Basic Module	<input type="checkbox"/>	Doors and Entrances	Track System	<input type="checkbox"/>
Shaft Module	<input type="checkbox"/>	M/C Room Equipments	Truss	<input type="checkbox"/>
Landing Door Module	<input type="checkbox"/>	Shaft Equipments	Safety Signs/Cladding	<input type="checkbox"/>
Door Operator Module	<input type="checkbox"/>	Car	Skirting	<input type="checkbox"/>
Control Panel Module	<input type="checkbox"/>	Car Sling	Handrail System	<input type="checkbox"/>
Machine Module	<input type="checkbox"/>	Counter Weight	Step Band	<input type="checkbox"/>
Signalization Module	<input type="checkbox"/>	Rope Assemblies	Floor Plate	<input type="checkbox"/>
MX Module	<input type="checkbox"/>	Control System	Comb Carrier	<input type="checkbox"/>
Drive Module (Escalator)	<input type="checkbox"/>	Drive System	Electrical System	<input type="checkbox"/>
Brake Module (Escalator)	<input type="checkbox"/>	Signalization	Deckings	<input type="checkbox"/>
Handrail Module (Escalator)	<input type="checkbox"/>	Peripheral Devices	Balustrades	<input type="checkbox"/>
Comb Plate Module (Escalator)	<input type="checkbox"/>		Power Supply	<input type="checkbox"/>
Guide Module (Escalator)	<input type="checkbox"/>		Others	<input type="checkbox"/>
Step Module (Escalator)	<input type="checkbox"/>			<input type="checkbox"/>

Technician's Remarks	<i>* preventive maintenance service done</i>	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<i>B module</i>	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<i>* fan, Alarm, Intercom, E. light check.</i>	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<i>Working ok.</i>	<input type="checkbox"/> Y	<input type="checkbox"/> N
		<input type="checkbox"/> Y	<input type="checkbox"/> N

Additional Works/Parts Replaced

** Lubrication oil 500ml*

** Lift working normal condition*

Customer Comments

Technician Name/Employee No.:	<i>Avimash 400424</i>	Technician Signature	<i>[Signature]</i>
Customer Name	<i>Mr. Ghambare sir</i>	Customer Signature	<i>[Signature]</i>
Route Supervisor Name	<i>Mr. D. D. Patkar</i>	Route Supervisor Signature	

B No 0670551

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KONE Elevator India Private Ltd		Maintenance Report	
Building Name	krishna medical collage	City / Town	Karad
Customer Contact Number		Service Order Number	654702765
Plant Section	IN12	Planner Group	282 DMG 11
Product Type	<input checked="" type="checkbox"/> Elevator <input type="checkbox"/> Escalator <input type="checkbox"/> Autowalk	Work Center	282 DMG 11
Type of Visit	<input checked="" type="checkbox"/> PM <input type="checkbox"/> Call Out <input type="checkbox"/> Repair <input type="checkbox"/> Audit	Equipment Number	42361675
Date/Time of Call Out		Equipment ID	0859
Start Count Reading / Hour		Job Status	<input checked="" type="checkbox"/> Closed <input type="checkbox"/> Not Closed
Meter Reading			

Technician Name	Travel Time	Arrival Date	Arrival Time	Restored Date	Restored Time
Aravash	-	24/8/2017	11:00	24/8/2017	12:50

Status on Arrival		Rectification Result	
<input checked="" type="checkbox"/> Running Correctly	<input type="checkbox"/> Running With Problem	<input checked="" type="checkbox"/> Equipment Running	
<input type="checkbox"/> Not Running-On level	<input type="checkbox"/> Not Running-Out of Level	<input type="checkbox"/> Equipment Running, not yet fixed	
<input type="checkbox"/> Not Running-Escalator	<input type="checkbox"/> Entrapment	<input type="checkbox"/> Equipment not Running, not yet fixed	

Maintenance Module	Completed	Rectification Area		Completed
		Elevator	Escalator	
Basic Inspection	<input checked="" type="checkbox"/>	Guide Rails	Drive Station	<input type="checkbox"/>
Basic Module	<input type="checkbox"/>	Doors and Entrances	Track System	<input type="checkbox"/>
Shaft Module	<input type="checkbox"/>	M/C Room Equipments	Truss	<input type="checkbox"/>
Landing Door Module	<input type="checkbox"/>	Shaft Equipments	Safety Signs/Cladding	<input type="checkbox"/>
Door Operator Module	<input checked="" type="checkbox"/>	Car	Skirting	<input type="checkbox"/>
Control Panel Module	<input type="checkbox"/>	Car Sling	Handrail System	<input type="checkbox"/>
Machine Module	<input type="checkbox"/>	Counter Weight	Step Band	<input type="checkbox"/>
Signalization Module	<input type="checkbox"/>	Rope Assemblies	Floor Plate	<input type="checkbox"/>
MX Module	<input type="checkbox"/>	Control System	Comb Carrier	<input type="checkbox"/>
Drive Module (Escalator)	<input type="checkbox"/>	Drive System	Electrical System	<input type="checkbox"/>
Brake Module (Escalator)	<input type="checkbox"/>	Signalization	Deckings	<input type="checkbox"/>
Handrail Module (Escalator)	<input type="checkbox"/>	Peripheral Devices	Balustrades	<input type="checkbox"/>
Comb Plate Module (Escalator)	<input type="checkbox"/>		Power Supply	<input type="checkbox"/>
Guide Module (Escalator)	<input type="checkbox"/>		Others	<input type="checkbox"/>
Step Module (Escalator)	<input type="checkbox"/>			<input type="checkbox"/>

Technician's Remarks	Non-Kone Reason	
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N

Additional Works/Parts Replaced * Lubrication oil half LPR

Customer Comments

Technician Name/Employee No.:	Aravash 440102941	Technician Signature	<i>Aravash</i>
Customer Name	Mr. Bhambure sir	Customer Signature	<i>[Signature]</i>
Route Supervisor Name	Mr. T.D. Jadhav	Route Supervisor Signature	<i>[Signature]</i>

Mumbai City

G No-080584

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KONE Elevator India Private Ltd		Maintenance Report	
Building Name	Krushama Institute of medical	City / Town	Kandivli
Customer Contact Number		Service Order Number	011449076
Plant Section	DN 12	Planner Group	DBZ DMG 11
Product Type	<input checked="" type="checkbox"/> Elevator <input type="checkbox"/> Escalator <input type="checkbox"/> Autowalk	Work Center	282 DMG 11
Type of Visit	<input checked="" type="checkbox"/> PM <input type="checkbox"/> Call Out <input type="checkbox"/> Repair <input type="checkbox"/> Audit	Equipment Number	282 DMG 11
Date/Time of Call Out		Equipment ID	
Start Count Reading / Hour		Job Status	<input checked="" type="checkbox"/> Closed <input type="checkbox"/> Not Closed
Meter Reading			

Technician Name	Travel Time	Arrival Date	Arrival Time	Restored Date	Restored Time
Avinash	170	26/11/2017	10:30	26/11/2017	11:30

<input type="checkbox"/> Running Correctly	<input type="checkbox"/> Running With Problem	<input type="checkbox"/> Equipment Running
<input type="checkbox"/> Not Running-On level	<input type="checkbox"/> Not Running-Out of Level	<input type="checkbox"/> Equipment Running, not yet fixed
<input type="checkbox"/> Not Running-Escalator	<input type="checkbox"/> Entrapment	<input type="checkbox"/> Equipment not Running, not yet fixed

Maintenance Module	Completed	Rectification Area		Completed
		Elevator	Escalator	
Basic Inspection	<input checked="" type="checkbox"/>	Guide Rails	Drive Station	<input type="checkbox"/>
Basic Module	<input checked="" type="checkbox"/>	Doors and Entrances	Track System	<input type="checkbox"/>
Shaft Module	<input checked="" type="checkbox"/>	M/C Room Equipments	Truss	<input type="checkbox"/>
Landing Door Module	<input checked="" type="checkbox"/>	Shaft Equipments	Safety Signs/Cladding	<input type="checkbox"/>
Door Operator Module	<input type="checkbox"/>	Car	Skirting	<input type="checkbox"/>
Control Panel Module	<input type="checkbox"/>	Car Slings	Handrail System	<input type="checkbox"/>
Machine Module	<input type="checkbox"/>	Counter Weight	Step Band	<input type="checkbox"/>
Signalization Module	<input type="checkbox"/>	Rope Assemblies	Floor Plate	<input type="checkbox"/>
MX Module	<input type="checkbox"/>	Control System	Comb Carrier	<input type="checkbox"/>
Drive Module (Escalator)	<input type="checkbox"/>	Drive System	Electrical System	<input type="checkbox"/>
Brake Module (Escalator)	<input type="checkbox"/>	Signalization	Deckings	<input type="checkbox"/>
Handrail Module (Escalator)	<input type="checkbox"/>	Peripheral Devices	Balustrades	<input type="checkbox"/>
Comb Plate Module (Escalator)	<input type="checkbox"/>		Power Supply	<input type="checkbox"/>
Guide Module (Escalator)	<input type="checkbox"/>		Others	<input type="checkbox"/>
Step Module (Escalator)	<input type="checkbox"/>			<input type="checkbox"/>

Technician's Remarks	Non-Kone Reason	
* Elevator preventive maintenance service with YIL module	<input type="checkbox"/> Y	<input type="checkbox"/> N
* Fan, HLLcom, Intercom, Light check ok done.	<input type="checkbox"/> Y	<input type="checkbox"/> N
* All door check ok	<input type="checkbox"/> Y	<input type="checkbox"/> N

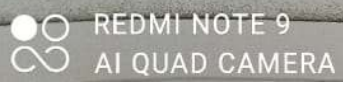
Additional Works/Parts Replaced A m/c room very dirty
* Lub oil 500ml

Customer Comments

Technician Name/Employee No. :	Avinash 40102041	Technician Signature	
Customer Name	Dr. T. D. Jadhav	Customer Signature	
Route Supervisor Name	Mr. T. D. Jadhav	Route Supervisor Signature	

KONE Customer Care Center Toll Free Number : 1800 108 1234 / 1800 425 4254

KESV/F001/C/12



G N^o 080030

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KONE Elevator India Private Ltd Maintenance Report

Building Name	krusna hospital	City / Town	Karad
Customer Contact Number		Service Order Number	657610697
Plant Section	INIZ	Planner Group	DINA II
Product Type	<input checked="" type="checkbox"/> Elevator <input type="checkbox"/> Escalator <input type="checkbox"/> Autowalk	Work Center	42362196
Type of Visit	<input checked="" type="checkbox"/> PM <input type="checkbox"/> Call Out <input type="checkbox"/> Repair <input type="checkbox"/> Audit	Equipment Number	0803
Date/Time of Call Out		Equipment ID	
Start Count Reading / Hour		Job Status	<input checked="" type="checkbox"/> Closed <input type="checkbox"/> Not Closed
Meter Reading	□□□□□□□□□□		

Technician Name	Travel Time	Arrival Date	Arrival Time	Restored Date	Restored Time
Avimash	—	30/6/2017	11:50	30/6/2017	1:00 PM

<input checked="" type="checkbox"/> Running Correctly	<input type="checkbox"/> Running With Problem	<input checked="" type="checkbox"/> Equipment Running
<input type="checkbox"/> Not Running-On level	<input type="checkbox"/> Not Running-Out of Level	<input type="checkbox"/> Equipment Running, not yet fixed
<input type="checkbox"/> Not Running-Escalator	<input type="checkbox"/> Entrapment	<input type="checkbox"/> Equipment not Running, not yet fixed

Maintenance Module	Completed	Rectification Area		Completed
		Elevator	Escalator	
Basic Inspection	<input checked="" type="checkbox"/>	Guide Rails	Drive Station	<input type="checkbox"/>
Basic Module	<input type="checkbox"/>	Doors and Entrances	Track System	<input type="checkbox"/>
Shaft Module	<input type="checkbox"/>	M/C Room Equipments	Truss	<input type="checkbox"/>
Landing Door Module	<input type="checkbox"/>	Shaft Equipments	Safety Signs/Cladding	<input type="checkbox"/>
Door Operator Module	<input type="checkbox"/>	Car	Skirting	<input type="checkbox"/>
Control Panel Module	<input type="checkbox"/>	Car Sling	Handrail System	<input type="checkbox"/>
Machine Module	<input type="checkbox"/>	Counter Weight	Step Band	<input type="checkbox"/>
Signalization Module	<input checked="" type="checkbox"/>	Rope Assemblies	Floor Plate	<input type="checkbox"/>
MX Module	<input type="checkbox"/>	Control System	Comb Carrier	<input type="checkbox"/>
Drive Module (Escalator)	<input type="checkbox"/>	Drive System	Electrical System	<input type="checkbox"/>
Brake Module (Escalator)	<input type="checkbox"/>	Signalization	Deckings	<input type="checkbox"/>
Handrail Module (Escalator)	<input type="checkbox"/>	Peripheral Devices	Balustrades	<input type="checkbox"/>
Comb Plate Module (Escalator)	<input type="checkbox"/>		Power Supply	<input type="checkbox"/>
Guide Module (Escalator)	<input type="checkbox"/>		Others	<input type="checkbox"/>
Step Module (Escalator)	<input type="checkbox"/>			<input type="checkbox"/>

Technician's Remarks * p.m. visit done * fan, light, alarm, intercom check ok	Non-Kone Reason	
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N

Additional Works/Parts Replaced
* Lieb oil 500 ml

Customer Comments

Technician Name/Employee No.:	Avimash 4610941	Technician Signature	
Customer Name	Mr. P. V. Kapashi	Customer Signature	
Route Supervisor Name	Mr. T. D. Tadhai	Route Supervisor Signature	

F N^o 088865

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H **KONE Elevator India Private Ltd Maintenance Report**

Building Name	Karad - Pimpri College	City / Town	Karad
Customer Contact Number		Service Order Number	
Plant Section	DOE Pimpri	Planner Group	2712/2006
Product Type	<input checked="" type="checkbox"/> Elevator <input type="checkbox"/> Escalator <input type="checkbox"/> Autowalk	Work Center	DOE Pimpri
Type of Visit	<input checked="" type="checkbox"/> PM <input type="checkbox"/> Call Out <input type="checkbox"/> Repair <input type="checkbox"/> Audit	Equipment Number	42262796
Date/Time of Call Out		Equipment ID	
Start Count Reading / Hour		Job Status	<input checked="" type="checkbox"/> Closed <input type="checkbox"/> Not Closed
Meter Reading	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

Technician Name	Travel Time	Arrival Date	Arrival Time	Restored Date	Restored Time
Ammash		27/11/2017	9:30 AM	27/11/2017	8:30 AM

<input type="checkbox"/> Running Correctly <input type="checkbox"/> Not Running-On level <input type="checkbox"/> Not Running-Escalator	<input type="checkbox"/> Running With Problem <input type="checkbox"/> Not Running-Out of Level <input type="checkbox"/> Entrapment	<input type="checkbox"/> Equipment Running <input type="checkbox"/> Equipment Running, not yet fixed <input type="checkbox"/> Equipment not Running, not yet fixed
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Maintenance Module	Completed	Rectification Area		Completed
		Elevator	Escalator	
Main Inspection	<input checked="" type="checkbox"/>	Guide Rails	Drive Station	<input type="checkbox"/>
Basic Module	<input type="checkbox"/>	Doors and Entrances	Track System	<input checked="" type="checkbox"/>
Shaft Module	<input type="checkbox"/>	M/C Room Equipments	Truss	<input type="checkbox"/>
Landing Door Module	<input checked="" type="checkbox"/>	Shaft Equipments	Safety Signs/Cladding	<input type="checkbox"/>
Door Operator Module	<input checked="" type="checkbox"/>	Car	Skirting	<input type="checkbox"/>
Control Panel Module	<input checked="" type="checkbox"/>	Car Sling	Handrail System	<input type="checkbox"/>
Machine Module	<input checked="" type="checkbox"/>	Counter Weight	Step Band	<input type="checkbox"/>
Signalization Module	<input checked="" type="checkbox"/>	Rope Assemblies	Floor Plate	<input type="checkbox"/>
MX Module	<input checked="" type="checkbox"/>	Control System	Comb Carrier	<input type="checkbox"/>
Drive Module (Escalator)	<input type="checkbox"/>	Drive System	Electrical System	<input type="checkbox"/>
Brake Module (Escalator)	<input type="checkbox"/>	Signalization	Deckings	<input type="checkbox"/>
Handrail Module (Escalator)	<input type="checkbox"/>	Peripheral Devices	Balustrades	<input type="checkbox"/>
Comb Plate Module (Escalator)	<input type="checkbox"/>	Power Supply		<input type="checkbox"/>
Guide Module (Escalator)	<input type="checkbox"/>	Others		<input type="checkbox"/>
Step Module (Escalator)	<input type="checkbox"/>			<input type="checkbox"/>

Technician's Remarks	Non-Kone Reason	
* P.M. visit to check the module	<input type="checkbox"/> Y	<input type="checkbox"/> N
...	<input type="checkbox"/> Y	<input type="checkbox"/> N
...	<input type="checkbox"/> Y	<input type="checkbox"/> N
...	<input type="checkbox"/> Y	<input type="checkbox"/> N
...	<input type="checkbox"/> Y	<input type="checkbox"/> N
...	<input type="checkbox"/> Y	<input type="checkbox"/> N
...	<input type="checkbox"/> Y	<input type="checkbox"/> N

Additional Works/Parts Replaced

Lubricate 500 ml

Customer Comments

Technician Name/Employee No.:	Ammash Gollorazi	Technician Signature	<i>(Signature)</i>
Customer Name	Miss B.V.	Customer Signature	<i>(Signature)</i>
Route Supervisor Name	Mr. T.D. Jadhav	Route Supervisor Signature	<i>(Signature)</i>

KONE Elevator India Private Ltd. Free Number : 1800 108 1234 / 1800 425 4254



Medical College

H N^o - 058927

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KONE Elevator India Private Ltd Maintenance Report

Building Name	Krishna Institute medicine	City / Town	Karimnagar
Customer Contact Number		Service Order Number	6474490126
Plant Section		Work Center	282DIPG
Product Type	<input checked="" type="checkbox"/> Elevator <input type="checkbox"/> Escalator <input type="checkbox"/> Autowalk	Equipment Number	42361670
Type of Visit	<input type="checkbox"/> PM <input type="checkbox"/> Call Out <input type="checkbox"/> Repair <input type="checkbox"/> Audit	Equipment ID	
Date/Time of Call Out		Job Status	<input checked="" type="checkbox"/> Closed <input type="checkbox"/> Not Closed
Start Count Reading / Hour			
Meter Reading			

Technician Name	Travel Time	Arrival Date	Arrival Time	Restored Date	Restored Time
Avinash		16/12/2017	11:10	18/12/2017	12:30

Status on Arrival		Rectification Result	
<input type="checkbox"/> Running Correctly	<input type="checkbox"/> Running With Problem	<input type="checkbox"/> Equipment Running	
<input type="checkbox"/> Not Running-On level	<input type="checkbox"/> Not Running-Out of Level	<input type="checkbox"/> Equipment Running, not yet fixed	
<input type="checkbox"/> Not Running-Escalator	<input type="checkbox"/> Entrapment	<input type="checkbox"/> Equipment not Running, not yet fixed	

Maintenance Module	Completed	Rectification Area		Completed
		Elevator	Escalator	
Basic Inspection	<input checked="" type="checkbox"/>	Guide Rails	Drive Station	<input checked="" type="checkbox"/>
Basic Module	<input checked="" type="checkbox"/>	Doors and Entrances	Track System	<input checked="" type="checkbox"/>
Shaft Module	<input checked="" type="checkbox"/>	M/C Room Equipments	Truss	<input checked="" type="checkbox"/>
Landing Door Module	<input checked="" type="checkbox"/>	Shaft Equipments	Safety/Signs/Cladding	<input checked="" type="checkbox"/>
Door Operator Module	<input checked="" type="checkbox"/>	Car	Skirting	<input checked="" type="checkbox"/>
Control Panel Module	<input checked="" type="checkbox"/>	Car Sling	Handrail System	<input checked="" type="checkbox"/>
Machine Module	<input checked="" type="checkbox"/>	Counter Weight	Step Band	<input checked="" type="checkbox"/>
Signalization Module	<input checked="" type="checkbox"/>	Rope Assemblies	Floor Plate	<input checked="" type="checkbox"/>
MX Module	<input checked="" type="checkbox"/>	Control System	Comb Carrier	<input checked="" type="checkbox"/>
Drive Module (Escalator)	<input checked="" type="checkbox"/>	Drive System	Electrical System	<input checked="" type="checkbox"/>
Brake Module (Escalator)	<input checked="" type="checkbox"/>	Signalization	Deckings	<input checked="" type="checkbox"/>
Handrail Module (Escalator)	<input checked="" type="checkbox"/>	Peripheral Devices	Balustrades	<input checked="" type="checkbox"/>
Comb Plate Module (Escalator)	<input checked="" type="checkbox"/>		Power Supply	<input checked="" type="checkbox"/>
Guide Module (Escalator)	<input checked="" type="checkbox"/>		Others	<input checked="" type="checkbox"/>
Step Module (Escalator)	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>

Technician's Remarks	Non-Kone Reason	
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N

Additional Works/Parts Replaced

Lub oil 500 ml

Customer Comments

Technician Name/Employee No.:	Technician Signature
Customer Name	Customer Signature
Route Supervisor Name	Route Supervisor Signature



H N^o 058926

BD (Medical College)™
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KONE Elevator India Private Ltd		Maintenance Report	
Building Name	krushna Institute of medical	City / Town	Varanasi
Customer Contact Number		Service Order Number	ADIC/058926
Plant Section	Planner Group	Work Center	2nd FLOOR
Product Type	<input type="checkbox"/> Elevator <input type="checkbox"/> Escalator <input type="checkbox"/> Autowalk	Equipment Number	4231674
Type of Visit	<input type="checkbox"/> PM <input type="checkbox"/> Call Out <input type="checkbox"/> Repair <input type="checkbox"/> Audit	Equipment ID	N/A
Date/Time of Call Out	<input type="checkbox"/> Job Status	<input type="checkbox"/> Closed <input type="checkbox"/> Not Closed	
Start Count Reading / Hour			
Meter Reading			

Technician Name	Travel Time	Arrival Date	Arrival Time	Restored Date	Restored Time
Arunash	30	16/12/2017	9:10 AM	16/12/2017	11:10 AM

Status on Arrival	Rectification Result
<input type="checkbox"/> Running Correctly	<input type="checkbox"/> Equipment Running
<input type="checkbox"/> Running With Problem	<input type="checkbox"/> Equipment Running, not yet fixed
<input type="checkbox"/> Not Running-On level	<input type="checkbox"/> Equipment not Running, not yet fixed
<input type="checkbox"/> Not Running-Escalator	<input type="checkbox"/> Entrapment

Maintenance Module	Completed	Rectification Area		Completed
		Elevator	Escalator	
Basic Inspection	<input type="checkbox"/>	Guide Rails	Drive Station	<input type="checkbox"/>
Basic Module	<input type="checkbox"/>	Doors and Entrances	Track System	<input checked="" type="checkbox"/>
Shaft Module	<input type="checkbox"/>	M/C Room Equipments	Truss	<input checked="" type="checkbox"/>
Landing Door Module	<input type="checkbox"/>	Shaft Equipments	Safety Signs/Cladding	<input type="checkbox"/>
Door Operator Module	<input type="checkbox"/>	Car	Skirting	<input checked="" type="checkbox"/>
Control Panel Module	<input type="checkbox"/>	Car Sling	Handrail System	<input type="checkbox"/>
Machine Module	<input type="checkbox"/>	Counter Weight	Step Band	<input type="checkbox"/>
Signalization Module	<input type="checkbox"/>	Rope Assemblies	Floor Plate	<input type="checkbox"/>
MX Module	<input type="checkbox"/>	Control System	Comb Carrier	<input type="checkbox"/>
Drive Module (Escalator)	<input type="checkbox"/>	Drive System	Electrical System	<input type="checkbox"/>
Brake Module (Escalator)	<input type="checkbox"/>	Signalization	Deckings	<input type="checkbox"/>
Handrail Module (Escalator)	<input type="checkbox"/>	Peripheral Devices	Balustrades	<input type="checkbox"/>
Comb Plate Module (Escalator)	<input type="checkbox"/>		Power Supply	<input type="checkbox"/>
Guide Module (Escalator)	<input type="checkbox"/>		Others	<input type="checkbox"/>
Step Module (Escalator)	<input type="checkbox"/>			<input type="checkbox"/>

Technician's Remarks	Non-Kone Reason	
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N

* Elevator shut down for lift is out of level in bottom floor

* Emergency light not working check done

* door noise problem check done.

Additional Works/Parts Replaced

N/A

Customer Comments

Technician Name/Employee No.:	Arunash 40102961	Technician Signature	
Customer Name		Customer Signature	
Route Supervisor		Route Supervisor Signature	

F No. 088861

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KONE Elevator India Private Ltd		Maintenance Report	
Building Name	Karad Medical College	City / Town	Karad
Customer Contact Number		Service Order Number	DMG IN 11
Plant Section	2nd Fl	Planner Group	232 DMG
Product Type	<input checked="" type="checkbox"/> Elevator <input type="checkbox"/> Escalator <input type="checkbox"/> Autowalk	Work Center	42362796
Type of Visit	<input checked="" type="checkbox"/> PM <input type="checkbox"/> Call Out <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Audit	Equipment Number	
Date/Time of Call Out	28-1-2017	Equipment ID	
Start Count Reading / Hour		Job Status	<input checked="" type="checkbox"/> Closed <input type="checkbox"/> Not Closed
Meter Reading			

Technician Name	Travel Time	Arrival Date	Arrival Time	Restored Date	Restored Time
Himanshu Madane	30	27/1/2017	9:30	27/1/2017	11:30

Status on Arrival		Rectification Result	
<input type="checkbox"/> Running Correctly	<input type="checkbox"/> Running With Problem	<input type="checkbox"/> Equipment Running	
<input type="checkbox"/> Not Running-On level	<input type="checkbox"/> Not Running-Out of Level	<input type="checkbox"/> Equipment Running, not yet fixed	
<input type="checkbox"/> Not Running-Escalator	<input type="checkbox"/> Entrapment	<input type="checkbox"/> Equipment not Running, not yet fixed	

Maintenance Module	Completed	Rectification Area		Completed
		Elevator	Escalator	
Basic Inspection	<input checked="" type="checkbox"/>	Guide Rails	Drive Station	<input type="checkbox"/>
Basic Module	<input type="checkbox"/>	Doors and Entrances	Track System	<input checked="" type="checkbox"/>
Shaft Module	<input checked="" type="checkbox"/>	M/C Room Equipments	Truss	<input type="checkbox"/>
Landing Door Module	<input checked="" type="checkbox"/>	Shaft Equipments	Safety Signs/Cladding	<input type="checkbox"/>
Door Operator Module	<input checked="" type="checkbox"/>	Car	Skirting	<input type="checkbox"/>
Control Panel Module	<input type="checkbox"/>	Car Sling	Handrail System	<input type="checkbox"/>
Machine Module	<input type="checkbox"/>	Counter Weight	Step Band	<input type="checkbox"/>
Signalization Module	<input checked="" type="checkbox"/>	Rope Assemblies	Floor Plate	<input type="checkbox"/>
MX Module	<input type="checkbox"/>	Control System	Comb Carrier	<input type="checkbox"/>
Drive Module (Escalator)	<input type="checkbox"/>	Drive System	Electrical System	<input type="checkbox"/>
Brake Module (Escalator)	<input type="checkbox"/>	Signalization	Deckings	<input type="checkbox"/>
Handrail Module (Escalator)	<input type="checkbox"/>	Peripheral Devices	Balustrades	<input type="checkbox"/>
Comb Plate Module (Escalator)	<input type="checkbox"/>		Power Supply	<input type="checkbox"/>
Guide Module (Escalator)	<input type="checkbox"/>		Others	<input type="checkbox"/>
Step Module (Escalator)	<input type="checkbox"/>			<input type="checkbox"/>

Technician's Remarks	Non-Kone Reason	
	<input type="checkbox"/> Y	<input type="checkbox"/> N
* check all doors Landing Door	<input type="checkbox"/> Y	<input type="checkbox"/> N
* car door motor belt noise done	<input type="checkbox"/> Y	<input type="checkbox"/> N
* landing door noise check	<input type="checkbox"/> Y	<input type="checkbox"/> N
* EBD check. all safety check	<input type="checkbox"/> Y	<input type="checkbox"/> N

Additional Works/Parts Replaced
 * cap N/A
 * change to air floor

Customer Comments

Technician Name/Employee No.:	Himanshu Madane	Technician Signature	Himanshu Madane - 27/1/2017
Customer Name	Mrs. Tejash B. V.	Customer Signature	Tejash B. V.
Route Supervisor Name	Mr. T. D. Madane	Route Supervisor Signature	T. D. Madane



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G N°-080829

KONE Elevator India Private Ltd		Maintenance Report	
Building Name	Krishna Institute of medical collage	City / Town	Karachi
Customer Contact Number		Service Order Number	AIN01021028
Plant Section	JIN 12	Planner Group	282 DING 11
Product Type	<input checked="" type="checkbox"/> Elevator <input type="checkbox"/> Escalator <input type="checkbox"/> Autowalk	Work Center	282 DING 11
Type of Visit	<input type="checkbox"/> PM <input checked="" type="checkbox"/> Call Out <input type="checkbox"/> Repair <input type="checkbox"/> Audit	Equipment Number	41082796
Date/Time of Call Out	5 April - 9:47 am	Equipment ID	N/A
Start Count Reading / Hour Meter Reading	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Job Status	<input type="checkbox"/> Closed <input checked="" type="checkbox"/> Not Closed

Technician Name	Travel Time	Arrival Date	Arrival Time	Restored Date	Restored Time
Avinash	1:50 hrs	05/4/2017	5:38	05/4/2017	7:50 PM

Status on Arrival		Rectification Result	
<input type="checkbox"/> Running Correctly	<input type="checkbox"/> Running With Problem	<input type="checkbox"/> Equipment Running	
<input type="checkbox"/> Not Running-On level	<input type="checkbox"/> Not Running-Out of Level	<input checked="" type="checkbox"/> Equipment Running, not yet fixed	
<input type="checkbox"/> Not Running-Escalator	<input type="checkbox"/> Entrapment	<input type="checkbox"/> Equipment not Running, not yet fixed	

Maintenance Module	Completed	Rectification Area		Completed
		Elevator	Escalator	
Basic Inspection	<input type="checkbox"/>	Guide Rails	Drive Station	<input type="checkbox"/>
Basic Module	<input type="checkbox"/>	Doors and Entrances	Track System	<input checked="" type="checkbox"/>
Shaft Module	<input type="checkbox"/>	M/C Room Equipments	Truss	<input checked="" type="checkbox"/>
Landing Door Module	<input type="checkbox"/>	Shaft Equipments	Safety Signs/Cladding	<input type="checkbox"/>
Door Operator Module	<input type="checkbox"/>	Car	Skirting	<input type="checkbox"/>
Control Panel Module	<input type="checkbox"/>	Car Sling	Handrail System	<input type="checkbox"/>
Machine Module	<input type="checkbox"/>	Counter Weight	Step Band	<input type="checkbox"/>
Signalization Module	<input type="checkbox"/>	Rope Assemblies	Floor Plate	<input type="checkbox"/>
MX Module	<input type="checkbox"/>	Control System	Comb Carrier	<input checked="" type="checkbox"/>
Drive Module (Escalator)	<input type="checkbox"/>	Drive System	Electrical System	<input type="checkbox"/>
Brake Module (Escalator)	<input type="checkbox"/>	Signalization	Deckings	<input type="checkbox"/>
Handrail Module (Escalator)	<input type="checkbox"/>	Peripheral Devices	Balustrades	<input type="checkbox"/>
Comb Plate Module (Escalator)	<input type="checkbox"/>		Power Supply	<input type="checkbox"/>
Guide Module (Escalator)	<input type="checkbox"/>		Others	<input type="checkbox"/>
Step Module (Escalator)	<input type="checkbox"/>			<input type="checkbox"/>

Technician's Remarks	Non-Kone Reason	
	<input type="checkbox"/> Y	<input type="checkbox"/>
	<input type="checkbox"/> Y	<input type="checkbox"/>
	<input type="checkbox"/> Y	<input type="checkbox"/>
	<input type="checkbox"/> Y	<input type="checkbox"/>

* lift Not working correctly that lift was stuck still with 1st & ground between 1st and 0. floor with Error 0005
 * check the all cigar switches and magnets also cleane.

Additional Works/Parts Replaced

*

Customer Comments

Technician Name/Employee No.:	Avinash - 40102941	Technician Signature	<i>[Signature]</i>
Customer Name	Mr.	Customer Signature	<i>[Signature]</i>
Route Supervisor Name	Mr. T D. Jadoy	Route Supervisor Signature	<i>[Signature]</i>

G N^o 080830

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KONE Elevator India Private Ltd		Maintenance Report	
Building Name	Krushna Institute of medical collage	City / Town	Karad.
Customer Contact Number		Service Order Number	AIN-01021029
Plant Section	IN 12	Planner Group	282 DMG 11
Product Type	<input checked="" type="checkbox"/> Elevator <input type="checkbox"/> Escalator <input type="checkbox"/> Autowalk	Work Center	282 DMG 11
Type of Visit	<input type="checkbox"/> PM <input checked="" type="checkbox"/> Call Out <input type="checkbox"/> Repair <input type="checkbox"/> Audit	Equipment Number	A2362706
Date/Time of Call Out		Equipment ID	N/A
Start Count Reading / Hour		Job Status	<input checked="" type="checkbox"/> Closed <input type="checkbox"/> Not Closed
Meter Reading			

Technician Name	Travel Time	Arrival Date	Arrival Time	Restored Date	Restored Time
Avinash	1:50 hrs	06/4/2017	9:20	06/4/2017	12:30 pm

Status on Arrival		Rectification Result	
<input type="checkbox"/> Running Correctly	<input type="checkbox"/> Running With Problem	<input checked="" type="checkbox"/> Equipment Running	
<input type="checkbox"/> Not Running-On level	<input checked="" type="checkbox"/> Not Running-Out of Level	<input type="checkbox"/> Equipment Running, not yet fixed	
<input type="checkbox"/> Not Running-Escalator	<input type="checkbox"/> Entrapment	<input type="checkbox"/> Equipment not Running, not yet fixed	

Maintenance Module	Completed	Rectification Area		Completed
		Elevator	Escalator	
Basic Inspection	<input type="checkbox"/>	Guide Rails	Drive Station	<input type="checkbox"/>
Basic Module	<input type="checkbox"/>	Doors and Entrances	Track System	<input type="checkbox"/>
Shaft Module	<input type="checkbox"/>	M/C Room Equipments	Truss	<input checked="" type="checkbox"/>
Landing Door Module	<input type="checkbox"/>	Shaft Equipments	Safety Signs/Cladding	<input type="checkbox"/>
Door Operator Module	<input type="checkbox"/>	Car	Skirting	<input checked="" type="checkbox"/>
Control Panel Module	<input type="checkbox"/>	Car Sling	Handrail System	<input type="checkbox"/>
Machine Module	<input type="checkbox"/>	Counter Weight	Step Band	<input type="checkbox"/>
Signalization Module	<input type="checkbox"/>	Rope Assemblies	Floor Plate	<input type="checkbox"/>
MX Module	<input type="checkbox"/>	Control System	Comb Carrier	<input type="checkbox"/>
Drive Module (Escalator)	<input type="checkbox"/>	Drive System	Electrical System	<input type="checkbox"/>
Brake Module (Escalator)	<input type="checkbox"/>	Signalization	Deckings	<input type="checkbox"/>
Handrail Module (Escalator)	<input type="checkbox"/>	Peripheral Devices	Balustrades	<input type="checkbox"/>
Comb Plate Module (Escalator)	<input type="checkbox"/>		Power Supply	<input type="checkbox"/>
Guide Module (Escalator)	<input type="checkbox"/>		Others	<input type="checkbox"/>
Step Module (Escalator)	<input type="checkbox"/>			<input type="checkbox"/>

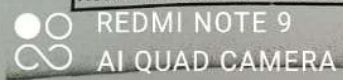
Technician's Remarks	Non-Kone Reason	
* set the gaps in cigar switches	<input type="checkbox"/> Y	<input type="checkbox"/> N
* check low th code.	<input type="checkbox"/> Y	<input type="checkbox"/> N
* Absorve. all floor with running time.	<input type="checkbox"/> Y	<input type="checkbox"/> N
1:30 hrs	<input type="checkbox"/> Y	<input type="checkbox"/> N
*	<input type="checkbox"/> Y	<input type="checkbox"/> N

Additional Works/Parts Replaced

Customer Comments

Technician Name/Employee No.:	Avinash 40102041	Technician Signature	
Customer Name	Mr.	Customer Signature	
Route Supervisor Name	Mr. T.D. Jodan	Route Supervisor Signature	

KONE Customer Care Center Toll Free Number : 1800 108 1234 / 1800 425 4254



KESV/F00

H N^o 059926

BD (Medical College) TM
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KONE Elevator India Private Ltd		Maintenance Report	
Building Name	Krishna Institute of Medical	City / Town	Karachi
Customer Contact Number		Service Order Number	AKND100973
Plant Section	JN 12	Planner Group	222 DMG II
Product Type	<input type="checkbox"/> Elevator <input type="checkbox"/> Escalator <input type="checkbox"/> Autowalk	Work Center	222 DMG II
Type of Visit	<input type="checkbox"/> PM <input checked="" type="checkbox"/> Call Out <input type="checkbox"/> Repair <input type="checkbox"/> Audit	Equipment Number	42361675
Date/Time of Call Out		Equipment ID	N/A
Start Count Reading / Hour Meter Reading		Job Status	<input type="checkbox"/> Closed <input type="checkbox"/> Not Closed

Technician Name	Travel Time	Arrival Date	Arrival Time	Restored Date	Restored Time
Avinash	30	16/3/2017	9:10 AM	16/3/2017	11:10 AM

Status on Arrival		Rectification Result	
<input type="checkbox"/> Running Correctly	<input type="checkbox"/> Running With Problem	<input type="checkbox"/> Equipment Running	
<input type="checkbox"/> Not Running-On level	<input checked="" type="checkbox"/> Not Running-Out of Level	<input type="checkbox"/> Equipment Running, not yet fixed	
<input type="checkbox"/> Not Running-Escalator	<input type="checkbox"/> Entrapment	<input type="checkbox"/> Equipment not Running, not yet fixed	

Maintenance Module	Completed	Rectification Area		Completed
		Elevator	Escalator	
Basic Inspection	<input type="checkbox"/>	Guide Rails	Drive Station	<input checked="" type="checkbox"/>
Basic Module	<input type="checkbox"/>	Doors and Entrances	Track System	<input checked="" type="checkbox"/>
Shaft Module	<input type="checkbox"/>	M/C Room Equipments	Truss	<input checked="" type="checkbox"/>
Landing Door Module	<input type="checkbox"/>	Shaft Equipments	Safety Signs/Cladding	<input type="checkbox"/>
Door Operator Module	<input type="checkbox"/>	Car	Skirting	<input checked="" type="checkbox"/>
Control Panel Module	<input type="checkbox"/>	Car Sling	Handrail System	<input type="checkbox"/>
Machine Module	<input type="checkbox"/>	Counter Weight	Step Band	<input type="checkbox"/>
Signalization Module	<input type="checkbox"/>	Rope Assemblies	Floor Plate	<input type="checkbox"/>
MX iModule	<input type="checkbox"/>	Control System	Comb Carrier	<input type="checkbox"/>
Drive Module (Escalator)	<input type="checkbox"/>	Drive System	Electrical System	<input type="checkbox"/>
Brake Module (Escalator)	<input type="checkbox"/>	Signalization	Deckings	<input type="checkbox"/>
Handrail Module (Escalator)	<input type="checkbox"/>	Peripheral Devices	Balustrades	<input type="checkbox"/>
Comb Plate Module (Escalator)	<input type="checkbox"/>		Power Supply	<input type="checkbox"/>
Guide Module (Escalator)	<input type="checkbox"/>		Others	<input type="checkbox"/>
Step Module (Escalator)	<input type="checkbox"/>			<input type="checkbox"/>

Technician's Remarks	Non-Kone Reason	
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N

* Elevator shut down for lift is out of level in bottom floor

* Emergency light not working check done

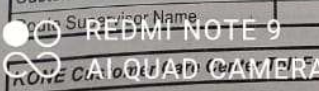
* door noise problem check done

Additional Works/Parts Replaced

N/A

Customer Comments

Technician Name/Employee No.:	Avinash 40102941	Technician Signature	
Customer Name		Customer Signature	
Route Supervisor Name		Route Supervisor Signature	



KONE CL No. 0010 (for KONE) Free Number : 1800 108 1234 / 1800 425 4254

KESV/F001/C

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N^o 088861

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KONE Elevator India Private Ltd		Maintenance Report	
Building Name	Karad medical college	City/Town	Mumbai
Customer Contact Number		Service Order Number	
Plant Section	282 DMG	Work Center	Ding DM 11
Product Type	<input checked="" type="checkbox"/> Elevator <input type="checkbox"/> Escalator <input type="checkbox"/> Autowalk	Equipment Number	42352796
Type of Visit	<input type="checkbox"/> PM <input type="checkbox"/> Call Out <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Audit	Equipment ID	
Date/Time of Call Out	28-1-2017	Job Status	<input checked="" type="checkbox"/> Closed <input type="checkbox"/> Not Closed
Start Count Reading / Hour			
Meter Reading			

Technician Name	Travel Time	Arrival Date	Arrival Time	Restored Date	Restored Time
Anurag Machine	30	27/1/2017	9:30	27/1/2017	11:30

Status on Arrival		Rectification Result	
<input type="checkbox"/> Running Correctly	<input type="checkbox"/> Running With Problem	<input type="checkbox"/> Equipment Running	
<input type="checkbox"/> Not Running-On level	<input type="checkbox"/> Not Running-Out of Level	<input type="checkbox"/> Equipment Running, not yet fixed	
<input type="checkbox"/> Not Running-Escalator	<input type="checkbox"/> Entrapment	<input type="checkbox"/> Equipment not Running, not yet fixed	

Maintenance Module	Completed	Rectification Area		Completed
		Elevator	Escalator	
Basic Inspection	<input checked="" type="checkbox"/>	Guide Rails	Drive Station	<input type="checkbox"/>
Basic Module	<input type="checkbox"/>	Doors and Entrances	Track System	<input checked="" type="checkbox"/>
Shaft Module	<input type="checkbox"/>	M/C Room Equipments	Truss	<input type="checkbox"/>
Landing Door Module	<input checked="" type="checkbox"/>	Shaft Equipments	Safety Signs/Cladding	<input type="checkbox"/>
Door Operator Module	<input checked="" type="checkbox"/>	Car	Skirting	<input type="checkbox"/>
Control Panel Module	<input type="checkbox"/>	Car Sing	Handrail System	<input type="checkbox"/>
Machine Module	<input type="checkbox"/>	Counter Weight	Step Band	<input type="checkbox"/>
Signalization Module	<input checked="" type="checkbox"/>	Rope Assemblies	Floor Plate	<input type="checkbox"/>
MX Module	<input type="checkbox"/>	Control System	Comb Carrier	<input type="checkbox"/>
Drive Module (Escalator)	<input type="checkbox"/>	Drive System	Electrical System	<input type="checkbox"/>
Brake Module (Escalator)	<input type="checkbox"/>	Signalization	Deckings	<input type="checkbox"/>
Handrail Module (Escalator)	<input type="checkbox"/>	Peripheral Devices	Balustrades	<input type="checkbox"/>
Comb Plate Module (Escalator)	<input type="checkbox"/>		Power Supply	<input type="checkbox"/>
Guide Module (Escalator)	<input type="checkbox"/>		Others	<input type="checkbox"/>
Step Module (Escalator)	<input type="checkbox"/>			

Technician's Remarks	Non-Kone Reason	
	<input type="checkbox"/> Y	<input type="checkbox"/> N
* * check all doors Landing Door	<input type="checkbox"/> Y	<input type="checkbox"/> N
* car door motor belt noise done	<input type="checkbox"/> Y	<input type="checkbox"/> N
* landing door noise check	<input type="checkbox"/> Y	<input type="checkbox"/> N
* EBD check, all safety check	<input type="checkbox"/> Y	<input type="checkbox"/> N

Additional Works/Parts Replaced

* no. N/A Buttons change to new glass

Customer Comments

Technician Name/Employee No.:	Anurag 42022111	Technician Signature	<i>Anurag</i> 27/1/2017
Customer Name	Mr. J. B. B. V.	Customer Signature	<i>J. B. B. V.</i>
Route Supervisor Name	Mr. J. D. Jadhav	Route Supervisor Signature	

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KONE Elevator India Private Ltd		Maintenance Report	
Building Name	Krushna Institute of medical collage	City / Town	Karad.
Customer Contact Number		Service Order Number	AIN-01021028
Plant Section	IN 12	Planner Group	282 DMG 11
Product Type	<input checked="" type="checkbox"/> Elevator <input type="checkbox"/> Escalator <input type="checkbox"/> Autowalk	Work Center	282 DMG 11
Type of Visit	<input type="checkbox"/> PM <input checked="" type="checkbox"/> Call Out <input type="checkbox"/> Repair <input type="checkbox"/> Audit	Equipment Number	42862796
Date/Time of Call Out		Equipment ID	N/A
Start Count Reading / Hour		Job Status	<input checked="" type="checkbox"/> Closed <input type="checkbox"/> Not Closed
Meter Reading			

Technician Name	Travel Time	Arrival Date	Arrival Time	Restored Date	Restored Time
Avinash	1:50 hrs	06/4/2017	9:30	06/4/2017	12:30 pm

Status on Arrival		Rectification Result	
<input type="checkbox"/> Running Correctly	<input type="checkbox"/> Running With Problem	<input checked="" type="checkbox"/> Equipment Running	
<input type="checkbox"/> Not Running-On level	<input checked="" type="checkbox"/> Not Running-Out of Level	<input type="checkbox"/> Equipment Running, not yet fixed	
<input type="checkbox"/> Not Running-Escalator	<input type="checkbox"/> Entrapment	<input type="checkbox"/> Equipment not Running, not yet fixed	

Maintenance Module	Completed	Rectification Area		Completed
		Elevator	Escalator	
Basic Inspection	<input type="checkbox"/>	Guide Rails	Drive Station	<input type="checkbox"/>
Basic Module	<input type="checkbox"/>	Doors and Entrances	Track System	<input type="checkbox"/>
Shaft Module	<input type="checkbox"/>	M/C Room Equipments	Truss	<input checked="" type="checkbox"/>
Landing Door Module	<input type="checkbox"/>	Shaft Equipments	Safety Signs/Cladding	<input checked="" type="checkbox"/>
Door Operator Module	<input type="checkbox"/>	Car	Skirting	<input type="checkbox"/>
Control Panel Module	<input type="checkbox"/>	Car Sling	Handrail System	<input checked="" type="checkbox"/>
Machine Module	<input type="checkbox"/>	Counter Weight	Step Band	<input type="checkbox"/>
Signalization Module	<input type="checkbox"/>	Rope Assemblies	Floor Plate	<input type="checkbox"/>
MX Module	<input type="checkbox"/>	Control System	Comb Carrier	<input type="checkbox"/>
Drive Module (Escalator)	<input type="checkbox"/>	Drive System	Electrical System	<input type="checkbox"/>
Brake Module (Escalator)	<input type="checkbox"/>	Signalization	Deckings	<input type="checkbox"/>
Handrail Module (Escalator)	<input type="checkbox"/>	Peripheral Devices	Balustrades	<input type="checkbox"/>
Comb Plate Module (Escalator)	<input type="checkbox"/>		Power Supply	<input type="checkbox"/>
Guide Module (Escalator)	<input type="checkbox"/>		Others	<input type="checkbox"/>
Step Module (Escalator)	<input type="checkbox"/>			<input type="checkbox"/>

Technician's Remarks	Non-Kone Reason	
* set the gaps in cigar switches	<input type="checkbox"/> Y	<input type="checkbox"/> N
* check lowt. code.	<input type="checkbox"/> Y	<input type="checkbox"/> N
* Absorbe. all floor with running time.	<input type="checkbox"/> Y	<input type="checkbox"/> N
1:30 hrs	<input type="checkbox"/> Y	<input type="checkbox"/> N
*	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N

Additional Works/Parts Replaced

Customer Comments

Technician Name/Employee No.:	Avinash 40102941	Technician Signature	
Customer Name	Dr. T. D. Jodan	Customer Signature	
Route Supervisor Name		Route Supervisor Signature	

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KONE Elevator India Private Ltd			Maintenance Report		
Building Name	Krusna Institute of medical collage		City / Town	Karnal	
Customer Contact Number			Service Order Number	AIN0102-1028	
Plant Section	JN 12	Planner Group	282 Ding 11	Work Center	282 Ding 11
Product Type	<input checked="" type="checkbox"/> Elevator	<input type="checkbox"/> Escalator	<input type="checkbox"/> Autowalk	Equipment Number	42362796
Type of Visit	<input type="checkbox"/> PM	<input checked="" type="checkbox"/> Call Out	<input type="checkbox"/> Repair	<input type="checkbox"/> Audit	Equipment ID
Date/Time of Call Out	9 April - 9:47 am		Job Status	<input type="checkbox"/> Closed	<input checked="" type="checkbox"/> Not Closed
Start Count Reading / Hour					
Meter Reading					

Technician Name	Travel Time	Arrival Date	Arrival Time	Restored Date	Restored Time
Avinash	1:50 hrs	09/4/2017	6:38	09/4/2017	7:50 pm

Status on Arrival		Rectification Result	
<input type="checkbox"/> Running Correctly	<input type="checkbox"/> Running With Problem	<input type="checkbox"/> Equipment Running	
<input checked="" type="checkbox"/> Not Running-On level	<input type="checkbox"/> Not Running-Out of Level	<input checked="" type="checkbox"/> Equipment Running, not yet fixed	
<input type="checkbox"/> Not Running-Escalator	<input type="checkbox"/> Entrapment	<input type="checkbox"/> Equipment not Running, not yet fixed	

Maintenance Module	Completed	Rectification Area		Completed
		Elevator	Escalator	
Basic Inspection	<input type="checkbox"/>	Guide Rails	Drive Station	<input type="checkbox"/>
Basic Module	<input type="checkbox"/>	Doors and Entrances	Track System	<input type="checkbox"/>
Shaft Module	<input type="checkbox"/>	M/C Room Equipments	Truss	<input checked="" type="checkbox"/>
Landing Door Module	<input type="checkbox"/>	Shaft Equipments	Safety Signs/Cladding	<input type="checkbox"/>
Door Operator Module	<input type="checkbox"/>	Car	Skirting	<input type="checkbox"/>
Control Panel Module	<input type="checkbox"/>	Car Sling	Handrail System	<input type="checkbox"/>
Machine Module	<input type="checkbox"/>	Counter Weight	Step Band	<input type="checkbox"/>
Signalization Module	<input type="checkbox"/>	Rope Assemblies	Floor Plate	<input type="checkbox"/>
MX Module	<input type="checkbox"/>	Control System	Comb Carrier	<input checked="" type="checkbox"/>
Drive Module (Escalator)	<input type="checkbox"/>	Drive System	Electrical System	<input type="checkbox"/>
Brake Module (Escalator)	<input type="checkbox"/>	Signalization	Deckings	<input type="checkbox"/>
Handrail Module (Escalator)	<input type="checkbox"/>	Peripheral Devices	Balustrades	<input type="checkbox"/>
Comb Plate Module (Escalator)	<input type="checkbox"/>		Power Supply	<input type="checkbox"/>
Guide Module (Escalator)	<input type="checkbox"/>		Others	<input type="checkbox"/>
Step Module (Escalator)	<input type="checkbox"/>			<input type="checkbox"/>

Technician's Remarks	Non-Kone Reason	
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N

Additional Works/Parts Replaced

★

Customer Comments

Technician Name/Employee No.:	Avinash-40102941	Technician Signature	<i>[Signature]</i>
Customer Name	Mr.	Customer Signature	<i>[Signature]</i>
Route Supervisor Name	Mr. T.D. Jadau	Route Supervisor Signature	<i>[Signature]</i>

2018

Maintenance Visit Record



Site Name	KRISHNA INSTITUTE OF MEDICAL	Address	MEDICAL COLLEGE, KIMS, PUNE- BANGALORE RD, MALKAPUR RD, KARAD
Contract Number	41238954	City	668190701
Equipment Number	42362796	Service Order	3/5/2018
		Visit Date	MADANE AVINASH SHIVAJI
Equipment ID	-	Attended by	

Y: Basic inspection
D: Door operator module
L: Landing door module

This is a record of completion for the above maintenance modules. Should there be any items that we need to bring to your attention, following this visit a member of our team will be in contact.

Job Description

preventive maintenance service done fan Alarm and intercom check working ok ERD operation check all landing door contact check working ok emergency lights check working ok all landing and car HLG Display check working ok lubrication oil 1000ml

Customer Comments

N/A

Arrived Time 03/05/2018 12:41
Finished Time 14/06/2018 14:47

Customer Signature

668190701

Customer Name KRISHNA INSTITUTE OF MEDICAL

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Tel No: +91 20252 86962, Fax: . . . www.kone.com, konein@kone.com

Maintenance Visit Record



Site Name	KRISHNA INSTITUTE OF MEDICAL	Address	MEDICAL COLLEGE, KIMS, PUNE- BANGALORE RD, MALKAPUR RD, KARAD
Contract Number	41238954	City	KARAD
Equipment Number	42362796	Service Order	669662006
		Visit Date	5/6/2018
Equipment ID	-	Attended by	MADANE AVINASH SHIVAJI

B: Basic module

This is a record of completion for the above maintenance modules. Should there be any items that we need to bring to your attention, following this visit a member of our team will be in contact.

Job Description

preventive maintenance service done fan Allarm and intercom check working ok all landing door contact check working ok emergency lights check working ok lubrication oil 1000ml

Customer Comments

NA

Arrived Time 05/06/2018 06:49

Finished Time 14/06/2018 14:47

Customer Signature

669662006

Customer Name KRISHNA INSTITUTE OF MEDICAL

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REDMI NOTE 9
AI QUAD CAMERA

Maintenance Visit Record



Site Name	KRISHNA INSTITUTE OF MEDICAL	Address	MEDICAL COLLEGE, KIMS, PUNE-BANGALORE RD, MALKAPUR RD, KARAD
Contract Number	41238954	City	KARAD
Equipment Number	42362796	Service Order	666694679
		Visit Date	9/4/2018
Equipment ID	-	Attended by	MADANE AVINASH SHIVAJI

B: Basic module.

This is a record of completion for the above maintenance modules. Should there be any items that we need to bring to your attention, following this visit a member of our team will be in contact.

Comments for Customer

Customer Signature

666694679

Customer Name KRISHNA INSTITUTE OF MEDICAL

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Tel No: +91 20252 86962, Fax: , www.kone.com, konein@kone.com

Maintenance Visit Record



Customer Name	KRISHNA INSTITUTE OF MEDICAL	Address	MEDICAL COLLEGE, KIMS, PUNE-BANGALORE RD, MALKAPUR RD.
Site Name	KRISHNA INSTITUTE OF MEDICAL	City	KARAD
Contract Number	41238954	Service Order	679604618
Equipment Number	42362796	Visit Date	3/12/2018
Equipment ID	-	Attended by	MADANE AVINASH SHIVAJI

B: Basic module

This is a record of completion for the above maintenance modules. Should there be any items that we need to bring to your attention, following this visit a member of our team will be in contact.

Job Description

Preventive maintenance service done fan Allarm

Customer Comments

Arrived Time 03/12/2018 16:21
Finished Time 06/12/2018 11:51

Customer Signature

679604618

Signed By

Mr bhamure sir

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REDMI NOTE 9
AI QUAD CAMERA

Maintenance Visit Record



Customer Name KRISHNA INSTITUTE OF MEDICAL

Site Name KRISHNA INSTITUTE OF MEDICAL

Address

MEDICAL COLLEGE, KIMS, PUNE-BANGALORE RD, MALKAPUR RD,

Contract Number 41238954

City

KARAD

Equipment Number 42362796

Service Order 678643868

Visit Date 2/11/2018

Attended by MADANE AVINASH SHIVAJI

Equipment ID -

Y: Basic inspection
Z: Signalisation module

This is a record of completion for the above maintenance modules. Should there be any items that we need to bring to your attention, following this visit a member of our team will be in contact.

Job Description

Preventive maintenance service done fan Alarm and intercom check working ok ERD operation check working ok all landing door contact check working ok emergency lights check working ok all landing and car HLG Display check working ok lubrication oil

Customer Comments

Not applicable

Arrived Time 02/11/2018 12:37

Finished Time 20/11/2018 12:15

Customer Signature

678643868

Signed By

Mr Bhambure sir

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REDMI NOTE 9
AI QUAD CAMERA

Maintenance Visit Record



Customer Name KRISHNA INSTITUTE OF MEDICAL
Site Name KRISHNA INSTITUTE OF MEDICAL **Address** MEDICAL COLLEGE, KIMS, PUNE-BANGALORE RD, MALKAPUR RD,
Contract Number 41238954 **City** KARAD
Equipment Number 42362796 **Service Order** 674639238
Equipment ID - **Visit Date** 8/9/2018
Attended by MADANE AVINASH SHIVAJI

B: Basic module

This is a record of completion for the above maintenance modules. Should there be any items that we need to bring to your attention, following this visit a member of our team will be in contact.

Job Description

preventive maintenance service done lubrication oil 1000ml

Customer Comments

not applicable

Arrived Time 08/09/2018 16:31

Finished Time 11/09/2018 11:48

Customer Signature

674639238

Signed By Mr Bhambure sir

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REDMI NOTE 9
AI QUAD CAMERA

Callout Record Status Closed



Dispatch number 10212862
Caller Name / Time MR SAGAR MANE at 13/06/2018 13:46

Customer Name KRISHNA INSTITUTE OF MEDICAL
Site Name KRISHNA INSTITUTE OF MEDICAL
Equipment Type Elevator
Equipment ID -
Equipment Number 42362796
Street MEDICAL COLLEGE, KIMS, PUNE-BANGALORE
RD, MALKAPUR RD,
Postal Code / City 415110 KARAD

Job Description water seepage on car top & car so pcbs faulty need
replace lift kept shutdown.
Failure Description BreakDown - Lift Not working
Fitter Name / Accepted Time MADANE AVINASH SHIVAJI at 13/06/2018 13:50
Equipment Condition on Arrival Not running - At floor - door closed

Equipment Condition on Leaving 01 Equipment running, back to normal operation
Reason Code Description Water damage
Action Code Description Not applicable
Customer Comments not applicable
Arrived Time 14/06/2018 13:59
Finished Time 06/09/2018 12:49

Customer Signature

10212862

Signed By

Mr Bhambure sir

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REDMI NOTE 9
AI QUAD CAMERA

KONE
Status Closed



Dispatch number 10147128
Caller Name / Time at 09/04/2018 10:13

Site Name KRISHNA INSTITUTE OF MEDICAL
Equipment Type Elevator
Equipment ID -
Equipment Number 42362796
Street MEDICAL COLLEGE, KIMS, PUNE-BANGALORE
RD, MALKAPUR RD,
Postal Code / City 415110 KARAD

Failure Description Additional work performed during Maintenance
666694679
Fitter Name / Accepted Time MADANE AVINASH SHIVAJI at 09/04/2018 09:53
Equipment Condition on Arrival No Applicable - No Applicable

Equipment Condition on Leaving 01
Reason Code Description Outdated component
Action Code Description Adjusted
Comments for Customer 1) M/C Room should be cleaned 2) pit cleaning
done
Arrived Time 09/04/2018 09:54
Finished Time 09/04/2018 12:39

Customer Signature

Extra Work 666694679

Customer Name Mr bhamure sir

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KONE Packaged Service Repair



Customer Name	KRISHNA INSTITUTE OF MEDICAL	Address	MEDICAL COLLEGE, KIMS, PUNE-BANGALORE RD, MALKAPUR RD,
Site Name	KRISHNA INSTITUTE OF MEDICAL	City	KARAD
Contract Number	41238954	KONE Order	322129248
Equipment Number	42362796	Visit Date	15/10/2018
Equipment ID	-	Attended by	MADANE AVINASH SHIVAJI

Below is a summary of the work performed during this job:



PACKAGE SERVICE REPAIR

Job Description

lift material replaced ,setup lon updated , lift started & observed working ok, 1) LCECCBE =01 NOS, 2)LCECOB =01NOS, 3)DETECTORE= 02nos,4)SMPS 12v 4.2amp=01nos,5)UPS 600va=01nos.used.6)Car Fan blower =01nos. used.

Customer Comments

lift start working ok.

Arrived Time 12/10/2018 10:10
Finished Time 15/10/2018 16:53

Customer Signature

322129248



Signed By

Mr Bhambure sir

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REDMI NOTE 9
AI QUAD CAMERA

No 004549

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KONE Elevator India Private Ltd		Maintenance Report	
Building Name	Krishna Institute of medical collage	City / Town	Karad.
Customer Contact Number	Mr. Bhamburda sir	Service Order Number	9A1N 10212864
Plant Section	IN 12	Planner Group	282 DMG 11
Product Type	<input checked="" type="checkbox"/> Elevator <input type="checkbox"/> Escalator <input type="checkbox"/> Autowalk	Work Center	282 DMG 12
Type of Visit	<input type="checkbox"/> PM <input checked="" type="checkbox"/> Call-Out <input type="checkbox"/> Repair	Equipment Number	42362796
Date/Time of Call Out		Equipment ID	5-1505804
Start Count Reading / Hour		Job Status	<input type="checkbox"/> Closed <input checked="" type="checkbox"/> Not Closed
Meter Reading			

Technician Name	Travel Time	Arrival Date	Arrival Time	Restored Date	Restored Time
Avinash + shankar	58 min	14/6/2018	1:59 pm	14/6/2018	5:46 pm.

Status on Arrival		Rectification Result	
<input type="checkbox"/> Running Correctly	<input checked="" type="checkbox"/> Running With Problem	<input type="checkbox"/> Equipment Running	<input type="checkbox"/> Equipment Running, not yet fixed
<input type="checkbox"/> Not Running-On level	<input type="checkbox"/> Not Running-Out of Level	<input checked="" type="checkbox"/> Equipment not Running, not yet fixed	
<input type="checkbox"/> Not Running-Escalator	<input type="checkbox"/> Entrapment		

Maintenance Module	Completed	Rectification Area		Completed
		Elevator	Escalator	
Basic Inspection	<input checked="" type="checkbox"/>	Guide Rails	Drive Station	<input checked="" type="checkbox"/>
Basic Module	<input checked="" type="checkbox"/>	Doors and Entrances	Track System	<input checked="" type="checkbox"/>
Shaft Module	<input checked="" type="checkbox"/>	M/C Room Equipments	Truss	<input checked="" type="checkbox"/>
Landing Door Module	<input checked="" type="checkbox"/>	Shaft Equipments	Safety Signs/Cladding	<input checked="" type="checkbox"/>
Door Operator Module	<input checked="" type="checkbox"/>	Car	Skirting	<input checked="" type="checkbox"/>
Control Panel Module	<input checked="" type="checkbox"/>	Car Sling	Handrail System	<input checked="" type="checkbox"/>
Machine Module	<input checked="" type="checkbox"/>	Counter Weight	Step Band	<input checked="" type="checkbox"/>
Signalization Module	<input checked="" type="checkbox"/>	Rope Assemblies	Floor Plate	<input checked="" type="checkbox"/>
MX Module	<input checked="" type="checkbox"/>	Control System	Comb Carrier	<input checked="" type="checkbox"/>
Drive Module (Escalator)	<input checked="" type="checkbox"/>	Drive System	Electrical System	<input checked="" type="checkbox"/>
Brake Module (Escalator)	<input checked="" type="checkbox"/>	Signalization	Deckings	<input checked="" type="checkbox"/>
Handrail Module (Escalator)	<input checked="" type="checkbox"/>	Peripheral Devices	Bandstrades	<input checked="" type="checkbox"/>
Comb Plate Module (Escalator)	<input checked="" type="checkbox"/>		Power Supply	<input checked="" type="checkbox"/>
Guide Module (Escalator)	<input checked="" type="checkbox"/>		Others	<input checked="" type="checkbox"/>
Step Module (Escalator)	<input checked="" type="checkbox"/>			

Technician's Remarks	Non-Kone Reason
* Rainey water feald down in on the floor side the shaft when car is running movement.	<input type="checkbox"/> Y <input type="checkbox"/>
* water came on landing header or car top also. Then, short str circuit. all parts and led light also.	<input type="checkbox"/> Y <input type="checkbox"/>
* check one day Audit reasons is lift run or not	<input type="checkbox"/> Y <input type="checkbox"/>

Additional Works/Parts Replaced

but lift is not move so that material should be Required. below list :-

- ① LEE COB Bord = 01 Nos
- ② SMPS = 01 Nos
- ③ Bloor fan = 02 Nos
- ④ Dكتور switch = 01 set
- ⑤ Inverter = 01 Nos
- ⑥ Led light = 04 Nos
- ⑦ LCE CEB Bord = 01 Nos

Customer Comments

That all material should be required for lift run plz allow that all material is customer scope.

Technician Name/Employee No.:	Avinash 40102941	Technician Signature	<i>[Signature]</i>
Customer Name	Mr. Yogesh kulkarni	Customer Signature	<i>[Signature]</i>
Route Supervisor Name	Mr. T.D Jadhav	Route Supervisor Signature	<i>[Signature]</i>

KONE Elevator India Private Ltd **Maintenance Report**

Building Name	Kone Elevator India Private Ltd	City / Town	Koram
Customer Contact Number	09876543210	Service Order Number	123456789
Plant Section	3rd Floor	Planner Group	3rd Floor
Product Type	<input type="checkbox"/> Elevator <input checked="" type="checkbox"/> Escalator <input type="checkbox"/> Autowalk	Work Center	42362
Type of Visit	<input type="checkbox"/> PM <input type="checkbox"/> Call Out <input type="checkbox"/> Repair <input type="checkbox"/> Audit	Equipment Number	515050
Date/Time of Call Out		Equipment ID	
Start Count Reading / Hour		Job Status	<input checked="" type="checkbox"/> Closed <input type="checkbox"/> Not Closed
Meter Reading			

Technician Name	Travel Time	Arrival Date	Arrival Time	Restored Date	Restored Time
M. S. D.	40 min	26/03/2012	4:30	26/03/2012	5:30

Status on Arrival	Rectification Result
<input type="checkbox"/> Running Correctly <input type="checkbox"/> Running With Problem	<input type="checkbox"/> Equipment Running
<input type="checkbox"/> Not Running-On level <input type="checkbox"/> Not Running-Out of Level	<input type="checkbox"/> Equipment Running, not yet fixed
<input type="checkbox"/> Not Running-Escalator <input type="checkbox"/> Entrapment	<input type="checkbox"/> Equipment not Running, not yet fixed

Maintenance Module	Completed	Rectification Area		Cont
		Elevator	Escalator	
Basic Inspection	<input checked="" type="checkbox"/>	Guide Rails	Drive Station	<input checked="" type="checkbox"/>
Basic Module	<input checked="" type="checkbox"/>	Doors and Entrances	Track System	<input checked="" type="checkbox"/>
Shaft Module	<input checked="" type="checkbox"/>	M/C Room Equipments	Truss	<input checked="" type="checkbox"/>
Landing Door Module	<input checked="" type="checkbox"/>	Shaft Equipments	Safety Signs/Cladding	<input checked="" type="checkbox"/>
Door Operator Module	<input checked="" type="checkbox"/>	Car	Skirting	<input checked="" type="checkbox"/>
Control Panel Module	<input checked="" type="checkbox"/>	Car Sling	Handrail System	<input checked="" type="checkbox"/>
Machine Module	<input checked="" type="checkbox"/>	Counter Weight	Step Band	<input checked="" type="checkbox"/>
Signalization Module	<input checked="" type="checkbox"/>	Rope Assemblies	Floor Plate	<input checked="" type="checkbox"/>
MX Module	<input checked="" type="checkbox"/>	Control System	Comb Carrier	<input checked="" type="checkbox"/>
Drive Module (Escalator)	<input checked="" type="checkbox"/>	Drive System	Electrical System	<input checked="" type="checkbox"/>
Brake Module (Escalator)	<input checked="" type="checkbox"/>	Signalization	Deckings	<input checked="" type="checkbox"/>
Handrail Module (Escalator)	<input checked="" type="checkbox"/>	Peripheral Devices	Balustrades	<input checked="" type="checkbox"/>
Comb Plate Module (Escalator)	<input checked="" type="checkbox"/>		Power Supply	<input checked="" type="checkbox"/>
Guide Module (Escalator)	<input checked="" type="checkbox"/>		Others	<input checked="" type="checkbox"/>
Step Module (Escalator)	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>

Technician's Remarks	Non-Konform
* preventive maintenance service done	<input type="checkbox"/> Y
* fan, alarm, intercom, check working	<input type="checkbox"/> Y
* Emergency light check working ok	<input type="checkbox"/> Y
* All landing and car call buttons	<input type="checkbox"/> Y
* call check	<input type="checkbox"/> Y

Additional Works/Parts Replaced

① Lubrication oil = 1000 ml

Customer Comments

Technician Name/Employee No. : M. S. D. / 1012941	Technician Signature
Customer Name : M. S. D. / 1012941	Customer Signature
Route Supervisor Name	Route Supervisor Signature

● ○ REDMI NOTE 9
 ○ AI QUAD CAMERA

KONE Elevator India Private Ltd			Maintenance Report		
Building Name	krishna institute medical	City / Town	Karad.		
Customer Contact Number	Mr Bhambure	Service Order Number	282 DMG-11		
Plant Section	JN 12	Planner Group	282 DMG-11		
Product Type	<input checked="" type="checkbox"/> Elevator <input type="checkbox"/> Escalator <input type="checkbox"/> Autowalk	Work Center	42362796		
Type of Visit	<input checked="" type="checkbox"/> PM <input type="checkbox"/> Call Out <input type="checkbox"/> Repair <input type="checkbox"/> Audit	Equipment Number	515050804		
Date/Time of Call Out		Job Status	<input checked="" type="checkbox"/> Closed <input type="checkbox"/> Not Closed		
Start Count Reading / Hour					
Meter Reading					

Technician Name	Travel Time	Arrival Date	Arrival Time	Restored Date	Restored Time
Avinash	40 min	06/03/2018	4:30	06/03/2018	5:30

Status on Arrival		Rectification Result	
<input type="checkbox"/> Running Correctly	<input type="checkbox"/> Running With Problem	<input type="checkbox"/> Equipment Running	
<input type="checkbox"/> Not Running-On level	<input type="checkbox"/> Not Running-Out of Level	<input type="checkbox"/> Equipment Running, not yet fixed	
<input type="checkbox"/> Not Running-Escalator	<input type="checkbox"/> Entrapment	<input type="checkbox"/> Equipment not Running, not yet fixed	

Maintenance Module	Completed	Rectification Area		Completed
		Elevator	Escalator	
Basic Inspection	<input type="checkbox"/>	Guide Rails	Drive Station	<input type="checkbox"/>
Basic Module	<input type="checkbox"/>	Doors and Entrances	Track System	<input type="checkbox"/>
Shaft Module	<input type="checkbox"/>	M/C Room Equipments	Truss	<input type="checkbox"/>
Landing Door Module	<input type="checkbox"/>	Shaft Equipments	Safety Signs/Cladding	<input type="checkbox"/>
Door Operator Module	<input type="checkbox"/>	Car	Skirting	<input type="checkbox"/>
Control Panel Module	<input type="checkbox"/>	Car Sling	Handrail System	<input type="checkbox"/>
Machine Module	<input type="checkbox"/>	Counter Weight	Step Band	<input type="checkbox"/>
Signalization Module	<input type="checkbox"/>	Rope Assemblies	Floor Plate	<input type="checkbox"/>
MX Module	<input type="checkbox"/>	Control System	Comb Carrier	<input type="checkbox"/>
Drive Module (Escalator)	<input type="checkbox"/>	Drive System	Electrical System	<input type="checkbox"/>
Brake Module (Escalator)	<input type="checkbox"/>	Signalization	Deckings	<input type="checkbox"/>
Handrail Module (Escalator)	<input type="checkbox"/>	Peripheral Devices	Balustrades	<input type="checkbox"/>
Comb Plate Module (Escalator)	<input type="checkbox"/>		Power Supply	<input type="checkbox"/>
Guide Module (Escalator)	<input type="checkbox"/>		Others	<input type="checkbox"/>
Step Module (Escalator)	<input type="checkbox"/>			<input type="checkbox"/>

Technician's Remarks	Non-Kone Reason	
* preventive maintenance serviced	<input type="checkbox"/> Y	<input type="checkbox"/> N
* fan, Allarm, intercom, check working ok	<input type="checkbox"/> Y	<input type="checkbox"/> N
* Emergency light check working ok	<input type="checkbox"/> Y	<input type="checkbox"/> N
* All landing and car call buttons are check	<input type="checkbox"/> Y	<input type="checkbox"/> N

Additional Works/Parts Replaced

① Lubrication oil = 1000 ml

Customer Comments

Technician Name/Employee No.:	Avinash 40102941	Technician Signature	
Customer Name	Mr Bhambure sir	Customer Signature	
Route Supervisor Name	Mr T.D. Jechan	Route Supervisor Signature	

KONE Customer Care Center Toll Free Number : 1800 108 1234 / 1800 425 4254

medical collage

N

No 079439

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KONE Elevator India Private Ltd		Maintenance Report	
Building Name	Krishna Institute Medical Collage	City / Town	Karad
Customer Contact Number	Mr. Bhamburde Sir	Service Order Number	662125019
Plant Section	JN12	Work Center	382DIMG 11
Product Type	<input type="checkbox"/> Elevator <input type="checkbox"/> Escalator <input type="checkbox"/> Autowalk	Equipment Number	42362796
Type of Visit	<input checked="" type="checkbox"/> PM <input type="checkbox"/> Call Out <input type="checkbox"/> Repair <input type="checkbox"/> Audit	Equipment ID	6-15050804
Date/Time of Call Out		Job Status	<input type="checkbox"/> Closed <input type="checkbox"/> Not Closed
Start Count Reading / Hour			
Meter Reading			

Technician Name	Travel Time	Arrival Date	Arrival Time	Restored Date	Restored Time
Amitosh		4/01/2018	3:00	4/01/2018	4:20

Status on Arrival		Rectification Result	
<input checked="" type="checkbox"/> Running Correctly	<input type="checkbox"/> Running With Problem	<input checked="" type="checkbox"/> Equipment Running	
<input type="checkbox"/> Not Running-On level	<input type="checkbox"/> Not Running-Out of Level	<input type="checkbox"/> Equipment Running, not yet fixed	
<input type="checkbox"/> Not Running-Escalator	<input type="checkbox"/> Entrapment	<input type="checkbox"/> Equipment not Running, not yet fixed	

Maintenance Module	Completed	Rectification Area		Completed
		Elevator	Escalator	
Basic Inspection	<input type="checkbox"/>	Guide Rails	Drive Station	<input type="checkbox"/>
Basic Module	<input checked="" type="checkbox"/>	Doors and Entrances	Track System	<input type="checkbox"/>
Shaft Module	<input type="checkbox"/>	M/C Room Equipments	Truss	<input type="checkbox"/>
Landing Door Module	<input type="checkbox"/>	Shaft Equipments	Safety Signs/Cladding	<input type="checkbox"/>
Door Operator Module	<input type="checkbox"/>	Car	Skirting	<input type="checkbox"/>
Control Panel Module	<input type="checkbox"/>	Car Sling	Handrail System	<input type="checkbox"/>
Machine Module	<input type="checkbox"/>	Counter Weight	Step Band	<input type="checkbox"/>
Signalization Module	<input type="checkbox"/>	Rope Assemblies	Floor Plate	<input type="checkbox"/>
MX Module	<input type="checkbox"/>	Control System	Comb Carrier	<input type="checkbox"/>
Drive Module (Escalator)	<input type="checkbox"/>	Drive System	Electrical System	<input type="checkbox"/>
Brake Module (Escalator)	<input type="checkbox"/>	Signalization	Deckings	<input type="checkbox"/>
Handrail Module (Escalator)	<input type="checkbox"/>	Peripheral Devices	Balustrades	<input type="checkbox"/>
Comb Plate Module (Escalator)	<input type="checkbox"/>		Power Supply	<input type="checkbox"/>
Guide Module (Escalator)	<input type="checkbox"/>		Others	<input type="checkbox"/>
Step Module (Escalator)	<input type="checkbox"/>			<input type="checkbox"/>

Technician's Remarks	Non-Kone Reason	
* preventive maintenance service done.	<input type="checkbox"/> Y	<input type="checkbox"/> N
* Fan, Allarm, Intercom, check working ok	<input type="checkbox"/> Y	<input type="checkbox"/> N
* Emergency light check working ok	<input type="checkbox"/> Y	<input type="checkbox"/> N
* All landing or car Ele or mech safety check working ok	<input type="checkbox"/> Y	<input type="checkbox"/> N
* All HLG display check working ok	<input type="checkbox"/> Y	<input type="checkbox"/> N

Additional Works/Parts Replaced

* car HLG display check working ok

* All landing or car call buttons are check working ok

① Lubrication oil = 1000 ml.

Customer Comments

Technician Name/Employee No.:	Amitosh 4012214	Technician Signature	
Customer Name	Mr. Bhamburde Sir	Customer Signature	
Route Supervisor Name	Mr. T.D. Jadhav	Route Supervisor Signature	

medical collage (PM)

N^o 004600

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KONE Elevator India Private Ltd		Maintenance Report	
Building Name	Kaivra medical collage	City / Town	Karad
Customer Contact Number	Mr. Bhamburc sir	Service Order Number	663599428
Plant Section	IN 12	Planner Group	282 DMG II
Product Type	<input checked="" type="checkbox"/> Elevator <input type="checkbox"/> Escalator <input type="checkbox"/> Autowalk	Work Center	282 DMG II
Type of Visit	<input checked="" type="checkbox"/> PM <input type="checkbox"/> Call Out <input type="checkbox"/> Repair <input type="checkbox"/> Audit	Equipment Number	42362196
Date/Time of Call/Out		Equipment ID	613050804
Start Count/Reading / Hour		Job Status	<input checked="" type="checkbox"/> Closed <input type="checkbox"/> Not Closed
Meter Reading			

Technician Name	Travel Time	Arrival Date	Arrival Time	Restored Date	Restored Time
Avinash		8/02/2018	4:40	8/02/2018	5:50 PM

Status on Arrival		Rectification Result	
<input type="checkbox"/> Running Correctly	<input type="checkbox"/> Running With Problem	<input type="checkbox"/> Equipment Running	
<input type="checkbox"/> Not Running-On level	<input type="checkbox"/> Not Running-Out of Level	<input type="checkbox"/> Equipment Running, not yet fixed	
<input type="checkbox"/> Not Running-Escalator	<input type="checkbox"/> Entrapment	<input type="checkbox"/> Equipment not Running, not yet fixed	

Maintenance Module	Completed	Rectification Area		Completed
		Elevator	Escalator	
Basic Inspection	<input checked="" type="checkbox"/>	Guide Rails	Drive Station	<input type="checkbox"/>
Basic Module	<input type="checkbox"/>	Doors and Entrances	Track System	<input type="checkbox"/>
Shaft Module	<input checked="" type="checkbox"/>	M/C Room Equipments	Truss	<input type="checkbox"/>
Landing Door Module	<input type="checkbox"/>	Shaft Equipments	Safety Signs/Cladding	<input type="checkbox"/>
Door Operator Module	<input type="checkbox"/>	Car	Skirting	<input type="checkbox"/>
Control Panel Module	<input type="checkbox"/>	Car Sling	Handrail System	<input type="checkbox"/>
Machine Module	<input type="checkbox"/>	Counter Weight	Step Band	<input type="checkbox"/>
Signalization Module	<input type="checkbox"/>	Rope Assemblies	Floor Plate	<input type="checkbox"/>
MX Module	<input type="checkbox"/>	Control System	Comb Carrier	<input type="checkbox"/>
Drive Module (Escalator)	<input type="checkbox"/>	Drive System	Electrical System	<input type="checkbox"/>
Brake Module (Escalator)	<input type="checkbox"/>	Signalization	Deckings	<input type="checkbox"/>
Handrail Module (Escalator)	<input type="checkbox"/>	Peripheral Devices	Balustrades	<input type="checkbox"/>
Comb Plate Module (Escalator)	<input type="checkbox"/>		Power Supply	<input type="checkbox"/>
Guide Module (Escalator)	<input type="checkbox"/>		Others	<input type="checkbox"/>
Step Module (Escalator)	<input type="checkbox"/>			<input type="checkbox"/>

Technician's Remarks	Non-Kone Reason	
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N

* preventive maintenance service done
 * fan, Alarm, Intercom, check working ok
 * Emergency light check working ok
 * All shaft door cleare.
 * all shaft Equipments check working ok

Additional Works/Parts Replaced

Customer Comments

Technician Name/Employee No.:	Avinash 40102941	Technician Signature	
Customer Name	Mr. Bhamburc sir	Customer Signature	
Route Supervisor Name	Mr. J. D. Jadhav	Route Supervisor Signature	

N

No. 079441

medical collage

Dental collage

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KONE Elevator India Private Ltd		Maintenance Report	
Building Name	krishna Institute of medical collage	City / Town	Karad
Customer Contact Number	020-2104-11	Service Order Number	
Plant Section	TD112	Work Center	020-2104-11
Product Type	<input type="checkbox"/> Elevator <input type="checkbox"/> Escalator <input type="checkbox"/> Autowalk	Equipment Number	42362796
Type of Visit	<input type="checkbox"/> PM <input type="checkbox"/> Call Out <input type="checkbox"/> Repair <input type="checkbox"/> Audit	Equipment ID	
Date/Time of Call Out		Job Status	<input type="checkbox"/> Closed <input type="checkbox"/> Not Closed
Start Count Reading / Hour			
Meter Reading			

Technician Name	Travel Time	Arrival Date	Arrival Time	Restored Date	Restored Time
Avinash	45 min	24/1/2018	9:30	24/1/2018	2:00 pm

Status on Arrival		Rectification Result	
<input type="checkbox"/> Running Correctly	<input type="checkbox"/> Running With Problem	<input type="checkbox"/> Equipment Running	
<input type="checkbox"/> Not Running-On level	<input type="checkbox"/> Not Running-Out of Level	<input type="checkbox"/> Equipment Running, not yet fixed	
<input type="checkbox"/> Not Running-Escalator	<input type="checkbox"/> Entrapment	<input type="checkbox"/> Equipment not Running, not yet fixed	

Maintenance Module	Completed	Rectification Area		Completed
		Elevator	Escalator	
Basic Inspection	<input type="checkbox"/>	Guide Rails	Drive Station	<input type="checkbox"/>
Basic Module	<input type="checkbox"/>	Doors and Entrances	Track System	<input type="checkbox"/>
Shaft Module	<input type="checkbox"/>	M/C Room Equipments	Truss	<input type="checkbox"/>
Landing Door Module	<input type="checkbox"/>	Shaft Equipments	Safety Signs/Cladding	<input type="checkbox"/>
Door Operator Module	<input type="checkbox"/>	Car	Skirting	<input type="checkbox"/>
Control Panel Module	<input type="checkbox"/>	Car Sling	Handrail System	<input type="checkbox"/>
Machine Module	<input type="checkbox"/>	Counter Weight	Step Band	<input type="checkbox"/>
Signalization Module	<input type="checkbox"/>	Rope Assemblies	Floor Plate	<input type="checkbox"/>
MX Module	<input type="checkbox"/>	Control System	Comb Carrier	<input type="checkbox"/>
Drive Module (Escalator)	<input type="checkbox"/>	Drive System	Electrical System	<input type="checkbox"/>
Brake Module (Escalator)	<input type="checkbox"/>	Signalization	Deckings	<input type="checkbox"/>
Handrail Module (Escalator)	<input type="checkbox"/>	Peripheral Devices	Balustrades	<input type="checkbox"/>
Comb Plate Module (Escalator)	<input type="checkbox"/>		Power Supply	<input type="checkbox"/>
Guide Module (Escalator)	<input type="checkbox"/>		Others	<input type="checkbox"/>
Step Module (Escalator)	<input type="checkbox"/>			<input type="checkbox"/>

Technician's Remarks	Non-Kone Reason	
* Elevator shut down for out of level for bottom floor.	<input type="checkbox"/> Y	<input type="checkbox"/> N
* check the Escalator N77 led not work	<input type="checkbox"/> Y	<input type="checkbox"/> N
* check 61V cigar switch cleane or fix	<input type="checkbox"/> Y	<input type="checkbox"/> N
* check all magnets gap & Adjust.	<input type="checkbox"/> Y	<input type="checkbox"/> N
* All lift is running normally	<input type="checkbox"/> Y	<input type="checkbox"/> N

Additional Works/Parts Replaced

N/A

Customer Comments

N/A

Technician Name/Employee No.:	Avinash 40102941	Technician Signature	
Customer Name	Dr. Bhambur 514	Customer Signature	
Route Supervisor Name	...	Route Supervisor Signature	

Maintenance Visit Record



Customer Name	KRISHNA INSTITUTE OF MEDICAL		Address	MEDICAL COLLEGE, KIMS, PUNE-BANGALORE RD, MALKAPUR RD,
Site Name	KRISHNA INSTITUTE OF MEDICAL	City	KARAD	
Contract Number	41238854	Service Order	700572184	
Equipment Number	42362796	Attended by	MADANE AVINASH SHIVAJI	
Equipment ID				

Y: Basic inspection
M: Machine module
C: Control panel module
A: ARD module

This is a record of completion for the above maintenance modules. Should there be any items that we need to bring to your attention, following this visit a member of our team will be in contact.

Job Description

preventative maintenance service done fan alarm and intercom check working ok emergency light checked working ok lub oil used 1000ml all landing and car Ele OR mech safely checked working ok all landing and car HLG display or button checked working ok

Customer Comments

costcomer satisfied

Arrived Time 02/12/2019 09:25

Work Completed Time 02/12/2019 11:05

Customer Signature


700572184

Signed By

Mr Bhambure sir

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Maintenance Visit Record



Customer Name	KRISHNA INSTITUTE OF MEDICAL		
Site Name	KRISHNA INSTITUTE OF MEDICAL	Address	MEDICAL COLLEGE, KIMS, PUNE-BANGALORE RD, MALKAPUR RD,
Contract Number	41238954	City	KARAD
Equipment Number	42362796	Service Order	698904191
Equipment ID	-	Attended by	MADANE AVINASH SHIVAJI

B: Basic module

This is a record of completion for the above maintenance modules. Should there be any items that we need to bring to your attention, following this visit a member of our team will be in contact.

Job Description

preventative maintenance service done fan alarm and intercom check working ok emergency light checked working ok all landing and car Ele OR mech safety checked working ok lub oil used 1000ml

Customer Comments

Arrived Time 04/11/2019 09:04
Work Completed Time 04/11/2019 10:14

Customer Signature

698904191

Signed By Mr Bhambure sir

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Maintenance Visit Record



Customer Name KRISHNA INSTITUTE OF MEDICAL

Site Name KRISHNA INSTITUTE OF MEDICAL

Contract Number 41238954

Equipment Number 42362796

Equipment ID -

Address

MEDICAL COLLEGE, KIMS, PUNE-BANGALORE RD, MALKAPUR RD,

City

KARAD

Service Order 700572184

Attended by

MADANE AVINASH SHIVAJI

Y: Basic inspection
M: Machine module
C: Control panel module
A: ARD module

This is a record of completion for the above maintenance modules. Should there be any items that we need to bring to your attention, following this visit a member of our team will be in contact.

Job Description

preventative maintenance service done fan alarm and intercom check working ok emergency light checked working ok lub oil used 1000ml all landing and car Ele OR mech safety checked working ok all landing and car HLG display or button checked working ok

Customer Comments

costcomer satisfied

Arrived Time 02/12/2019 09:25

Work Completed Time 02/12/2019 11:05

Customer Signature

700572184

Signed By

Mr Bhambure sir

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Maintenance Visit Record



Customer Name	KRISHNA INSTITUTE OF MEDICAL	Address	MEDICAL COLLEGE, KIMS, PUNE-BANGALORE RD, MALKAPUR RD,
Site Name	KRISHNA INSTITUTE OF MEDICAL	City	KARAD
Contract Number	41238954	Service Order	697160393
Equipment Number	42362796	Attended by	MADANE AVINASH SHIVAJI
Equipment ID			

B: Basic module

This is a record of completion for the above maintenance modules. Should there be any items that we need to bring to your attention, following this visit a member of our team will be in contact.

Job Description

preventative maintenance service done fan alarm and intercom check working ok emergency light checked working ok all landing and car Ele OR mech safety checked working ok lub oil used 1000ml

Customer Comments

costcomer satisfied

Arrived Time 07/10/2019 11:51

Work Completed Time 07/10/2019 12:53

Customer Signature

697160393

Signed By

Mr Bhambure sir

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Maintenance Visit Record



Customer Name	KRISHNA INSTITUTE OF MEDICAL		Address	MEDICAL COLLEGE, KIMS, PUNE-BANGALORE RD, MALKAPUR RD.
Site Name	KRISHNA INSTITUTE OF MEDICAL	City	KARAD	
Contract Number	41238954	Service Order	581457762	
Equipment Number	42362796	Visit Date	12/1/2019	
Equipment ID		Attended by	MADANE AVINASH SHIVAJI	

B: Basic module

This is a record of completion for the above maintenance modules. Should there be any items that we need to bring to your attention, following this visit a member of our team will be in contact.

Job Description

Preventive maintenance service done fan Alarm and intercom check working ok emergency lights check working ok ERD operation check working ok *all lift safety switches check working ok *up final and down final check working ok ERD operation check

Customer Comments

working ok

Arrived Time 12/01/2019 14:18
Finished Time 12/01/2019 15:57

Customer Signature

681457762

Signed By

Mr Bhambure sir

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Maintenance Visit Record



Customer Name	KRISHNA INSTITUTE OF MEDICAL		
Site Name	KRISHNA INSTITUTE OF MEDICAL	Address	MEDICAL COLLEGE, KIMS, PUNE-BANGALORE RD, MALKAPUR RD,
Contract Number	41238954	City	KARAD
Equipment Number	42362796	Service Order	698904191
Equipment ID	-	Attended by	MADANE AVINASH SHIVAJI

B: Basic module

This is a record of completion for the above maintenance modules. Should there be any items that we need to bring to your attention, following this visit a member of our team will be in contact.

Job Description

preventative maintenance service done fan alarm and intercom check working ok emergency light checked working ok all landing and car Ele OR mech safety checked working ok lub oil used 1000ml

Customer Comments

Arrived Time 04/11/2019 09:04

Work Completed Time 04/11/2019 10:14

Customer Signature

698904191

Signed By

Mr Bhambure sir

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REDMI NOTE 9
AI QUAD CAMERA

Maintenance Visit Record



Customer Name	KRISHNA INSTITUTE OF MEDICAL	Address	MEDICAL COLLEGE, KIMS, PUNE-BANGALORE RD, MAL KAPUR RD,
Site Name	KRISHNA INSTITUTE OF MEDICAL	City	KARAD
Contract Number	41238854	Service Order	688771656
Equipment Number	42362796	Visit Date	18/5/2019
Equipment ID		Attended by	MADANE AVINASH SHIVAJI

Y: Basic inspection
D: Door operator module
L: Landing door module

This is a record of completion for the above maintenance modules. Should there be any items that we need to bring to your attention, following this visit a member of our team will be in contact.

Job Description

Preventive maintenance service done fan Allarm and intercom check working ok all landing and car HLG Display check working ok lubrication oil 1000ml all electrical or mechanical safety check working ok all landing door contact check working ok

Customer Comments

Customer satisfied

Arrived Time 18/05/2019 16:27
Finished Time 18/05/2019 17:48

Customer Signature



688771656

Signed By

Mr vivek bhambure sir

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REDMI NOTE 9
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Maintenance Visit Record



Customer Name: KRISHNA INSTITUTE OF MEDICAL

Site Name: KRISHNA INSTITUTE OF MEDICAL

Address:

MEDICAL COLLEGE, KIMS, PUNE-BANGALORE RD, MALKAPUR RD,

Contract Number: 41238954

City: KARAD

Equipment Number: 42362796

Service Order: 686476987

Visit Date: 4/4/2019

Equipment ID: -

Attended by: MADANE AVINASH SHIVAJI

B: Basic module

This is a record of completion for the above maintenance modules. Should there be any items that we need to bring to your attention, following this visit a member of our team will be in contact.

Job Description

Preventive meaintenance service done fan Allarm and intercom check working ok all landing door contact check working ok emergency lights check working ok lubrication oil 1000ml

Customer Comments

Customer satisfied

Arrived Time: 04/04/2019 11:38

Finished Time: 09/04/2019 16:56

Customer Signature


686476987

Signed By

Mr bhamure sir

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Maintenance Visit Record



Customer Name	KRISHNA INSTITUTE OF MEDICAL		
Site Name	KRISHNA INSTITUTE OF MEDICAL	Address	MEDICAL COLLEGE, KIMS, PUNE-BANGALORE RD, MALKAPUR RD,
Contract Number	41238954	City	KARAD
Equipment Number	42362796	Service Order	693712019
Equipment ID	-	Attended by	MADANE AVINASH SHIVAJI

B: Basic module

This is a record of completion for the above maintenance modules. Should there be any items that we need to bring to your attention, following this visit a member of our team will be in contact.

Job Description

preventive maintenance service done fan alarm and emergency lights check working ok all landing and car button check working ok all landing and car mechanical lock contacts and electrical contacts check working ok lubrication oil oil 1000ml

Customer Comments

customer satisfied

Arrived Time 02/08/2019 16:21
Work Completed Time 02/08/2019 17:17

Customer Signature

693712019

Signed By

Mr Bhambure sir

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REDMI NOTE 9
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Maintenance Visit Record



Maintenance Visit Record



Customer Name	KRISHNA INSTITUTE OF MEDICAL	Address	MEDICAL COLLEGE, KIMS, PUNE-BANGALORE RD, MALKAPUR RD,
Site Name	KRISHNA INSTITUTE OF MEDICAL	City	KARAD
Contract Number	41238954	Service Order	671419205
Equipment Number	42362796	Visit Date	9/1/2019
Equipment ID	-	Attended by	MADANE AVINASH SHIVAJI

B: Basic module

This is a record of completion for the above maintenance modules. Should there be any items that we need to bring to your attention, following this visit a member of our team will be in contact.

Job Description

Preventive maintenance service done fan Alarm and intercom check working ok all landing and car HLG Display check working ok

Customer Comments

Not applicable

Arrived Time 09/01/2019 09:19
Finished Time 29/03/2019 16:57

Customer Signature

Signed By 671419205
Mr bhamure sir

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Maintenance Visit Record



Customer Name	KRISHNA INSTITUTE OF MEDICAL		
Site Name	KRISHNA INSTITUTE OF MEDICAL	Address	MEDICAL COLLEGE, KIMS, PUNE-BANGALORE RD, MALKAPUR RD.
Contract Number	41238954	City	KARAD
Equipment Number	42362796	Service Order	695417965
Equipment ID	-	Attended by	MADANE AVINASH SHIVAJI

Y: Basic inspection
D: Door operator module
L: Landing door module

This is a record of completion for the above maintenance modules. Should there be any items that we need to bring to your attention, following this visit a member of our team will be in contact.

Job Description

preventative maintenance service done fan alarm and intercom check working ok emergency light checked working ok lub oil used 1000ml

Customer Comments

costcomer satisfied

Arrived Time 30/09/2019 12:23
Work Completed Time 30/09/2019 13:22

Customer Signature

Signed By 
Mr Bhambure sir

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REDMI NOTE 9
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KONE Packaged Service Repair



Customer Name	KRISHNA INSTITUTE OF MEDICAL	Address	MEDICAL COLLEGE, KIMS, PUNE-BANGALORE RD, MALKAPUR RD,
Site Name	KRISHNA INSTITUTE OF MEDICAL	City	KARAD
Contract Number	41238954	KONE Order	701096427
Equipment Number	42362796	Attended by	MADANE AVINASH SHIVAJI
Equipment ID			

Below is a summary of the work performed during this job:

Planned Order

Job Description

costcomer handling over

Customer Comments

costcomer satisfied

Arrived Time 07/12/2019 09:30

Work Completed Time 07/12/2019 10:01

Customer Signature

701096427

Signed By

Mr Bhambure sir

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Maintenance Visit Record



Customer Name	KRISHNA INSTITUTE OF MEDICAL	Address	MEDICAL COLLEGE, KIMS, PUNE-BANGALORE RD, MALKAPUR RD,
Site Name	KRISHNA INSTITUTE OF MEDICAL	City	KARAD
Contract Number	41238954	Service Order	689673295
Equipment Number	42362796	Visit Date	6/6/2019
Equipment ID		Attended by	MADANE AVINASH SHIVAJI

B: Basic module

This is a record of completion for the above maintenance modules. Should there be any items that we need to bring to your attention, following this visit a member of our team will be in contact.

Job Description

Preventive maintenance service done fan Alarm and intercom check working ok all landing and car HLG Display check working ok lubrication oil 1000ml

Customer Comments

Arrived Time 06/06/2019 13:19
Finished Time 08/06/2019 12:14

Customer Signature

Signed By

Mr vivek bhambure sir

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REDMI NOTE 9
AI QUAD CAMERA

Maintenance Visit Record



Customer Name KRISHNA INSTITUTE OF MEDICAL

Site Name	KRISHNA INSTITUTE OF MEDICAL	Address	MEDICAL COLLEGE, KIMS, PUNE-BANGALORE RD, MALKAPUR RD,
Contract Number	41238954	City	KARAD
Equipment Number	42362796	Service Order	683203344
Equipment ID	-	Visit Date	12/2/2019
		Attended by	MADANE AVINASH SHIVAJI

Y: Basic inspection
S: Shaft module

This is a record of completion for the above maintenance modules. Should there be any items that we need to bring to your attention, following this visit a member of our team will be in contact.

Job Description

Preventive maintenance work done all landing door contact check working ok emergency lights check working ok ERD operation check working ok all electrical or mechanical safety check working ok lubrication oil 1000ml all all landing and car HLG Displa

Customer Comments

mc room should be cleaning properly check both site

Arrived Time 12/02/2019 09:31
Finished Time 12/02/2019 19:34

Customer Signature

683203344

Mr Bhambure
Medical
AM

Signed By

Mr Bhambure sir

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REDMI NOTE 9
AI QUAD CAMERA

KONE Packaged Service Repair



Customer Name	KRISHNA INSTITUTE OF MEDICAL		
Site Name	KRISHNA INSTITUTE OF MEDICAL	Address	MEDICAL COLLEGE, KIMS, PUNE-BANGALORE RD, MALKAPUR RD.
Contract Number	41238954	City	KARAD
Equipment Number	42362796	KONE Order	701096427
Equipment ID	-	Attended by	MADANE AVINASH SHIVAJI

Below is a summary of the work performed during this job:

Planned Order

Job Description

costomer handling over

Customer Comments

costomer satisfied

Arrived Time 07/12/2019 09:30

Work Completed Time 07/12/2019 10:01

Customer Signature

701096427

Signed By

Mr Bhambure sir

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KONE
Status Closed



Dispatch number 10540235
Caller Name / Time - at 27/04/2019 08:54

Customer Name KRISHNA INSTITUTE OF MEDICAL
Site Name KRISHNA INSTITUTE OF MEDICAL
Equipment Type Elevator
Equipment ID
Equipment Number 42362796
Street MEDICAL COLLEGE, KIMS, PUNE-BANGALORE
RD, MALKAPUR RD,
Postal Code / City 415110 KARAD

Job Description lift going to bottom level on over travels check 77n
or 61n and reset power supply now lift running
normally
Failure Description lift not work
Fitter Name / Accepted Time MADANE AVINASH SHIVAJI at 27/04/2019 08:58
Equipment Condition on Arrival Not running - On limit switch - pit

Equipment Condition on Leaving 01
Reason Code Description Outdated component
Action Code Description Reset
Customer Comments Customer satisfied
Arrived Time 27/04/2019 09:12
Finished Time 27/04/2019 09:47

Customer Signature

10540235

Signed By

Mr vivek bhambure sir

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REDMI NOTE 9
AI QUAD CAMERA

KONE Packaged Service Repair



Customer Name KRISHNA INSTITUTE OF MEDICAL

Site Name KRISHNA INSTITUTE OF MEDICAL

Contract Number 41238954

Equipment Number 42362796

Equipment ID

Address

MEDICAL COLLEGE, KIMS, PUNE-BANGALORE RD, MALKAPUR RD.

City

KARAD

KONE Order

667718467

Visit Date

5/3/2019

Attended by

MADANE AVINASH SHIVAJI

Below is a summary of the work performed during this job:

MX BRAKE SETTING

Job Description

mx 18 mc brake setting done

Customer Comments

not applicable

Arrived Time 11/03/2019 10:03

Finished Time 29/03/2019 16:57

Customer Signature

667718467

Signed By

Mr bhamure sir

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REDMI NOTE 9
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KONE
Status Closed



Dispatch number
Caller Name / Time

10519114
- at 04/04/2019 15:44

Customer Name
Site Name
Equipment Type
Equipment ID
Equipment Number
Street
Postal Code / City

KRISHNA INSTITUTE OF MEDICAL
KRISHNA INSTITUTE OF MEDICAL
Elevator
42362796
MEDICAL COLLEGE, KIMS, PUNE-BANGALORE
RD, MALKAPUR RD,
415110 KARAD

Job Description
Failure Description
Fitter Name / Accepted Time
Equipment Condition on Arrival

ERD battery or Mechanical contact check Error is
come 105 checked and rectify that problem
ERD not work
MADANE AVINASH SHIVAJI at 04/04/2019 15:46
Running - Running correctly (no fault found)

Equipment Condition on Leaving
Reason Code Description
Action Code Description
Customer Comments
Arrived Time
Finished Time

01
Outdated component
Tested
Customer satisfied
04/04/2019 16:03
04/04/2019 17:15

Customer Signature



10519114

Signed By

Mr bhamure sir

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REDMI NOTE 9
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KONE
Status Closed



Dispatch number
Caller Name / Time

10639276
- at 07/08/2019 16:00

Customer Name
Site Name
Equipment Type
Equipment ID
Equipment Number
Street
Postal Code / City

KRISHNA INSTITUTE OF MEDICAL
KRISHNA INSTITUTE OF MEDICAL
Elevator
-
42362796
MEDICAL COLLEGE, KIMS, PUNE-BANGALORE
RD, MALKAPUR RD,
415110 KARAD

Job Description

ground floor landing door contacts adjustment work done

Failure Description

ground floor landing door contacts not work properly

Fitter Name / Accepted Time

MADANE AVINASH SHIVAJI at 07/08/2019 18:43

Equipment Condition on Arrival

Not running - At floor - door closed

Equipment Condition on Leaving

01

Reason Code Description

Weather damage

Action Code Description

Not applicable

Customer Comments

customer satisfied

Arrived Time

07/08/2019 16:00

Work Completed Time

07/08/2019 17:09

Customer Signature

10639276

Signed By

Mr Bhambure sir

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REDMI NOTE 9
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KONE Packaged Service Repair



Customer Name	KRISHNA INSTITUTE OF MEDICAL	Address	MEDICAL COLLEGE, KIMS, PUNE-BANGALORE RD, MALKAPUR RD,
Site Name	KRISHNA INSTITUTE OF MEDICAL	City	KARAD
Contract Number	41238954	KONE Order	679415680
Equipment Number	42362796	Visit Date	29/4/2019
Equipment ID	-	Attended by	MADANE AVINASH SHIVAJI

Below is a summary of the work performed during this job:

AMD COUPLER ROLLER REPLACEMENT

Job Description

AMD couplar roller replaced work done

Customer Comments

Customer satisfied

Arrived Time 29/04/2019 10:28
Finished Time 18/05/2019 17:48

Customer Signature

679415680

Signed By

Mr vivek bhambure sir

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KONE
Status Closed



Dispatch number 10558128
Caller Name / Time - at 17/05/2019 09:39

Customer Name KRISHNA INSTITUTE OF MEDICAL
Site Name KRISHNA INSTITUTE OF MEDICAL
Equipment Type Elevator
Equipment ID -
Equipment Number 42362796
Street MEDICAL COLLEGE, KIMS, PUNE-BANGALORE
RD, MALKAPUR RD,
Postal Code / City 415110 KARAD

Job Description landing door noise problem rectified that problem
now lift is running normally
Failure Description landing door noise
Fitter Name / Accepted Time * MADANE AVINASH SHIVAJI at 17/05/2019 09:46
Equipment Condition on Arrival Running - Noisy
Equipment Condition on Leaving 01
Reason Code Description Misuse
Action Code Description Adjusted
Customer Comments
Arrived Time 17/05/2019 10:04
Finished Time 17/05/2019 10:39

Customer Signature

10558128

Signed By

Mr vivek bhambure sir

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KONE
Status Closed



Dispatch number 10607967
Caller Name / Time Mr at 08/07/2019 11:59

Customer Name KRISHNA INSTITUTE OF MEDICAL
Site Name KRISHNA INSTITUTE OF MEDICAL
Equipment Type Elevator
Equipment ID -
Equipment Number 42362796
Street MEDICAL COLLEGE, KIMS, PUNE-BANGALORE
RD, MALKAPUR RD,
Postal Code / City 415110 KARAD

Job Description door closed device not closed properly its
adjustment now lift running normaly
Failure Description lift not work
Fitter Name / Accepted Time MADANE AVINASH SHIVAJI at 08/07/2019 12:55
Equipment Condition on Arrival Not running - At floor - door open

Equipment Condition on Leaving 01
Reason Code Description Technical failure
Action Code Description Adjusted
Customer Comments customer satisfiaied
Arrived Time 08/07/2019 12:55
Work Completed Time 08/07/2019 13:43

Customer Signature

10607967

Signed By

Mr Bhambure sir

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KONE
Status Closed



Dispatch number 10607967
Caller Name / Time Mr at 08/07/2019 11:59

Customer Name KRISHNA INSTITUTE OF MEDICAL
Site Name KRISHNA INSTITUTE OF MEDICAL
Equipment Type Elevator
Equipment ID -
Equipment Number 42362796
Street MEDICAL COLLEGE, KIMS, PUNE-BANGALORE RD, MALKAPUR RD,
Postal Code / City 415110 KARAD

Job Description door closed device not closed properly its adjustment now lift running normaly
Failure Description lift not work
Fitter Name / Accepted Time MADANE AVINASH SHIVAJI at 08/07/2019 12:55
Equipment Condition on Arrival Not running - At floor - door open

Equipment Condition on Leaving 01
Reason Code Description Technical failure
Action Code Description Adjusted
Customer Comments customer satisfaied
Arrived Time 08/07/2019 12:55
Work Completed Time 08/07/2019 13:43

Customer Signature

10607967

Signed By

Mr Bhambure sir

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KONE Packaged Service Repair



Customer Name	KRISHNA INSTITUTE OF MEDICAL	Address	MEDICAL COLLEGE, KIMS, PUNE-BANGALORE RD, MALKAPUR RD.
Site Name	KRISHNA INSTITUTE OF MEDICAL	City	KARAD
Contract Number	41238954	KONE Order	676878356
Equipment Number	42362796	Visit Date	12/2/2019
Equipment ID	-	Attended by	Pravin SHIGWAN

Below is a summary of the work performed during this job:

MX BRAKE SETTING

Job Description

MX10 machine brake setting and testing work done checked operations working ok.

Customer Comments

Arrived Time 12/02/2019 16:47
Finished Time 12/02/2019 19:34

Customer Signature

676878356

Signed By

Mr vivek bhambure sir

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REDMI NOTE 9
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Callout Record Status Closed



Dispatch number
Caller Name / Time

10574917
Mr Vivek at 04/06/2019 13:06

Customer Name
Site Name
Equipment Type
Equipment ID
Equipment Number
Street
Postal Code / City

KRISHNA INSTITUTE OF MEDICAL
KRISHNA INSTITUTE OF MEDICAL
Elevator
-
42362796
MEDICAL COLLEGE, KIMS, PUNE-BANGALORE
RD, MALKAPUR RD,
415110 KARAD

Job Description

customer power supply not coming properly check
and rectified that problem now lift is running
normally

Failure Description

Break Down - Lift Not working

Fitter Name / Accepted Time

MADANE AVINASH SHIVAJI at 04/06/2019 13:27

Equipment Condition on Arrival

Not running - At floor - door closed

Equipment Condition on Leaving

01 Equipment running, back to normal operation

Reason Code Description

Building power down

Action Code Description

Tested

Customer Comments

Arrived Time

05/06/2019 09:15

Finished Time

05/06/2019 10:29

Customer Signature

10574917

Signed By

Mr vivek bhambure sir

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REDMI NOTE 9
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2020

Maintenance Visit Record



Customer Name KRISHNA INSTITUTE OF MEDICAL

Site Name KRISHNA INSTITUTE OF MEDICAL

Address

MEDICAL COLLEGE, KIMS, PUNE-BANGALORE RD, MALKAPUR RD,

Contract Number 41756042

City

KARAD

Equipment Number 42352796

Service Order 704242710

Equipment ID

Attended by MADANE AVINASH SHIVAJI

Y: Basic inspection
S: Shaft module

This is a record of completion for the above maintenance modules. Should there be any items that we need to bring to your attention, following this visit a member of our team will be in contact.

Job Description

preventive maintenance service done fan alarm and intercom check working ok all landing and car Electrical or mechanical contact check working ok ERD operation check working ok all landing and car HLG Display check working ok Lubrication Oil used 1000ml

Customer Comments

customer satisfied

Arrived Time 03/02/2020 10:13

Work Completed Time 03/02/2020 11:20

Customer Signature


M4RE711

Signed By

Mr Bhambure sir

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Maintenance Visit Record



Customer Name KRISHNA INSTITUTE OF MEDICAL

Site Name KRISHNA INSTITUTE OF MEDICAL

Address

MEDICAL COLLEGE, KIMS, PUNE-BANGALORE RD, MALKAPUR RD,

Contract Number 41756342

City

KARAD

Equipment Number 42362796

Service Order

707757023

Equipment ID

Attended by

MADANE AVINASH SHIVAJI

Y: Basic inspection
M: Machine module
C: Control panel module
A: ARD module

This is a record of completion for the above maintenance modules. Should there be any items that we need to bring to your attention, following this visit a member of our team will be in contact.

Job Description

preventive maintenance service done fan alarm and intercom check working ok all landing and car Electrical or mechanical contact check working ok all landing and car HLG Display check working ok Lubrication Oil used 1000ml

Customer Comments

customer satisfied

Arrived Time 15/04/2020 15:33

Work Completed Time 15/04/2020 17:03

Customer Signature

707757023

Signed By

Mr vivek bhambure sir

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REDMI NOTE 9

AI QUAD CAMERA

Maintenance Visit Record



Customer Name KRISHNA INSTITUTE OF MEDICAL

Site Name KRISHNA INSTITUTE OF MEDICAL

Address

MEDICAL
COLLEGE, KIMS,
PUNE-BANGALORE
RD, MALKAPUR RD,

Contract Number 41756342

City

KARAD

Equipment Number 42362796

Service Order 704242710

Equipment ID

Attended by MADANE AVINASH
SHIVAJI

Y: Basic inspection
S: Shaft module

This is a record of completion for the above maintenance modules. Should there be any items that we need to bring to your attention, following this visit a member of our team will be in contact.

Job Description

preventive maintenance service done fan alarm and intercom check working ok all landing and car
Electrical or mechanical contact check working ok ERD operation check working ok all landing and
car HLG Display check working ok Lubrication Oil used 1000ml

Customer Comments

customer satisfied

Arrived Time 03/02/2020 10:13

Work Completed Time 03/02/2020 11:20

Customer Signature

Signed By

Mr Bhambure sir

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REDMI NOTE 9
AI QUAD CAMERA

KONE
Status Closed



medical
College

Dispatch number 10871072
Caller Name / Time - at 13/06/2020 10:52

Customer Name KRISHNA INSTITUTE OF MEDICAL
Site Name KRISHNA INSTITUTE OF MEDICAL
Equipment Type Elevator
Equipment ID -
Equipment Number 42362796
Street MEDICAL COLLEGE, KIMS, PUNE-BANGALORE
RD, MALKAPUR RD,
Postal Code / City 415110 KARAD

Job Description 6 parameters difoult replacement take parameters
and lift running absorvation now lift running normally

Failure Description Krishna hospital site lift not work

Fitter Name / Accepted Time MADANE AVINASH SHIVAJI at 13/06/2020 10:59

Equipment Condition on Arrival Not running - At floor - door closed

Equipment Condition on Leaving 01

Reason Code Description Change of equipment parameters

Action Code Description Not applicable

Customer Comments costumer satisfied

Arrived Time 13/06/2020 11:15

Work Completed Time 13/06/2020 14:46

No signature available.

Customer Signature

Signed By

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Maintenance Visit Record



Customer Name KRISHNA INSTITUTE OF MEDICAL

Site Name	KRISHNA INSTITUTE OF MEDICAL	Address	MEDICAL COLLEGE, KIMS, PUNE-BANGALORE RD, MALKAPUR RD,
Contract Number	41756342	City	KARAD
Equipment Number	42362796	Service Order	702737542
Equipment ID		Attended by	MADANE AVINASH SHIVAJI

B: Basic module

This is a record of completion for the above maintenance modules. Should there be any items that we need to bring to your attention, following this visit a member of our team will be in contact.

Job Description

preventive maintenance service done fan alarm and intercom check working ok all landing and car Electrical or mechanical contact check working ok Lubrication Oil used 1000ml

Customer Comments

customer satisfied

Arrived Time 02/01/2020 09:23

Work Completed Time 02/01/2020 10:29

Customer Signature

702737542

Signed By

Mr Bhambure sir

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REDMI NOTE 9
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Maintenance Visit Record



Customer Name KRISHNA INSTITUTE OF MEDICAL

Site Name KRISHNA INSTITUTE OF MEDICAL **Address** MEDICAL COLLEGE, KIMS, PUNE-BANGALORE RD, MALKAPUR RD.

Contract Number 41756342 **City** KARAD

Equipment Number 42362796 **Service Order** 702737542

Equipment ID - **Attended by** MADANE AVINASH SHIVAJI

B: Basic module

This is a record of completion for the above maintenance modules. Should there be any items that we need to bring to your attention, following this visit a member of our team will be in contact.

ter

Job Description

preventive maintenance service done fan alarm and intercom check working ok all landing and car Electrical or mechanical contact check working ok Lubrication Oil used 1000ml

Customer Comments

customer satisfied

Arrived Time 02/01/2020 09:23

Work Completed Time 02/01/2020 10:29

Customer Signature

702737542

Signed By

Mr Bhambure sir

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REDMI NOTE 9
AI QUAD CAMERA

Medical Collage

Maintenance Visit Record



Customer Name KRISHNA INSTITUTE OF MEDICAL

Site Name KRISHNA INSTITUTE OF MEDICAL

Address

MEDICAL COLLEGE, KIMS, PUNE-BANGALORE RD, MALKAPUR RD,

Contract Number 41756342

City

KARAD

Equipment Number 42362796

Service Order 720758774

Equipment ID -

Attended by MADANE AVINASH SHIVAJI

Y: Basic inspection
D: Door operator module
L: Landing door module

This is a record of completion for the above maintenance modules. Should there be any items that we need to bring to your attention, following this visit a member of our team will be in contact.

Job Description

Routine maintenance completed, back to normal

Customer Comments

Due to Covid-19 situation Signature is not obtained for the services rendered in your premises . However report is sent to the registered mail ID for record purpose.

Arrived Time 05/11/2020 11:20

Work Completed Time 05/11/2020 12:56

Customer Signature

720758774

Signed By

Mr Bhambure sir

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REDMI NOTE 9

AI QUAD CAMERA

Maintenance Visit Record



Customer Name KRISHNA INSTITUTE OF MEDICAL

Site Name KRISHNA INSTITUTE OF MEDICAL

Contract Number 41756342

Equipment Number 42362796

Equipment ID -

Address

MEDICAL COLLEGE, KIMS, PUNE-BANGALORE RD, MALKAPUR RD,

City

KARAD

Service Order 720758774

Attended by MADANE AVINASH SHIVAJI

Y: Basic inspection
D: Door operator module
L: Landing door module

This is a record of completion for the above maintenance modules. Should there be any items that we need to bring to your attention, following this visit a member of our team will be in contact.

Job Description

Routine maintenance completed, back to normal

Customer Comments

Due to Covid-19 situation Signature is not obtained for the services rendered in your premises. However report is sent to the registered mail ID for record purpose.

Arrived Time 05/11/2020 11:20

Work Completed Time 05/11/2020 12:56

Customer Signature

720758774

Signed By

Mr Bhambure sir

NOTICE: The information contained in this message or files attached to it are intended for the exclusive use of the addressee and may contain confidential or legally privileged information. If you are not the intended recipient, please note that the use, copying, any form of dissemination and any other corresponding action in respect of this communication is strictly prohibited. If you received this message in error, please delete the message and notify the sender immediately. Thank you. Please note that we take reasonable precautions to prevent the transmission of viruses; however, we cannot guarantee that this message or its attachments are free from viruses. We only send and receive emails on the basis that we are not be liable for any loss or damage resulting from the opening of this message and/or attachments.

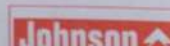
KONE Elevators India Pvt Ltd, , , PUNE, 411038
Tel No: +91 20252 86962, Fax: , www.kone.com, konein@kone.com



REDMI NOTE 9
AI QUAD CAMERA

B 1 Staff quarter Jhonson lift from 2016

 Johnson Lifts Private Limited PLOT NO.42/2 HADAPSAR INDUSTRIAL ESTATE, HADAPSAR PUNE 411013 Phone: 020-41007506		PF_1105181109600 No. L-11763 Date SMD9983 LIFT No. B1 FSM-
SERV/QT/QR/04 Customer: REGISTRAR- KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED UNIVERSITY, STAFF QUARTER BUILDING MALKAPUR, TAL-KARAD, DIST-SATARA 415539	Nature: SHELAR PRAKASH ANANDA Mechanic Deputed	
Nature of Service / Items Replaced: FREE SERVICE CARRIED OUT FOR THE MONTH OF NOVEMBER - 2016		
Items which requires Customer Attention: M/C Room Door lock not available.		
Customer Remarks if any:		
Office Use Only	Time Reported: 12:00 Left: 8:00 CAUTION : IF DOOR OPEN KEY IS USED ENSURE THAT DOOR IS FULLY CLOSED Customer's Signature: <i>[Signature]</i>	
Head Office : No. 1, East Main Road, Anna Nagar Western Extension, Chennai - 600 101, Grams : LIFTS Fax : 91-44-26131614 Website : www.johnsonlifts.com Ph : 26152003, 26152004, 26152005, 26152006		

 Johnson Lifts Private Limited PLOT NO.42/2 HADAPSAR INDUSTRIAL ESTATE, HADAPSAR PUNE 411013 Phone: 020-41007506		PF_1105181109600 No. L-11763 Date SMD9983 LIFT No. <i>Staff qtr</i> FSM-
SERV/QT/QR/04 Customer: REGISTRAR- KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED UNIVERSITY, STAFF QUARTER BUILDING MALKAPUR, TAL-KARAD, DIST-SATARA 415539	Nature: SHELAR PRAKASH ANANDA Mechanic Deputed	
Nature of Service / Items Replaced: FREE SERVICE CARRIED OUT FOR THE MONTH OF DECEMBER - 2016		
Items which requires Customer Attention:		
Customer Remarks if any:		
Office Use Only	Time Reported: 9:30 Left: 12:30 CAUTION : IF DOOR OPEN KEY IS USED ENSURE THAT DOOR IS FULLY CLOSED Customer's Signature: <i>[Signature]</i>	
Head Office : No. 1, East Main Road, Anna Nagar Western Extension, Chennai - 600 101, Grams : LIFTS Fax : 91-44-26131614 Website : www.johnsonlifts.com Ph : 26152003, 26152004, 26152005, 26152006		

From 2017

Johnson Johnson Lifts Private Limited
411013 Phone: 020-41007506

REGISTRATION NO: 20172296 26-FEB-2017
SERVICE REPORT

No. L-41763 Date: 26/02/2017
Lift No. : 25M
Name of Lift: SHEKAR PRAKASH ANANDA
Mechanic Reported:

Customer: REGISTRATION- KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED
UNIVERSITY, STAFF QUARTER BUILDING
MALKAPUR, TAL-KARAD, DIST-SATARA 415538

Nature of Service / Issue Reported:
FREE SERVICE CARRIED OUT FOR THE MONTH OF FEBRUARY - 2017

Items which require Customer Attention:
Emergency Light, Alarm & ARD working condition ok.

Customer Remarks if any:

Office Use Only

Time Reported: 10:00 Left: 12:00
CAUTION: IF DOOR OPEN KEY IS USED ENSURE THAT DOOR IS FULLY CLOSED

Head Office: No. 1, East Main Road, Anna Nagar, Chennai, Chennai - 600 101, India | T: 44 26131614
Website: www.johnsonlifts.com | Ph: 26132001, 26132004, 26132005, 26132006

Johnson Lifts Private Limited
 PLOT NO.422 HADAPSAR INDUSTRIAL ESTATE, HADAPSAR PUNE
 411013 Phone: 020-41007306

LIFT 51
 PPMH05171208 REGD-4880817

Serial No.	L-11763	Model	SMD0983
Lift No.		PSM	
Mechanic Deputed	SHELAR PRAKASH ANANDA		

Customer: REGISTRAR, KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED
 KRISHNA INSTITUTE OF MEDICAL SCIENCES
 DEEMED UNIVERSITY, STAFF QUARTER BUILDING
 MALKAPUR, TAL. KARAD, DIST-SATARA. 415539

Nature of Service: **FREE SERVICE CARRIED OUT FOR THE MONTH OF JANUARY - 2017**

Items which requires Customer Attention:

Customer Remark if any:

Office Use Only

Time Reported: 1:00 Left: 3:00

CAUTION: IF DOOR OPEN KEY IS USED ENSURE THAT DOOR IS FULLY CLOSED

Customer's Signature

Head Office : No. 1, East Main Road, Anna Nagar Western Extension, Chennai - 600 101. Grams : LIFTS Fax : 91-44-26151614
 Website : www.johnsonlifts.com Ph: 26152003, 26152004, 26152005, 26152006

Johnson Lifts Private Limited
 PLOT NO.422 HADAPSAR INDUSTRIAL ESTATE, HADAPSAR PUNE
 411013 Phone : 020-41007306

SERVICE REPORT

No.	PPMH05171208	Date	23-DEC-2017
Lift No.	L-11763	File No.	SMD9983
Nature of Service	FSM		
Mechanic Deputed	SHELAR PRAKASH ANANDA		

Customer: REGISTRAR- KRISHNA INSTITUTE OF MEDICAL SCIENCES
 DEEMED UNIVERSITY
 KRISHNA INSTITUTE OF MEDICAL SCIENCES
 DEEMED UNIVERSITY, STAFF QUARTER BUILDING
 MALKAPUR, TAL. KARAD, DIST-SATARA. 415539

Nature of Service: **FREE SERVICE CARRIED OUT FOR THE MONTH OF DECEMBER - 2017**

Items which requires Customer Attention:
 @ A.R.D. Emergency lamp, siren, intercom working ok

Customer Remark if any:

Office Use Only

Time Reported: 2:00 Left: 6:00

Customer's Signature

Head Office : No.1 East Main Road, Anna Nagar Western Extension, Chennai - 600 101. Grams : LIFTS Fax : 91-44-26151614
 Website : www.johnsonlifts.com Ph: 26152003, 26152004, 26152005, 26152006



Johnson Lifts Private Limited

PLOT NO.42/2 HADAPSAR INDUSTRIAL ESTATE, HADAPSAR PUNE
Phone : 020-41007506

SERVICE REPORT

No. PPMH05170705 Date 19-JUL-2017
LIR No. L-11763 File No. SMD9983

SERV/07/QR/04

Customer : REGISTRAR- KRISHNA INSTITUTE OF MEDICAL SCIENCES
DEEMED UNIVERSITY
KRISHNA INSTITUTE OF MEDICAL SCIENCES
DEEMED UNIVERSITY, STAFF QUARTER BUILDING
NATURE OF SERVICE / Items Replaced:
MALRAPUR, TAL-KARAD, DIST-SATARA 415539
FREE SERVICE CARRIED OUT FOR THE MONTH OF JULY - 2017

Nature of Service FSM
Mechanic Deputed
SHELAR PRAKASH ANANDA

Items which requires Customer Attention :

① ARD, Emergency lamp & siron working condition

Customer Remark if any :

Office Use Only

Time Reported : 10:00 Left : 1:00

[Signature]
Customer's Signature

Head Office : No.1 East Main Road, Anna Nagar Western Extension, Chennai - 600 101. Grams : LIFTS Fax : 91-44-26151614
Website : www.johnsonlifts.com Ph: 26152003, 26152004, 26152005, 26152006



Johnson Lifts Private Limited

PLOT NO.42/2 HADAPSAR INDUSTRIAL ESTATE, HADAPSAR PUNE
Phone : 020-41007506

SERVICE REPORT

No. PPMH05170313 Date 27-MAR-2017
LIR No. L-11763 File No. SMD9983

SERV/07/QR/04

Customer : REGISTRAR- KRISHNA INSTITUTE OF MEDICAL SCIENCES
DEEMED UNIVERSITY
KRISHNA INSTITUTE OF MEDICAL SCIENCES
DEEMED UNIVERSITY, STAFF QUARTER BUILDING
NATURE OF SERVICE / Items Replaced:
MALRAPUR, TAL-KARAD, DIST-SATARA 415539
FREE SERVICE CARRIED OUT FOR THE MONTH OF MARCH - 2017

Nature of Service FSM
Mechanic Deputed
SHELAR PRAKASH ANANDA

Items which requires Customer Attention :

① ARD, Emergency lamp & siron working condition
② fire glass break

Customer Remark if any :

Office Use Only

Time Reported : 10:00 Left : 1:00

[Signature]
Customer's Signature

Head Office : No.1 East Main Road, Anna Nagar Western Extension, Chennai - 600 101. Grams : LIFTS Fax : 91-44-26151614
Website : www.johnsonlifts.com Ph: 26152003, 26152004, 26152005, 26152006



Johnson Lifts Private Limited

PLOT NO. 42/2 HADAPSAR INDUSTRIAL ESTATE, HADAPSAR PUNE
411013 Phone: 020-41007506

MH05171108348 22 NOV 2017

No. L-11763 Date SMD9983

Lift No. FSM No.

SERV/07/QR/04

Customer : REGISTRAR- KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED
KRISHNA INSTITUTE OF MEDICAL SCIENCES
DEEMED UNIVERSITY, STAFF QUARTER BUILDING
MALKAPUR, TAL-KARAD, DIST-SATARA 415539

Nature: SHELAR PRAKASH ANANDA

Mechanic Deputed

Nature of Service / Items Replaced :
FREE SERVICE CARRIED OUT FOR THE MONTH OF NOVEMBER - 2017

Items which requires Customer Attention :

① ARD, Emergency lamp, siren & inter com working OK
② 1 no. Car light not working

Customer Remarks (if any) :

Office Use Only

Time Reported : 10:00 Left : 1:00

CAUTION : IF DOOR OPEN KEY IS USED ENSURE THAT
DOOR IS FULLY CLOSED

Customer's Signature

Head Office : No. 1, East Main Road, Anna Nagar Western Extension, Chennai - 600 101. Grams : LIFTS. Fax : 91-44-26151614
Website : www.johnsonliftsbd.com Ph : 26152003, 26152004, 26152005, 26152006



Johnson Lifts Private Limited

REGD. OFFICE
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REGD. OFFICE

REGISTRAR, KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED
UNIVERSITY STAFF QUARTER BUILDING
MALKAPUR, TAL-KARAD, DIST-SATARA 415539

REGISTRAR, KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED
UNIVERSITY STAFF QUARTER BUILDING
MALKAPUR, TAL-KARAD, DIST-SATARA 415539

Nature of Service / Issues Reported :
FREE SERVICE CARRIED OUT FOR THE MONTH OF APRIL - 2017

Issue which requires Customer Attention :

①ARD, emergency lamp & siren working condition
② fine glass broke.

Customer Remarks if any :

Plate replace for glass as early as possible

Order Use Date

Time Required :

10:00

Est :

12:00

CAUTION : IF DOOR OPEN KEY IS USED ENSURE THAT
DOOR IS FULLY CLOSED

Signature

Head Office : No. 1, East Main Road, Anna Nagar, Western Extension, Chennai - 600 101; Ghana : TEL:715 31144-26151614

Website : www.johnsonlifts.com; Ph: 26152801; 26152904; 26152803; 26152806

JOHNSON LIFTS Private Limited

SERVICE REPORT

Johnson Lifts Private Limited

Johnson **Johnson Lifts Private Limited**

411013 Phone: 020-41007506

Customer: REGISTRAR, KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED
KRISHNA INSTITUTE OF MEDICAL SCIENCES
DEEMED UNIVERSITY, STAFF QUARTER BUILDING
MALKA PUR, TAL-KARAD, DIST-SATARA 415539

Name: SHEELAR PRADOSH ANANDA
Mechanic Required

Job No. L-11763
PSM

Job No. L-11763
PSM

Worked on: **Items Replaced:**
FREE SERVICE CARRIED OUT FOR THE MONTH OF AUGUST - 2017

Items which require Customer Attention:
DAD, Emergency lamp & siren working condition

CUSTOMER COPY

Customer Remarks if any:

Order Log Only

Time Reported: 1:30 AM
Time Left: 4:30

CAUTION: IF DOOR OPEN KEY IS USED ENSURE THAT DOOR IS FULLY CLOSED

Customer Signature

Head Office: No. 1, East Main Road, Area: Nagar, Western Extn, Coimbatore - 600 101, India. TEL: No. 91-44-26131614
Website: www.johnsonlifts.com Ph: 26132001, 26132004, 26132005, 26132006

Head Office: No. 1, East Main Road, Vengal Rao Nagar, Hyderabad - 500 001
Tel: 011-26122001, 26122004, 26122007, 26122008, 26122009
Fax: 011-26122014
Website: www.johnsonsgifts.com

Office Use Only

DOOR IS FULLY CLOSED
CAUTION: THE DOOR OPEN KEY IS USED ENGINEER ONLY
Time Reported: PM Date:

Customer Remarks if any:

Items which requires Customer Attention:

Service in progress, Items replaced: FREE SERVICE CARRIED OUT FOR THE MONTH OF JUNE - 2014

Customer: MATKAPUR, 'LAT-KAVAD', DIST-SATARA 412229
DEEMED UNIVERSITY, STATE QUARTER BUILDING
RAJESHWARINSTITUTE OF MEDICAL SCIENCES
REGISTRAR- KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED

Contract No: 2014/06/0004

411013 Phone: 020-41002500
PLOT NO. 233, HADAPSAR INDUSTRIAL ESTATE, HADAPSAR PUNE



Johnson's Gifts Private Limited

Technician's Name	SHETIA PRAKASH VINAYD	
Time	7:11:23	PM
Date	8/22/2014	

Signature of Technician: [Signature]

CUSTOMER COPY



Johnson Lifts Private Limited

PLOT NO.42/2 HADAPSAR INDUSTRIAL ESTATE, HADAPSAR PUNE
411013 Phone: 020-41007508

19/5/17
PUNJAB STATE RISHIWARA 2817

SERVICES/QR/04

Customer : REGISTRAR- KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED
UNIVERSITY, STAFF QUARTER BUILDING
MALKAPUR, TAL-KARAD, DIST-SATARA 415539

No. L-11763 Date SMD9983
Lift No. FSM
Name: SHEELAR PRAKASH AWANDA
Mechanic Reported

Nature of Service/ Items Replaced :

FREE SERVICE CARRIED OUT FOR THE MONTH OF MAY - 2017

Items which requires Customer Attention :

Emergency Light, Alarm & ARD working condition OK.

Customer Remarks if any :

Office Use Only

Time Reported :

2:00

Left :

5:30

CAUTION : IF DOOR OPEN KEY IS USED ENSURE THAT
DOOR IS FULLY CLOSED

Sheelar Prakash
Signature

Head Office : No. 1, East Main Road, Anna Nagar Western Extension, Chennai - 600 101, India. LIFTS. Fax: 91-44-26151614
Website : www.johnsonlifts.com | Ph: 26152004, 26152005, 26152006



Johnson Lifts Private Limited

411013 Phone: 020-41007506

21
PUNJAB
SERVICER
24 FEB 2017

Customer :
REGISTRAR-KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED
UNIVERSITY, STAFF QUARTER BUILDING
MALKAPUR, TAL-KARAD, DIST-SATARA 415539

No. L-11763
Date SMD9963
Lift No. FSM
Name of Service: SHELAR PRAKASH ANANDA
Mechanic Reported

Nature of Service / Item Reported :
FREE SERVICE CARRIED OUT FOR THE MONTH OF FEBRUARY - 2017

Items which requires Customer Attention :
Emergency Light, Alarm & ARD working condition ok.

Customer Remarks if any :

Office Use Only

Time Reported : 10:00
Left : 12:00

CAUTION : IF DOOR OPEN KEY IS USED ENSURE THAT
DOOR IS FULLY CLOSED

[Signature]
Signature

Head Office : No. 1, East Main Road, Anna Nagar Western Extension, Chennai - 600 101. Grams : LIFTS, Fax : 44-26151614
Website : www.johnsonlifts.com Ph : 26152003, 26152004, 26152005, 26152006



Johnson Lifts Private Limited

PLOT NO. 107, SECTOR-14, INDUSTRIAL AREA, PHASE-III, GURGAON, HARYANA 122002

NEOSTEEL, NEOSTEEL INSTITUTE OF MEDICAL SCIENCES DEEMED
ENGINEERING INSTITUTE OF MEDICAL SCIENCES
DEEMED UNIVERSITY, STAFF QUARTERS BUILDING
BAL KANOUR, TILAKNAGAR, DIST. GAZIABAD 201306

PRICE SERVICE CARRIED OUT FOR THE MONTH OF JANUARY, 2017

CUSTOMER COPY

10/1/17

Customer's Signature

DATE

TIME

BY

Signature of Johnson Lifts Private Limited

Total Requested

1,000

Less

3,000

CAUTION - IF DOOR OPEN KEY IS LOBBED ENSURE THAT
DOOR IS FULLY CLOSED

Head Office: No. 1, Sector-14, Industrial Area, Phase-III, Gurgaon, Haryana, India. Tel: 0122-2611111
Website: www.johnsonlifts.com. For details visit our website.



Johnson Lifts Private Limited

PLOT NO: 422 HADAPSAR INDUSTRIAL ESTATE HADAPSAR PUNE
411013 Phone: 020-41007506

REGISTRATION NO: R 215972017

No. L-11763
Date: 31/08/2017
Lib. No. J
SMID9983
FSM.

Customer: NERAY/07/09/04
REGISTRAR- KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED
BRIGEM INSTITUTE OF MEDICAL SCIENCES
DEEMED UNIVERSITY, STAFF QUARTER BUILDING
MALKAPUR, TAL-KARAD, DIST-SATARA 415539

Nature: SHELAR PRAKASH ANANDA
Mechanic: Disputed

Nature of Service / Items Replaced: FREE SERVICE CARRIED OUT FOR THE MONTH OF SEPTEMBER - 2017

Items which requires Customer Attention:
①ARD, Emergency lamp, siren & intercom working condition.
②car light, fan & shaft light working condition

Customer Remarks if any:

Office Use Only

Time Requested: 9:30 Left: 1:00

CAUTION: IF DOOR OPEN KEYS USED ENSURE THAT DOOR IS FULLY CLOSED

Signature: *[Signature]*

Head Office: No. 1, East Main Road, Asea Nagar Western Extension, Chennai - 600 101. Gram: 113ETS. Tel: 91-44-26151614
Website: www.johnsonlifts.com. Ph: 26152001, 26152004, 26152005, 26152006

Johnson **Johnson Lifts Private Limited**

PLOT NO:42/2 HADAPSAR INDUSTRIAL ESTATE, HADAPSAR PUNE
411013 Phone: 020-41007506

REPAIR REPORT
Date: 23
SMD9983

Customer: RAVI SHIRGAONKAR
REGISTRAR, KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED
BRIDGES INSTITUTE OF MEDICAL SCIENCES
DEEMED UNIVERSITY, STAFF QUARTER BUILDING
MALKAPUR, TAL-KARAD, DIST-SATARA 415539

Job No. SMD9983
PSM

Technician Required: NATURE SHEELAR PRAKASH ANANDA

Nature of Service / Item Reported: FREE SERVICE CARRIED OUT FOR THE MONTH OF OCTOBER - 2017

Items which requires Customer Attention: ① ARD, Emergency lamp, siren & intercom working condition.

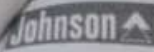
Customer Remarks, if any: ② Car lights, shortly left & fern working condition.

Office Use Only

Time Reported: 16:30
Left: 1:00
CAUTION: IF DOOR OPEN KEY IS USED ENSURE THAT DOOR IS FULLY CLOSED

Signature

Head Office: No. 1, First Main Road, Anna Nagar Western Extension, Chennai - 600 101. Grams: LIFT'S, Psk. 91-44-26151614
Website: www.johnsonlifts.com. Pin: 56153003, 56153004, 56153005, 56153006



Johnson Lifts Private Limited

411013 Phone: 020-41007506

PPM00170072968 09-AUG-2017

No. L-11763 Date: 5MD9983
Lift No. 21 FSM

JERN/07/08/04

Customer: REGISTRAR- KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED
UNIVERSITY, STAFF QUARTER BUILDING
DEEMED UNIVERSITY, STAFF QUARTER BUILDING
MALKAPUR, TAL-KARAD, DIST-SATARA 415538

Nature of Service: SHELAR PRAKASH ANANDA

Mechanic Reported

Nature of Service / Items Reported:

FREE SERVICE CARRIED OUT FOR THE MONTH OF AUGUST - 2017

Items which requires Customer Attention:

①ARD, Emergency kmp & show working condition

Customer Remarks if any:

Office Use Only

Time Reported: 1:30 Left: 4:30

CAUTION: IF DOOR OPEN KEY IS USED ENSURE THAT DOOR IS FULLY CLOSED

Customer Signature



Johnso Lifts Private Limited

SERVICE REPORT

PLOT NO.405 HADAPSAR INDUSTRIAL ESTATE, HADAPSAR PUNE
Phone : 020-41027608

No. PPMH05170705
CR No. L-11763

Date : 29-JUL-2017
File No. SMD0983

SERV07GR04

Customer : REGISTRAR- KRISHNA INSTITUTE OF MEDICAL SCIENCES
DEEMED UNIVERSITY
KRISHNA INSTITUTE OF MEDICAL SCIENCES
DEEMED UNIVERSITY STAFF-QUARTER BUILDING
NATURE OF SERVICE : *Emergency Repair*
BACK OF COL. TAL. KARAD, DIST-SATARA 415539
FREE SERVICE CARRIED OUT FOR THE MONTH OF JULY - 2017

Nature of Service FSM

Mechanic Deputed
SURESH PRASAD ANANDA

Items which require Customer Attention :

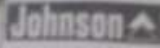
① A.R.D. Emergency lamp @ strong working condition

Customer Remark If any :

Office Use Only

Time Reported : 18:00 LeR : 1:00

Signature
Customer's Signature



Johnson Lifts Private Limited

PLOT NO. 422 RAJAPUR INDUSTRIAL ESTATE, RAJAPUR PONE
411013 Phone: 020-41907506

REGISTRATION REPAIRSHEET

No. **L-41763** Date **17**
06/2017

Lift No. **7508**

Name **SHELAR PRAKASH ANANDA**

Manufacturer Registered

REGISTRATION

Customer: **REGISTRAR, KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED
UNIVERSITY, STAFF QUARTER BUILDING
DEEMED UNIVERSITY, STAFF QUARTER BUILDING
BALKAPUR, TAL-KANAD, DIST-GATARA 411026**

Period of Service: **FREE SERVICE CARRIED OUT FOR THE MONTH OF JUNE - 2017**

Engineer (Lifts) Registered / Licensee Authorized:

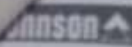
Customer Representative / Sign:

Lifts No. (s):

Date Reported: **17/06/17** Lift: **7508**

CAUTION - IF DOOR OPEN KEY IS USED ENSURE THAT
DOOR IS FULLY CLOSED

Shelar Prakash Ananda



Johnson Lifts Private Limited

PLDT ROAD, RAJAPUR INDUSTRIAL ESTATE, RAJAPUR POSE
411013 Phone: 020-41007906

14/5/17
REGISTRATION REVENUE

L-41763 Date: 04/05/17

Lift No. 1587

Name: SHRIJAN PRKASH ANANDA

Workshop: [Blank]

REGISTRAR, KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED
UNIVERSITY, STAFF QUARTER BUILDING
MALKAPUR, TAL-KARAD, DIST-GATWARA 411006

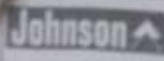
Service of [Blank] [Blank] [Blank]
FREE SERVICE CARRIED OUT FOR THE MONTH OF MAY - 2017

Emergency Light, Alarm & ARD working condition ok.

Time Reported: 2:00 PM Date: 05/05

CAUTION - IF DOOR OPEN KEY IS USED ENSURE THAT
DOOR IS FULLY CLOSED

[Signature]



Johnson Lifts Private Limited

PLOT NO. 102/2 KADAPUR INDUSTRIAL ESTATE, MADURAI-625 002
411012 Phone: 020-41007506

PREVENTIVE MAINTENANCE RESPONSE SHEET

No. **L-11783** Date **18.04.2017**
SMC/003

Lift No. **PMR**

Name **SHELAR PRAKASH ANANDA**

Manufacturer Reported

Customer Name

REGISTRAR, KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED
UNIVERSITY, STAFF QUARTER BUILDING
DEEMED UNIVERSITY, MALAPUR, TAL-KANAD, DIST-SATARA - 415028

Number of Services / Work Reported

FREE SERVICE CARRIED OUT FOR THE MONTH OF APRIL - 2017

Describe work reported / Customer complaint

- ① ARD, emergency lamp & alarm working condition
- ② Fire glass broke

Remarks

Please replace fire glass as early as possible

Office Use Only

Time Reported: **10:00** To: **12:00**

CAUTION: IF DOOR OPEN KEY IS USED ENSURE THAT DOOR IS FULLY CLOSED



Johnson Lifts Private Limited

PLOT NO.420 HADAPSAR INDUSTRIAL ESTATE, HADAPSAR PUNE

Phone : 020-41907506

SERVICE REPORT

No. PPM00170313	Date 27-MAR-2017
CR No. L-41763	File No. SMD0003

SERVICE/CR/04

Customer : REGISTRAR- KRISHNA INSTITUTE OF MEDICAL SCIENCES
DEEMED UNIVERSITY
KRISHNA INSTITUTE OF MEDICAL SCIENCES
DEEMED UNIVERSITY, STAFF QUARTER BUILDING

Nature of Service FSM

Mechanic Deputed
SHELAR PRABHAKAR ANANDA

Nature of Service: ~~Preventive~~
GOOD ON T/C KAVADI, DIST-SATARA 415530

FREE SERVICE CARRIED OUT FOR THE MONTH OF MARCH - 2017

Items which require Customer Attention :

- ① A.R.D, Emergency Ramp & slow working condition.
- ② fire alarm break

Customer Remarks if any

Office Use Only

Time Reported : 10:00 Left : 11:00

[Signature]
Mechanic's Signature

Head Office : No. 1 East Main Road, Anna Nagar Western Extension, Chennai - 600 051. Phone : LPTD Fax : 01-44-26151014
Website : www.johnsonlifts.com Ph: 081122923, 081122924, 081122925, 081122926

2018

Johnson Lifts Private Limited 232A 4B E WARD, G103 GROUND FLOOR YASHASVI APARTMENTS TARABAI PARK, KOLHAPUR MAHARASHTRA - 416003 Phone: 9168269977		7PMH11180906046 SERVICE REPORT 06-SEP-2018	
QR.No For Lift :SERV/08/QR/02 SERV/07/QR/04		No. L-11763	Date 28 SMD9983
Customer : KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED TO BE UNIVERSITY MALKAPUR, TAL-KARAD, DIST- SATARA. 415539		Lift No.	PSM
Nature of Service / Items Replaced : PLATINUM SERVICE CARRIED OUT FOR THE MONTH OF SEPTEMBER - 2018		Mechanic Deputed SHELAR PRAKASH ANANDA	
Items which requires Customer Attention : ① ARD working ok			
Customer Remarks if any :			
Office Use Only		Time Reported : 2:30 Left : 4:00	
		CAUTION : IF DOOR OPEN KEY IS USED ENSURE THAT DOOR IS FULLY CLOSED	
		Customer's Signature	
Head Office : No. 1, East Main Road, Anna Nagar Western Extension, Chennai - 600 101. Grams : LIFTS Fax : 91-44-26151614 Website : www.johnsonliftsind.com Ph : 26152003, 26152004, 26152005, 26152006			



Johnson Lifts Private Limited

PLOT NO-422 HADAPSAR INDUSTRIAL ESTATE HADAPSAR PUNE
411013 Phone : 020-41007575

PRM10516010395 RE-DAN 2018

SERIAL NO: 018104
Customer :

REGISTRAR- KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED
UNIVERSITY
DEEMED UNIVERSITY, STAFF QUARTER BUILDING
MALKAPUR, TAL-KARAD, DIST-SATARA 415539

Lib No. No. L-1763 Date: 18/01/2018
PSM
Name: SHELLAR PRAKASH ANANDA
Mechanic Required

Nature of Service / Items Replaced :
FREE SERVICE CARRIED OUT FOR THE MONTH OF JANUARY - 2018

Items which requires Customer Attention :
① SPG FAN wiring done @ so red lamp has not working.
② safety check, safety working ok
Customer Remarks if any :

Office Use Only

Time Reported : 9:30 AM Left : 11:30 AM

CAUTION : IF DOOR OPEN KEY IS USED ENSURE THAT
DOOR IS FULLY CLOSED

Head Office : No. 1, ...
www.johnsonlifts.com Ph: 20152000, 20152004, 20152005, 20152014

[Signature]
Signature



Johnson Lifts Private Limited

232A 4B E WARD, G103 GROUND FLOOR YASHASVI APARTMENTS
TARABAI PARK, KOLHAPUR MAHARASHTRA - 416003 Phone: 020-41007506

CR No For Lift :SERV/08/QR/02

KRISHNA INSTITUTE OF MEDICAL SCIENCES
DEEMED TO BE UNIVERSITY
MALKAPUR, TAL-KARAD,
DIST. SATARA. 415539

PLATINUM SERVICE CARRIED OUT FOR THE MONTH OF DECEMBER - 2018

Items which requires Customer Attention :
①ARD, emergency lamp, siren booking can 2, 10m
② fire glass bottle

Office Use Only

Time Reported : 9:30 AM
CAUTION : IF DOOR OPEN KEY IS USED ENSURE THAT DOOR IS FULLY CLOSED

Customer Signature

Head Office : No. 1, East Main Road, Anna Nagar Western Extension, Chennai - 600 101. Contact : LIFTS, Fax: 91-44-26131014
Website : www.johnsonlifts.com Ph: 26132003, 26152004, 26152005, 26152006

RECEIVED
DATE: 2018

Lift No: L-11763
Date: 18
SMC/9963
PSM

Signature of Technician
SHELAR PRAKASH AWANDA



Johnson Lifts Private Limited

200A 4th E WARD, 6th FLOOR VASHTASVARAPARTMENTS
TARABAI PARK, KOLHAPUR MAHARASHTRA - 416003 Phone: 9168269977

CR.No For Lift :SERV/08/CR/02

Customer :

KRISHNA INSTITUTE OF MEDICAL SCIENCES
DEEMED TO BE UNIVERSITY
MALKAPUR, TAL-KARAD,
DIST. SATARA. 415539

Signature of Service / Items supplied :

PLATINUM SERVICE CARRIED OUT FOR THE MONTH OF OCTOBER - 2018

Items which requires Customer Attention :

- ① AFD working OK
- ② Fire glass broken

CUSTOMER COPY

Customer Remarks if any :

Office Use Only

Time Required : Left :

CAUTION : IF DOOR OPEN KEY IS USED ENSURE THAT DOOR IS FULLY CLOSED

Customer's Signature

Head Office : No. 1, Eash Meen Road, Anna Nagar, Western Extension, Chennai - 600 101, Tamil Nadu : LIFTS, Fax: 91-44-26151614
Website : www.johnsonlifts.com Ph: 26152001, 26152004, 26152005, 26152006

PLATINUM SERVICE REPORT OCT-2018

No. L-11763 Date: 25/10/2018

Lift No. PSM

Signature of Engineer: SHEELAR PRAKASH ANANDA

Mechanic Reported

5-1



Johnson Lifts Private Limited

PLOT NO.42/2 MADAPSAR INDUSTRIAL ESTATE, MADAPSAR PUNE - 411013 Phone: 020-41007575

OR.No For Lift :SERV/08/CR/02

SERV/07/CR/04

Customer :

REGISTRAR- KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED
BRIHANN INSTITUTE OF MEDICAL SCIENCES
DEEMED UNIVERSITY, STAFF QUARTER BUILDING
MALKAPUR, TAL-KARAD, DIST-SATARA 415539

Mechanic Required

Nature of: SHEELAR PRAKASH ANANDA

No. L-11763

Date: 28/03/2018
SMD9963

Lift No.

IPFSM

Nature of Service / Items Replaced :

FREE SERVICE CARRIED OUT FOR THE MONTH OF MARCH - 2018

Items which require Customer Attention :

OMLS check & OK.
@ BRD, Emergency light & Alarm working OK.

Customer Remarks if any :

Office Use Only

Time Reported :

12:00

Left :

2:00

CAUTION : IF DOOR OPEN KEY IS USED ENSURE THAT DOOR IS FULLY CLOSED

Customer Signature

[Signature]
28/3/18

Head Office : No. 1, East Main Road, Anna Nagar Western Extension, Chennai - 600 101; Gram: LIFTS; Fax: 91-44-26151014
Website: www.johnsonliftsindia.com; Ph: 26152003, 26152004, 26152005, 26152006



Johnson Lifts Private Limited

FLOOR NO: 4/2 HADAPSAR INDUSTRIAL ESTATE, HADAPSAR PUNE - 411013 Phone: 020-41007575

OR.No For Lift: SERV/08/OR/02

NEED OF Q/R No

REGISTRAR- KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED
KRISHNA INSTITUTE OF MEDICAL SCIENCES
DEEMED UNIVERSITY, STAFF QUARTER BUILDING
MALKAPUR, TAL-KARAD, DIST-SATARA 415539

Name of Service / Item Replaced :

FREE SERVICE CARRIED OUT FOR THE MONTH OF FEBRUARY - 2018

Items which requires Customer Attention :

① ARO Emergency lamp, siren in screen working - OK

Customer Remarks if any :

Office Use Only

Time Reported :

10:15

Left :

1:00

CAUTION : IF DOOR OPEN KEY IS USED ENSURE THAT DOOR IS FULLY CLOSED

Customer's Signature

Head Office : No. 1, East Main Road, Anna Nagar Western Extension, Chennai - 600 101, Green : LIFT'S Pav : 91-44-26151914

Website : www.johnsonliftsind.com Ph : 26153004, 26153005, 26153006

Warranty till 28 FEB 2018

Lift No. L-11763

Date 28 FEB 2018

SMC No. SMC09983

PSM

Name: SHELAR PRAKASH ANANDA

Marketing Department

CUSTOMER COPY

Johnson Lifts Private Limited

PLOT NO.42/2 HADAPSAR INDUSTRIAL ESTATE, HADAPSAR PUNE - 411013 Phone: 020-41007575

OR.No For Lift :SERV/08/OR/02

Customer :

REGISTRAR - KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED
DEEMED UNIVERSITY, STAFF QUARTER BUILDING
MALKAPUR, TAL-KARAD, DIST-SATARA 415539

Nature of Service / Items Replaced :

FREE SERVICE CARRIED OUT FOR THE MONTH OF APRIL - 2018

Items which requires Customer Attention :

WARD, Emergency lamp, siren & intercom working ok

Customer Remarks If any :

SERVICE REPORT

Job No: PPH1405180405756
Deal: 18
File No: SMD9983
FSM

Lift No: L-11763
Mechanic Deployed: SHELAR PRAKASH ANANDA

Time Reported: 10:00 Lft: 12:30

CAUTION : IF DOOR OPEN KEY IS USED ENSURE THAT DOOR IS FULLY CLOSED

Head Office: No. 1, East Main Road, Anna Nagar, Westend Extension, Chennai - 600 101, Grams - LBETA, Fax: 924426151614
Website: www.johnsonlifts.com Ph: 26152004, 26152005, 26152006

[Signature]
Company Signature



Johnson Lifts Private Limited

232A 4th E WARD, 6th FLOOR FLOOR VASHISHT APARTMENTS,
TARABAI PARK, KOLHAPUR MAHARASHTRA - 415003 Phone: 9168269977

PSM No: 14075028 REB-0012918

SERV. OR. No. For Lift: SERV/08/QR/02

Customer:

KRISHNA INSTITUTE OF MEDICAL SCIENCES
DEEMED TO BE UNIVERSITY
MALKAPUR, TAL-KARAD,
DIST- SATARA. 415539

Nature: SHELAR PRAKASH ANANDA

Mechanic Reported:

Nature of Service / Items Replaced :
PLATINUM SERVICE CARRIED OUT FOR THE MONTH OF JULY - 2018

Items which requires Customer Attention :

ARD. Emergency light Alarm & intercom working ok.

Customer Remarks if any :

Office Use Only

Time Reported : 2:00 Left : 8:30

CAUTION : IF DOOR OPEN KEY IS USED ENSURE THAT DOOR IS FULLY CLOSED

Head Office : No 1, East Main Road, Anna Nagar Western Extension, Chennai - 600 101. Gensco - LIFTS P.A. 24152006-24152008
Website : www.johnsonliftsindia.com Ph : 24152003, 24152004, 24152005, 24152006

Checked by: *[Signature]*
24151614

2019

Johnson  Johnson Lifts Private Limited		SERVICE REPORT	
232A 4B E WARD, G103 GROUND FLOOR YASHASVI APARTMENTS, TARABAI PARK, KOLHAPUR MAHARASHTRA - 416003 Phone: 020-41007506		No. PPMHT13190705049	Date 26-JUL-2019
SRV/07/KAR/04 QR.No For Lift :SERV/08/QR/02		Lift No. L-11763	File No. SMD9983
Customer: KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED TO BE UNIVERSITY MALKAPUR, TAL-KARAD, DIST- SATARA. 415539		Nature of Servitor SHELAR PRAKASH ANANDA Mechanic Deputed	
Nature of Service / Items Replaced: PLATINUM SERVICE CARRIED OUT FOR THE MONTH OF JULY - 2019			
Items which requires Customer Attention: ① ARD. Emergency Light & Alarm working ok. ② Fire glass back.			
Customer Remarks if any:			
Office Use Only		Time Reported: 10:00	Left: 12:00
		CAUTION : IF DOOR OPEN KEY IS USED ENSURE THAT DOOR IS FULLY CLOSED	
		Customer Signature 	
Head Office : No. 1, East Main Road, Anna Nagar Western Extension, Chennai - 600 101. Grams - LIFTS Fax: 01-88-46151614 Website : www.johnsonliftsind.com Ph : 26152003, 26152004, 26152005, 26152006			



Johnson Lifts Private Limited

232A, 4B E WARD, G103 GROUND FLOOR YASHASVI APARTMENTS,
TARABAI PARK, KOLHAPUR MAHARASHTRA - 416003 Phone: 020-
41007506

SERVICE REPORT

PPMH13190305006

Date: 04-MAR-2019

Lift No: L-11763

File No: SMD9983

PSM

Serial No For Lift: SERV/08/07/02

B-1

Name of Service

SHELAR PRAKASH ANANDA

Mechanic Deployed

KRISHNA INSTITUTE OF MEDICAL SCIENCES
DEEMED TO BE UNIVERSITY
MALKAPUR, TAL-KARAD,
DIST-SATARA- 415539

PLATINUM SERVICE CARRIED OUT FOR THE MONTH OF MARCH - 2019

Items which requires Customer Attention :

- ① ARD emergency lamp, siren & intercom working ok
- ② fire switch glass broke

Customer Remarks if any :

Office Use Only

Time Reported :

10:10

Left :

12:15

CAUTION : IF DOOR OPEN KEY IS USED ENSURE THAT
DOOR IS FULLY CLOSED

Customer's Signature

Head Office : No. 1, East Main Road, Anna Nagar, Chennai - 600 101, Tamil Nadu - INDIA
Website : www.johnsonlifts.com Ph: 20152900, 20152904, 20152907, 20152908



Johnson Lifts Private Limited

232A 4B E WARD, G103 GROUND FLOOR YASHASVI APARTMENTS,
TARABAI PARK, KOLHAPUR MAHARASHTRA - 416003 Phone: 020-
41007506

SERV/REQ/CR/02
Customer QR No For Lift: SERV/08/CR/02

Nature of Service / Request
KRISHNA INSTITUTE OF MEDICAL SCIENCES
DEEMED TO BE UNIVERSITY
MALKAPUR, TAL-KARAD,
DIST-SATARA - 415539

PLATINUM SERVICE CARRIED OUT FOR THE MONTH OF JANUARY - 2019

Items which requires Customer Attention:

① Fire glass broken
② ASD working ok

Customer Remarks if any:

CUSTOMER COPY

SERVICE REPORT

PPMH13190105143

Date: 18-JAN-2019

Lift No: L-11763

File No: SMC09983

PSM

Name of Service

SHELAGI PRAKASH ANANDA

Mechanic Reported

Office Use Only

Time Reported:

10:00

Left:

12:30

CAUTION: IF DOOR OPEN KEY IS USED ENSURE THAT
DOOR IS FULLY CLOSED

Customer's Signature



Johnson Lifts Private Limited

232A 4B E WARD, G103 GROUND FLOOR YASHASVI APARTMENTS,
TARABAI PARK, KOLHAPUR MAHARASHTRA - 416003 Phone: 020-
41007506

SERVICE REPORT

PPMH13190405035 Date: 24-APR-2019

Lift N^o: L-11763 File N^o: SMD9983

PSM

Serial No For Lift: SERV/08/QR/02

Customer:

KRISHNA INSTITUTE OF MEDICAL SCIENCES
DEEMED TO BE UNIVERSITY
MALKAPUR, TAL-KARAD,
DIST- SATARA_ 415539

Nature of Service
Mechanic Reported: **SHELAR PRAKASH ANANDA**

Nature of Service / Items Replaced:

PLATINUM SERVICE CARRIED OUT FOR THE MONTH OF APRIL 2019

Items which requires Customer Attention:

① ARR'D, emergency lamp, siren & intercom working ok

Customer Remarks if any:

Office Use Only

REMINDER - I SERVICE CONTRACT EXPIRED ON 31/03/2019

Time Reported: 16^h ~ 12^h Left:

CAUTION : IF DOOR OPEN KEY IS USED ENSURE THAT
DOOR IS FULLY CLOSED

Kindred's Signatures

[Handwritten Signature]

Head Office : No. 1, East Main Road, Anna Nagar, Western Extension, Chennai - 600 101. Grams, LIFTS, Tel: 31 43 26151014
Website : www.johnsonliftsindia.com Ph: 26152003, 26152004, 26152005, 26152006

B-1

Johnson Lifts Private Limited SERVICE REPORT

232A 4B E WARD, G103 GROUND FLOOR YASHASVI APARTMENTS,
 TARABAI PARK, KOLHAPUR MAHARASHTRA - 416003 Phone: 020-41007506

PPH113190605056 14-JUN-2019
 L-11763 SMD0983

Customer : KRISHNA INSTITUTE OF MEDICAL SCIENCES
 DEEMED TO BE UNIVERSITY
 MALKAPUR, TAL. KARAD,
 DIST. SATARA. 415539

Mechanic Reported : PSM
 SHELAR PRAKASH ANANDA

Nature of Service / Items Replaced : PLATINUM SERVICE CARRIED OUT FOR THE MONTH OF JUNE - 2019

Items which requires Customer Attention : DARD, Emergency ldm p. siron & intercom working ok

Customer Remarks if any :

Office Use Only

Time Reported : 10:~ Left : 12:~

CAUTION : IF DOOR OPEN KEY IS USED ENSURE THAT DOOR IS FULLY CLOSED

Customer's Signature



Johnson Lifts Private Limited

232A 4B E WARD, G103 GROUND FLOOR YASHASVI APARTMENTS,
TARABAI PARK, KOLHAPUR MAHARASHTRA - 416003 Phone: 020-
41007506

SRV/09/CR/02
Customer QR No For Lift: SRV/09/CR/02

KRISHNA INSTITUTE OF MEDICAL SCIENCES
DEEMED TO BE UNIVERSITY
MAL KAPUR, TAL. KARRAD,
DIST. SATARA. 415539

Nature of Service / From Reported

PLATINUM SERVICE CARRIED OUT FOR THE MONTH OF SEPTEMBER - 2019

Items which requires Customer Attention :

ARRD. Endagency Light & Alarm working ok.

Customer Remarks (if any) :

SERVICE REPORT

No. PPMH13190905029
L-11763
Lift No. SHELAR PRAKASH ANANDA
Mechanic Reported

Date: 13 SEP 2019
Time: 10:30
EPR No. SMD09983
PSM

Office Use Only

Time Reported : 2:00 Left : 3:30

CAUTION : IF DOOR OPEN KEY IS USED ENSURE THAT
DOOR IS FULLY CLOSED

Customer's Signature

Head Office : No. 1, East Main Road, Anna Nagar Western Extension, Chennai - 600 101. Gains - LIFTS, Psa. 91-44-26151614
Website : www.johnsonliftsindia.com Ph : 26153003, 26153004, 26153005, 26153006

Johnson Lifts Private Limited

BREAK-DOWN REPORT

SERV/07/QR/02

Location / Address

Krishna Hospital

B/D Report No. 13320

Lift No. LS 1163 B-1

Date: 10.8.20

TYPE OF B/D

REMARKS / DETAILS

- 01 Lift not working
- 02 Lift working with problems
- 03 Repeated Break down

Lift maint.

AREA OF B/D

- 01 Doors / Locks
- 02 M/C Room equipment
- 03 Controller : Relays wiring
- 04 Controller : PCB's
- 05 Trailing Cable / Shaft wiring
- 06 OSG / Safety Gear / Safety CKT's
- 07 Incoming power supply

①ARD emergency stop working OK

①ARD panel 2 no. batteries 26 Ah used by user

Low voltage / One phase failure
Unbalance voltage / Phase link/
Phase Reverse

- 08 Others
- 09 Incoming Main Switch / Overload trip
- 10 User Attention

RECTIFICATION

- 01 Rectified - working
- 02 Shut down for want of material
- 03 OK on call
- 04 Attention needed during servicing

Parts replaced :

Customer Reported on (Date & Time) :
Team arrival time at site :
Lift put back in operation at :

12:00
1:30

Technician / Engineer
Signature

Customer Signature



Johnson Lifts Private Limited

232A 4B E WARD, G103 GROUND FLOOR YASHASVI APARTMENTS,
TARABAI PARK, KOLHAPUR MAHARASHTRA - 416003 Phone: 020
41007506

SERV/No For Lift : SERV/08/QR/02

Customer :

KRISHNA INSTITUTE OF MEDICAL SCIENCES
DEEMED TO BE UNIVERSITY
MALKAPUR, TAL-KARAD,
DIST- SATARA. 415539

Nature of Service / Items Replaced :

PLATINUM SERVICE CARRIED OUT FOR THE MONTH OF SEPTEMBER - 2020

Items which requires Customer Attention :

① DARD working & k. STOMER COPY
Emergency Light not working Battery problem.

Customer Remarks if any :

Office Use Only

Time Reported :

10:30

Left :

12:00

CAUTION : IF DOOR OPEN KEY IS USED ENSURE THAT
DOOR IS FULLY CLOSED

Customer's Signature

Head Office : No. 1, East Main Road, Anna Nagar Western Extension, Chennai - 600 101, Grams : LIFTS, Fax : 91-44-26151614
Website : www.johnsonliftsindia.com Ph : 26152003, 26152004, 26152005, 26152006

SERVICE REPORT
P/N: 1320060587
06-SEP-2020

No. L-11763 Date SMD9983
Lift No. File No. PSM

Nature of SHELAR PRAKASH ANANDA

Mechanic Deployed



Johnson Lifts Private Limited

22/2A 48 E WARD, 6TH FLOOR, YASHASVI APARTMENTS
TARABAI PARK, KOLHAPUR MAHARASHTRA - 416003 Phone : 020
41007506

SR No For Lift : SERV/08/CR/02

Customer :

KRISHNA INSTITUTE OF MEDICAL SCIENCES
DEEMED TO BE UNIVERSITY
MALKAPUR, TAL-KARAD,
DIST- SATARA. 415539

Nature of Service / Items Replaced :

PLATINUM SERVICE CARRIED OUT FOR THE MONTH OF OCTOBER - 2020

Items which requires Customer Attention :

ARR, Emergency Light & Alarm working ok.

Customer Remarks if any :

Office Use Only

Time Reported :

10:00

Lift :

11:30

CAUTION : IF DOOR OPEN KEY IS USED ENSURE THAT
DOOR IS FULLY CLOSED

Compl. Signatures

Head Office : No. 1, East Main Road, Anna Nagar, Western Extension, Chennai - 600 101. Phone : LIFTS : 91-44-26151614
Website : www.johnsonlifts.com Ph : 26152003, 26152004, 26152005, 26152006

PLATINUM SERVICE REPORT

No. L-11763

Date: 13
SMD9983

Lift No.

PIP SM

Nature : SHEELAR PRAKASH ANANDA

Mechanic Dispatched

CUSTOMER COPY



Johnson Lifts Private Limited

SERVICE REPORT

232A 4B E WARD, G103 GROUND FLOOR YASHASVI APARTMENTS,
TARABAI PARK, KOLHAPUR MAHARASHTRA - 416003 Phone: 020-
41007506

Customer QR.No For Lift :SERV/08/QR/02

Nature of Service / Job: KRISHNA INSTITUTE OF MEDICAL SCIENCES
DEEMED TO BE UNIVERSITY
MALKAPUR, TAL-KARAD,
DIST- SATARA. 415539

Items which requires Customer Attention: PLATINUM SERVICE CARRIED OUT FOR THE MONTH OF DECEMBER -- 2020

Customer Remarks if any: *ARRD. Emergency Light & Alarm working ok.*

Office Eye Club

Time Reported : 10:00 AM : 11:00 AM

Technician / Engineer Signature :

Customer's Signature

CAUTION : IF DOOR OPEN KEY IS USED ENSURE THAT DOOR IS FULLY CLOSED.

Head Office : No. 1, East Main Road, Anna Nagar Western Extension, Chennai - 600 101.
Website : www.johnsonlifts.com Ph : +91 - 44 - 26152005, 26152004, 26152006, 26152006



Johnson Lifts Private Limited

282A 1B E WARD, G103 GROUND FLOOR YASHASVI APARTMENTS,
TARABAI PARK, KOLHAPUR MAHARASHTRA - 416003 Phone: 020
41007506

QR No For Lift :SERV/08/QR/02
SERV/97/QR/04

Customer :
KRISHNA INSTITUTE OF MEDICAL SCIENCES
DEEMED TO BE UNIVERSITY
MALKAPUR, TAL-KARAD,
DIST- SATARA. 415539

Nature of Service / Items Requested :
PLATINUM SERVICE CARRIED OUT FOR THE MONTH OF JANUARY - 2020

Items which requires Customer Attention :
① AND working ok

CUSTOMER COPY

Customer Remarks if any :

Office Use Only

PERFORMANCE REPORT No. PMH13200105065 Date 28-JAN-2020	
Lift No. L-11763	File No. SMID9983
Nature of Service / Items Requested SHELAR PRAKASH ANANDA	Mechanic Deployed PSM

Time Reported : Left :

CAUTION : IF DOOR OPEN KEY IS USED ENSURE THAT DOOR IS FULLY CLOSED

Customer Signature

Head Office No. 1, East Main Road, Anna Nagar Western Extension, Chennai - 600 101, Grama : LIFTS
Website : www.johnliftdel.com Ph : 26152903, 26152904, 26152905, 26152906 Fax : 91-44-26151614



Johnson Lifts Private Limited

232A 4th E WARD, G103 GROUND FLOOR VASHTASVI APARTMENTS,
TARABAI PARK, KOLHAPUR MAHARASHTRA - 416003 Phone: 0201
41007506

QR No For Lift: SERV/08-QR02

Customer :
KRISHNA INSTITUTE OF MEDICAL SCIENCES
DEEMED TO BE UNIVERSITY
MALKAPUR, TAL-KARAD,
DIST. SATARA 415539

Nature of Service / Items Requested :
PLATINUM SERVICE CARRIED OUT FOR THE MONTH OF MARCH - 2020

Items which requires Customer Attention :
ARD. Emergency light & Alarm working ok.

Customer Remarks if any :

Office Use Only

Time Required : Lift :

CAUTION : IF DOOR OPEN KEY IS USED ENSURE THAT
DOOR IS FULLY CLOSED

Customer's Signature

Head Office : No. 1, East Main Road, Anur Nagar Western Extension, Chennai - 600 101. Contact: LIFTS: Fax: 91-44-26151614
Website : www.johnsonliftsindia.com Ph: 26152003, 26152004, 26152005, 26152006

PPM/113000000017 R.L. 19 MAR 2020

No. L-11763 Date: 19 MAR 2020

Lift No. PSM

Technician Reported: SHEELAR PRAKASH ANANDA

Mechanic Reported

WORKER COPY

Ward 21 to 28 lift

Certificate Of Work Done

Date: 16/04/2015 - Katshira Hospital Location: Karachi
 Prog Name: Ward 21 to 28 lift
 Machine No.: S-5580 Contract No.: PS-5580 Route No.: P-0523

Following work has been carried out on above mentioned elevators:
 Preparation Maintenance:

Break Down Call	Consistent Number	
Arrival Time	Departure Time	
Planned	T Execution	
Date Started	Date Completed	

Major repairs / Call back / Examination details mentioned below:

resume repair work
 down, waiting
 checked operating

Examiner / Service Engineer: [Signature]
 Customer Representative: [Signature]
 T No. / C. R. No.: PK Date: 16/04/15

Customer's remarks (if any): OK

SPEED • EXPERTISE • CONCERN

Otis the world's word for safety

Machine Room	<input type="checkbox"/>
Controlleis	<input type="checkbox"/>
Machine	<input type="checkbox"/>
Governor	<input type="checkbox"/>
Ropes	<input type="checkbox"/>
Door Operator	<input type="checkbox"/>
Car Equipment	<input type="checkbox"/>
Hobkewy Equipment	<input type="checkbox"/>
Hall Fixture	<input type="checkbox"/>
Locks	<input type="checkbox"/>
Entrance	<input type="checkbox"/>
Fireman Switch	<input type="checkbox"/>
Pit Equipment	<input type="checkbox"/>

Serial No.: **235071**

OTIS
CARE

PTO

Certificate Of Work Done

Date: 20/08/2015

Blgd. Name: Katshna Hospital Location: Kanad

Line No./s: 5-5580 Contract No. PS-5580 Source No. PO53

Following work has been carried out on above mentioned elevators

Preventive Maintenance

Break Down Call

Complaint Number

Arrival Time

Departure Time

Repairs

T. Enclosed

Date Started

Date Completed

Major repairs / Call back / Examination details mentioned below

Roof top maintenance
and floor above support problem
check of MPT started
checked operators

Examiner / Service Engineer

Customer

Trng. / C. R. No.

Customer's remarks (if any):

SPEED • EXPERTISE • CONCERN

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PTO.



- Machine Room
- Control/s
- Machine
- Governor
- Ropes
- Door Operator
- Car Equipment
- Holloway Equipment
- Hall Fixture
- Locks
- Entrance
- Fireman Switch
- Pq Equipment

102862
Serial No. 102862



Certificate Of Work Done

Date: 12/02/2015

Build Name: Krishna Hospital - Karad

Machine No.: S-5580 Contract No.: FS5580 House No.: PH50

Following work has been carried out on above mentioned elevator/s

Preventive Maintenance

Break Down Call

Complaint Number

Arrival Time

Departure Time

Repairs

T Execution

Date Started

Date Completed

Major repairs / Call back / Examination details mentioned below

*Roasting mechanism
2nd floor started, checking
all door check and operation*

Examiner / Service Engineer *[Signature]*

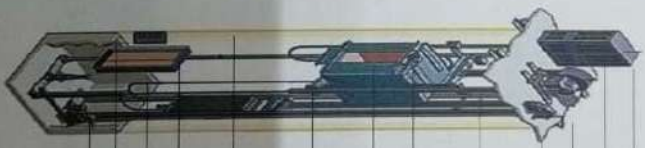
Customer / Representative *[Signature]*

T. No. / C. R. No. _____

Customer's remarks (if any): _____

SPEED • EXPERTISE • CONCERN

Serial No.: **317407**



- Machine Room
- Controller's
- Machine
- Governor
- Ropes
- Door Operator
- Car Equipment
- Hoistway/ Equipment
- Hall Fixture
- Locks
- Entrance
- Fireman Switch
- PM Equipment

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PTO

Certificate Of Work Done

Date: 8/10/2015

Big Name: Kaishya Hospital Location: Karnal

Machine No.: S-SS80 Contract No.: ESSS80 Route No.: PAS3

Following work has been carried out on above mentioned elevator:

Preventive Maintenance	<input type="checkbox"/>	Complaint Number	
Break Down Call	<input checked="" type="checkbox"/>	Departure Time	
Arrival Time		T. Evacuation	<input type="checkbox"/>
Repairs	<input type="checkbox"/>	Date Completed	

Major repairs / Call back / Escalation details mentioned below

3rd floor doors support rollers
3rd floor's gem. out of service.

Service Engineer: BKM

Customer / Representative: [Signature] 31/1/15

T. No. / C. R. No.

Customer's remarks (if any):
Pls verify the defect
at the contract.

SPEED • EXPERTISE • CONCERN

Serial No.: **241839**



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PTO

Certificate Of Work Done

Date: 8/10/2015

Req Name: Koishya Hospital Location: Karnal

Machine No. s: S-SS80 Contract No. ES-SS80 Route No. PAS3

Following work has been carried out on above mentioned elevator:

Preventive Maintenance	<input type="checkbox"/>
Break Down Call	<input checked="" type="checkbox"/>
Complaint Number	
Arrival Time	
Departure Time	
Repairs	<input type="checkbox"/>
T Execution	<input type="checkbox"/>
Date Started	
Date Completed	

Major repairs / Call back / Escalation details mentioned below

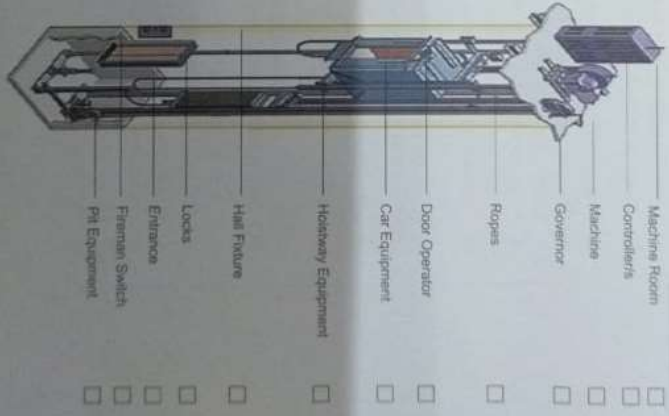
3rd floor doors support rollers
3rd floor's gem out of service

Service Engineer: [Signature] Customer / Representative: [Signature] 21/11/15

Customer's remarks (if any):
Pls justify the defect at the contract.

SPEED • EXPERTISE • CONCERN

Serial No.: **241839**



- Machine Room
- Controllers
- Machine
- Governor
- Ropes
- Door Operator
- Car Equipment
- Hobby Equipment
- Hall Fixture
- Locks
- Entrance
- Fireman Switch
- Pit Equipment

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P.T.O.

Certificate Of Work Done

Date: 28/10/2015

Bldg Name: Krishna Hospital Location: Kanakk

Machine No./s: S-5580 Contract No.: FS5580 Route No.: P1533

Following work has been carried out on above mentioned elevators

Preventive Maintenance	<input checked="" type="checkbox"/>	Complaint Number	
Break Down Call	<input type="checkbox"/>	Departure Time	
Arrival Time		T. Execution	
Repairs	<input type="checkbox"/>	Date Completed	
Date Started			

Major repairs / Call back / Examination details mentioned below

Routine maintenance
checked operation

T. No. / C. R. No. _____
Service Engineer [Signature]

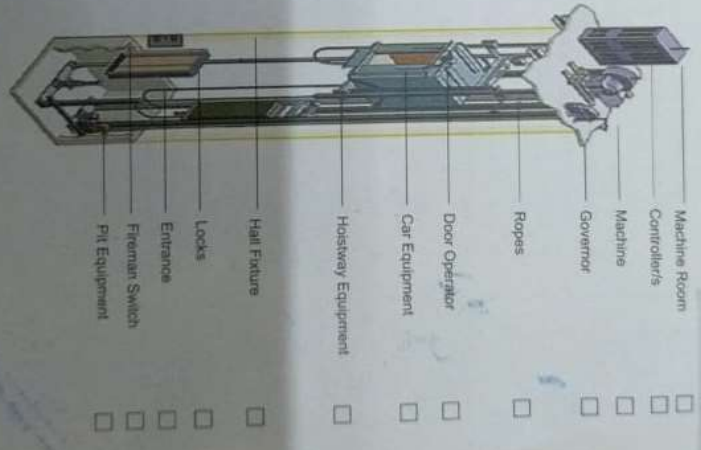
Customer / Representative [Signature]
Date: 28/10/15

Customer's remarks (if any): _____

SPEED • EXPERTISE • CONCERN

Serial No.:

41815



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PTO

Certificate Of Work Done

Date: 17/12/2015

Bldg Name: Krishna Hospital Location: Karad

Machine No./s: S-5580 Contract No.: FS-5580 Route No.: PA53

If any work has been carried out on above mentioned elevator/s

Preventive Maintenance	<input checked="" type="checkbox"/>	House Keeping	<input type="checkbox"/>
Break Down Call	<input type="checkbox"/>	Complaint Number	<input type="checkbox"/>
Arrival Time	<input type="checkbox"/>	Departure Time	<input type="checkbox"/>
Repairs	<input type="checkbox"/>	T Execution	<input type="checkbox"/>
Date Started	<input type="checkbox"/>	Date Completed	<input type="checkbox"/>

Visit Type : Changeable Non-Changeable
 Major repairs / Call back / Examination details mentioned below

Routine maintenance
checking lubrication
checked operation.

OTIS Authorized Service
 Customer Representative
[Signature]
[Signature]

Customer's remarks (if any):

SPEED • EXPERTISE • CONCERN

Serial No.: 108647



- Machine Room
- Control shafts
- Machine
- Governor
- Ropes
- Door Operator
- Car Equipment
- Hoistway Equipment
- Hall Fixture
- Locks
- Entrance
- Fireman Switch
- Pit Equipment

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PTO.



Certificate Of Work Done

Date: 20/11/2015

Bldg. Name: Kaishma Hospital Location: Karachi

Time No./s: S.S.5880 Contract No.: PS.1580 Route No.: PTA3

Following work has been carried out on above mentioned elevators:

Preventive Maintenance	<input checked="" type="checkbox"/>	House Keeping	<input type="checkbox"/>
Break Down Call	<input type="checkbox"/>	Complaint Number	<input type="checkbox"/>
Arrival Time	<input type="checkbox"/>	Departure Time	<input type="checkbox"/>
Repairs	<input type="checkbox"/>	T Execution	<input type="checkbox"/>
Date Started	<input type="checkbox"/>	Date Completed	<input type="checkbox"/>

Visit Type: Chargeable Non-Chargeable
 Major repairs / Call back / Examination details mentioned below

Routine maintenance work done, check operator,

Otis Authorized Service
 Type / C. R. No. _____
 Customer/ Representative

Customer's remarks (if any): _____

SPEED • EXPERTISE • CONCERN

Serial No.: 122775



- Machine Room
- Controller's
- Machine
- Governor
- Ropes
- Door Operator
- Car Equipment
- Hoistway Equipment
- Hall Fixture
- Locks
- Entrance
- Fireman Switch
- PI Equipment

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P.T.O.



Certificate Of Work Done

Date: 28/10/2015

Bldg. Name: Krishna Hospital location: Karnad.

Machine No./s: 55580 Contract No.: FC55580 Route No.: P1513

Being work has been carried out on above mentioned elevators:

Preventive Maintenance	<input checked="" type="checkbox"/>	House Keeping	<input type="checkbox"/>
Break Down Call	<input type="checkbox"/>	Complaint Number	<input type="checkbox"/>
Arrival Time	<input type="checkbox"/>	Departure Time	<input type="checkbox"/>
Repairs	<input type="checkbox"/>	T Execution	<input type="checkbox"/>
Date Started	<input type="checkbox"/>	Date Completed	<input type="checkbox"/>

Visit Type: Changeable Non-Changeable
 Major repairs / Call back / Examination details mentioned below

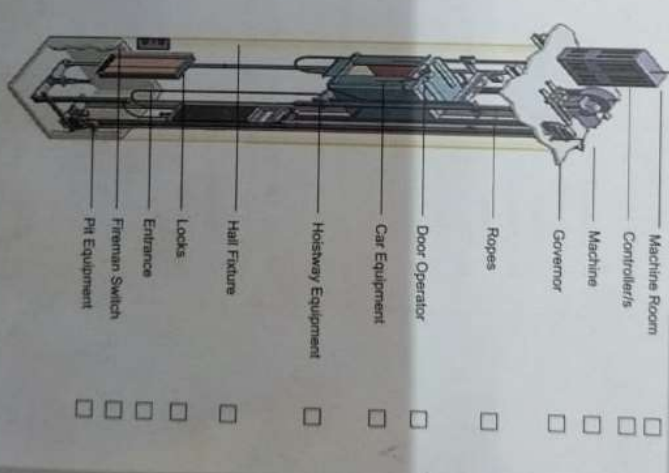
powder metalome
along with
check operation

One Authorized Service OTIS Customer Representative PTO

Customer's remarks (if any): _____

SPEED • EXPERTISE • CONCERN

Serial No.: 122719



- Machine Room
- Controller/s
- Machine
- Governor
- Ropes
- Door Operator
- Car Equipment
- Hoistway Equipment
- Hall Fixture
- Locks
- Entrance
- Fireman Switch
- Flat Equipment

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PTO



Certificate of Work Done

Date: 29/09/2015 Bldg Name: Krishna Hospital location: Warangal.
 Phone No: 8-5580 Contract No: ES-5588 House No: P 1533

Following work has been carried out on above mentioned elevators/

Preventive Maintenance	<input checked="" type="checkbox"/>	House Keeping	<input type="checkbox"/>
Break Down Call	<input type="checkbox"/>	Complaint Number	<input type="checkbox"/>
Arrival Time	<input type="checkbox"/>	Departure Time	<input type="checkbox"/>
Repairs	<input type="checkbox"/>	T Execution	<input type="checkbox"/>
Date Started	<input type="checkbox"/>	Date Completed	<input type="checkbox"/>

Visit Type : Chargeable Non-Chargeable
 Major repairs / Call back / Examination details mentioned below

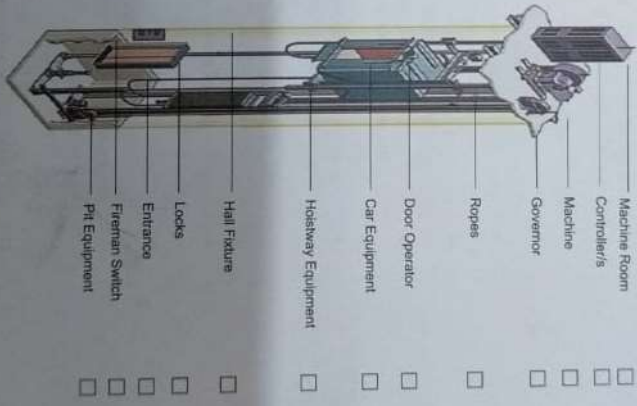
*Routine maintenance
 clearing, inspection
 checked operation*

OTIS Authorized Service
[Signature]
 Customer Representative

Customer's remarks (if any) : _____

SPEED • EXPERTISE • CONCERN

Serial No. **22667**



- Machine Room
- Controller/s
- Machine
- Governor
- Ropes
- Door Operator
- Car Equipment
- Hoistway Equipment
- Hall Fixture
- Locks
- Entrance
- Fireman's Switch
- PI Equipment

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P.T.O.

Certificate Of Work Done

Date: 27/08/2015

Bldg Name: Kafshina Hospital Location: Karad

Phone No.'s: 5-5580 Contract No.: ES-558 Route No.: PA-53

Following work has been carried out on above mentioned elevator:

Preventive Maintenance	<input checked="" type="checkbox"/>	House Keeping	<input type="checkbox"/>
Break Down Call	<input type="checkbox"/>	Complaint Number	<input type="checkbox"/>
Arrival Time	<input type="checkbox"/>	Departure Time	<input type="checkbox"/>
Repairs	<input type="checkbox"/>	T Execution	<input type="checkbox"/>
Date Started	<input type="checkbox"/>	Date Completed	<input type="checkbox"/>

Vial Type : Chargeable Non-Chargeable
 Major repairs / Call back / Examination details mentioned below

Routine maintenance
during substitution
checked operation.

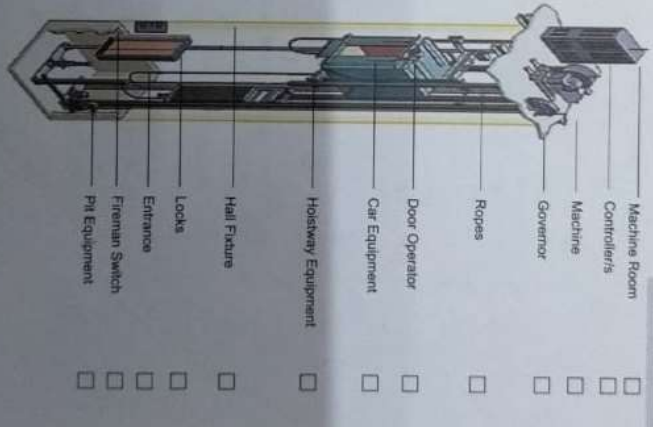
OTIS Authorized Service OTIS Customer / Representative OTIS

T. No. / C. R. No. _____

Customer's remarks (if any) : _____

SPEED • EXPERTISE • CONCERN

Serial No.: 109633



- Machine Room
- Controller's
- Machine
- Governor
- Ropes
- Door Operator
- Car Equipment
- Hoistway Equipment
- Hall Fixture
- Locks
- Entrance
- Fireman Switch
- Pit Equipment

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Certificate Of Work Done

Date: 30/07/2015

Bldg Name: Krishna Hospital Location: Korad

Machine No./s: 255880 Contract No: RS15880 Route No: P1753

Following work has been carried out on above mentioned elevators

Preventive Maintenance	<input checked="" type="checkbox"/>	House Keeping	<input type="checkbox"/>
Break Down Call	<input type="checkbox"/>	Complaint Number	<input type="checkbox"/>
Arrival Time	<input type="checkbox"/>	Departure Time	<input type="checkbox"/>
Repairs	<input type="checkbox"/>	T Execution	<input type="checkbox"/>
Date Started	<input type="checkbox"/>	Date Completed	<input type="checkbox"/>

Visit Type: Chargeable Non-Chargeable
 Major repairs / Call back / Examination details mentioned below

Routing machine cleaning & lubrication checked operating

OTIS Authorised Service

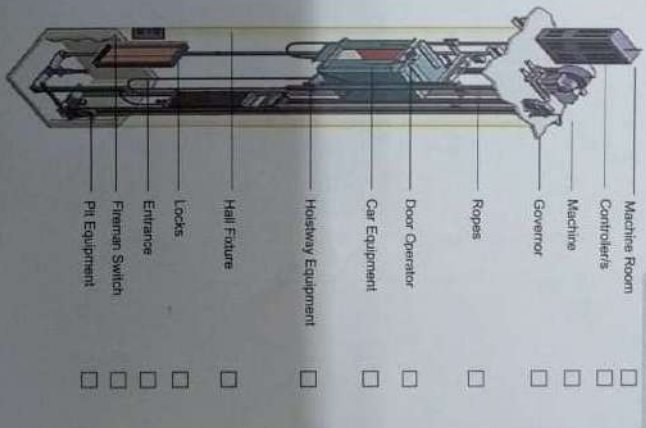
T.No. / C.R. No. _____

Customer / Representative
30/7/15

Customer's remarks (if any): _____

SPEED • EXPERTISE • CONCERN

Serial No.: 108564



- Machine Room
- Controller/s
- Machine
- Governor
- Ropes
- Door Operator
- Car Equipment
- Hoistway Equipment
- Hall Fixture
- Locks
- Entrance
- Fireman Switch
- Pit Equipment

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PTO.

Certificate Of Work Done

Job: 0816122015

Build Name: Keisidna Hospital Location: Karad

Machine No. 5558A Contact No. 5558A Route No. PHI

Job work has been carried out on above mentioned elevators

Preventive Maintenance	<input type="checkbox"/>	Compliment Number	
Break Down Call	<input checked="" type="checkbox"/>	Departure Time	
Arrival Time		T Execution	<input type="checkbox"/>
Requests	<input checked="" type="checkbox"/>	Date Completed	
Date Started			

Major repairs / Call back / Escalation details mentioned below

Replace A.R.D. Transformer and
check operation.

Examiner / Service Engineer

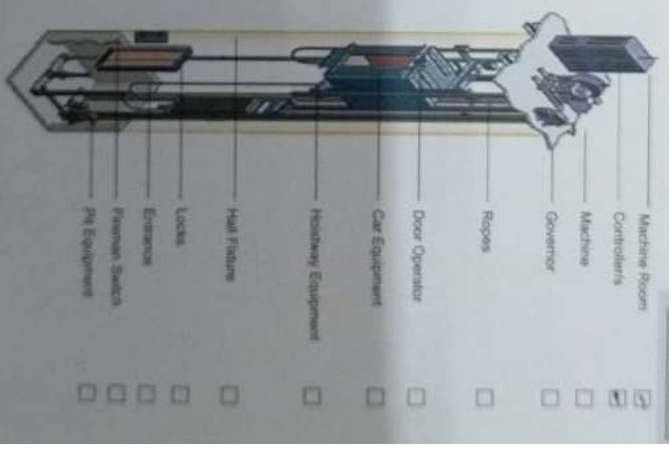
C. R. No. 3681

Customer

Customer's remarks (if any):

SPEED • EXPERTISE • CONCERN

Serial No.: 316330



- Machine Room
- Control/ris
- Machine
- Governor
- Ropors
- Door Operator
- Car Equipment
- Hoistway Equipment
- Hall Proprs
- Locks
- Entrance
- Fireman Switch
- PH Equipment

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PTO



Certificate Of Work Done

Date: 06/10/2015

Build Name: Krishna Hospital Location: Karavadi

Line No.'s: 55580 Contract No.: F35580 Route No.: 9051

Following work has been carried out on above mentioned elevators/

Preventive Maintenance

Break Down Call

Arrival Time

Repairs

Date Started

Complaint Number

Departure Time

T Execution

Date Completed

Major repairs / Call back / Examination details mentioned below

*Routine Maintenance
\$ TFE seals per CB provided &
check operation.*

Examiner / Service Engineer [Signature] Customer / Rep. representative [Signature]

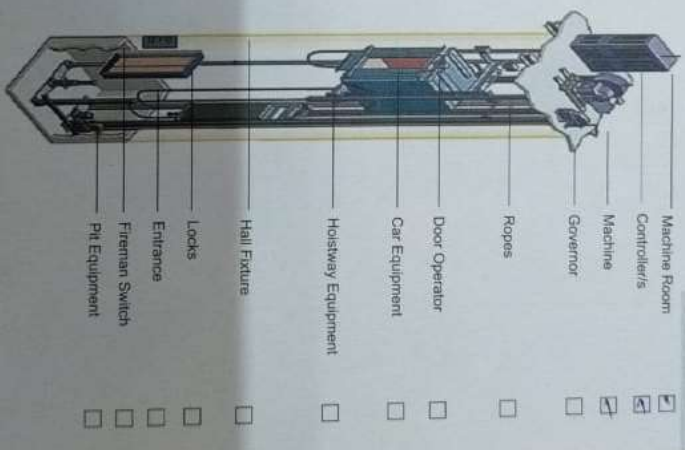
Line / C. R. No. 90 81

Customer's remarks (if any) : _____

SPEED • EXPERTISE • CONCERN

Serial No.:

316326



- Machine Room
- Controller/s
- Machine
- Governor
- Ropes
- Door Operator
- Car Equipment
- Hoistway Equipment
- Hall Fixture
- Locks
- Entrance
- Fireman Switch
- PL Equipment

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P.T.O.

Certificate Of Work Done

Date: 18/05/2015

Build Name: Kaishine Hospital Location: Karnal

Machine No. is: S-5580 Contract No. FS-5580 Route No. PA-53

Following work has been carried out on above mentioned elevator/s

Preventive Maintenance

Break Down Call

Complaint Number

Arrival Time

Departure Time

Repairs

T Execution

Date Started

Date Completed

Major repairs / Call back / Examination details mentioned below

1st floor lock contact not
working, check contact,
circuit checked.

Examiner / Service Engineer

Customer Representative

C. R. No.

Customer's remarks (if any): Good work done

SPEED • EXPERTISE • CONCERN

Serial No.:

235352

Machine Room

Controller's

Machine

Governor

Ropes

Door Operator

Car Equipment

Hoistway Equipment

Hall Fixture

Locks

Entrance

Fireman Switch

PI Equipment



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OTIS
CARE

P.T.O.

Certificate Of Work Done

Date: 11/05/2015

Bldg. Name: Kolshing Hospital Location: Karad

Type No./s: S-5550 Contract No: PC-5380 Route No: PH53

Following work has been carried out on above mentioned elevators

Preventive Maintenance	<input checked="" type="checkbox"/>	House Keeping	<input type="checkbox"/>
Break Down Call	<input type="checkbox"/>	Complain Number	<input type="checkbox"/>
Arrival Time	<input type="checkbox"/>	Departure Time	<input type="checkbox"/>
Repairs	<input type="checkbox"/>	T Execution	<input type="checkbox"/>
Date Started	<input type="checkbox"/>	Date Completed	<input type="checkbox"/>

Visit Type : Chargeable Non-Chargeable
Major repairs / Call back / Examination details mentioned below

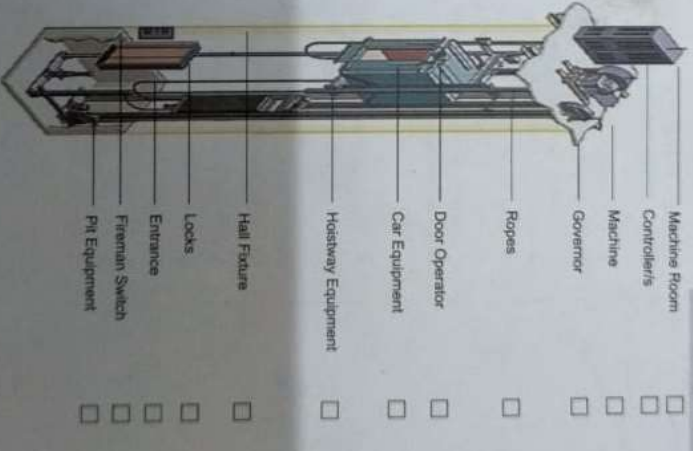
Routine maintenance
cleaning, lubricating
checked, operation

OTIS Authorized Service OTIS
 Customer Representative 11/5/15

Customer's remarks (if any):
preventive maint done!

SPEED • EXPERTISE • CONCERN

Serial No.: 109591



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PTO

2016

Certificate Of Work Done

Date: 25/04/2016

Bldg Name: Koishima Hospital Location: Kanad

Machine No./s: 9-5780 Contract No.: LS-5580 Route No.: 12013

---working work has been carried out on above mentioned elevators

Preventive Maintenance	<input checked="" type="checkbox"/>	House Keeping	<input type="checkbox"/>
Break Down Call	<input type="checkbox"/>	Complaint Number	<input type="checkbox"/>
Arrival Time	<input type="checkbox"/>	Departure Time	<input type="checkbox"/>
Repairs	<input type="checkbox"/>	T. Execution	<input type="checkbox"/>
Date Started	<input type="checkbox"/>	Date Completed	<input type="checkbox"/>

Visit Type: Chargeable Non-Chargeable
Major repairs / Call back / Examination details mentioned below

Routine Motorform -
checked operation.

OTIS Authorized Service

OTIS C.R. No. 324

Customer/ Representative Shankar

Customer's remarks (if any):

SPEED • EXPERTISE • CONCERN

Serial No.:

56254



- Machine Room
- Controller/s
- Machine
- Governor
- Ropes
- Door Operator
- Car Equipment
- Hoistway Equipment
- Hall Fixture
- Locks
- Entrance
- Fireman Switch
- Pit Equipment

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P.T.O.

Certificate Of Work Done

Date: 27/08/2015

Bldg Name: Krishna Hospital Location: ICMR

Machine No./s: S-5580 Contract No.: PS-5580 House No.: K013

Covering work that has been carried out on above mentioned elevators

Preventive Maintenance	<input checked="" type="checkbox"/>	House Keeping	<input type="checkbox"/>
Break Down Call	<input checked="" type="checkbox"/>	Complaint Number	
Arrival Time		Departure Time	
Repairs	<input type="checkbox"/>	T Execution	<input type="checkbox"/>
Date Started		Date Completed	

Visit Type: Chargeable Non-Chargeable
 Major repairs / Call back / Examination details mentioned below

SOS trip check & Reset.
Wt started.
checked & reset.

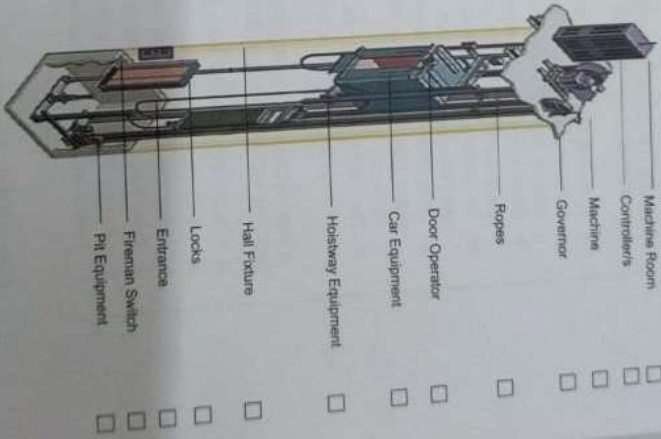
Dis. Authorised Service: PSM
 Customer / Representative: PSM

Customer's remarks (if any):

SPEED • EXPERTISE • CONCERN

Serial No.:

55663



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PTO

Certificate Of Work Done

Date: 21/5/11 Location: Kaoud

Machine No: 3881 Contract No: 3881 Route No: Ka14

Any work has been carried out on above mentioned elevator/s

Preventive Maintenance	<input type="checkbox"/>	Complaint Number	<input type="checkbox"/>
Break Down Call	<input type="checkbox"/>	Departure Time	<input type="checkbox"/>
Arrival Time	<u>4:50</u>	T Execution	<input type="checkbox"/>
Repairs	<input checked="" type="checkbox"/>	Date Completed	<input type="checkbox"/>
Date Started	<input type="checkbox"/>		

Visit Type: Chargeable Non-Chargeable
 Major repairs / Call back / Examination details mentioned below

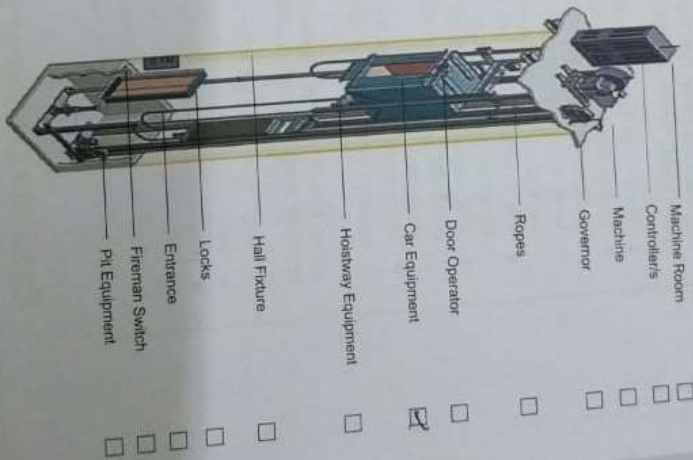
2nd Floor Cap Button Not Working
Checked and started.

Examiner / Service Engineer: [Signature]
 Customer / Representative: [Signature]

T.C. R. No. 3881
 Customer's remarks (if any):

SPEED • EXPERTISE • CONCERN

Serial No.: **153848**



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PTO.

Certificate Of Work Done

Date: 25/11/2015

Bldg. Name: Kaishma Hospital Location: Karad

Machine No./s: S-5580 Contract No.: PS-5580 Route No.: 4013

(Following work has been carried out on above mentioned elevators)

Preventive Maintenance	<input checked="" type="checkbox"/>	Complaint Number	
Break Down Call	<input type="checkbox"/>	Departure Time	
Arrival Time	<u>10:50</u>	T. Execution	<input type="checkbox"/>
Repairs	<input type="checkbox"/>	Date Completed	

Visit Type: Changeable Non-Changeable

Major repairs / Call back / Examination details mentioned below

ROUTINE MAINTENANCE
check all door & operators
checked operation

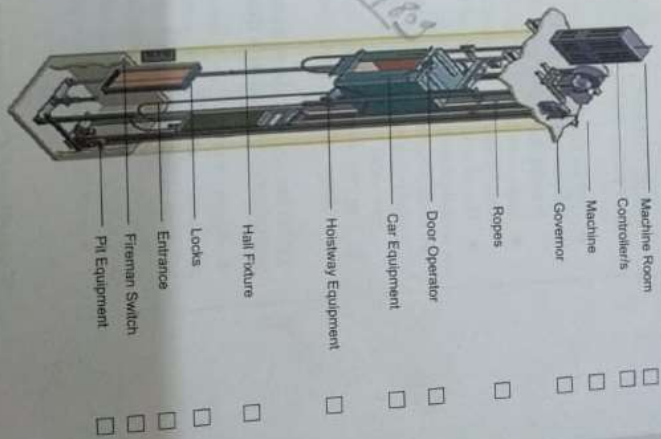
Examiner / Service Engineer: BM

Customer / Representative: BM

Job / C. R. No.: Door lock wa

Customer's remarks (if any): If work continuing
please take up
SPEED • EXPERTISE • CONCERN

Serial No.: 203180



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P.T.O.

Certificate Of Work Done

Date: 14/10/2016

Build Name: Krishna Hospital Location: Karawal

Machine No. S-8851 Contract No. P58851 Phase No. 1015

Following work has been carried out on above mentioned elevators

Preventive Maintenance	<input checked="" type="checkbox"/>	House Keeping	<input type="checkbox"/>
Break Down Call	<input checked="" type="checkbox"/>	Complaint Number	
Arrival Time	<u>12:30</u>	Departure Time	<u>1:45</u>
Repairs	<input type="checkbox"/>	T Execution	<input type="checkbox"/>
Date Started		Date Completed	

Visit Type: Changeable Non-Changeable

Major repairs / Call back / Examination details mentioned below

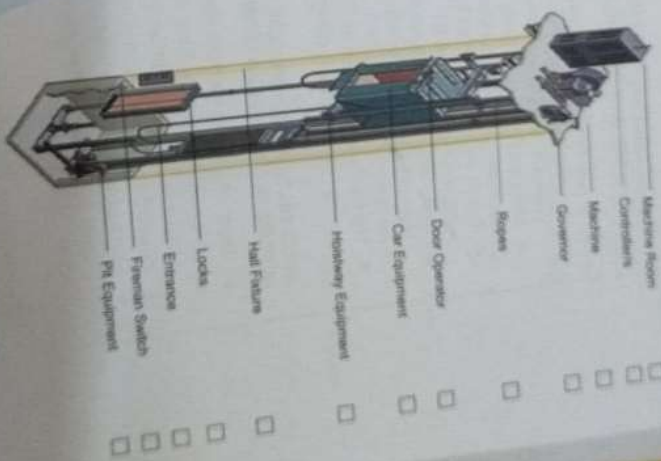
door lock mechanism
1st floor door lock control problem
door lock control of lift shaft
checked & repaired
Signature: [Signature]
Customer Rep: [Signature]
14/10/16

T C R N/A

Customer's remarks (if any):

SPEED • EXPERTISE • CONCERN

Serial No. **56084**



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P.T.O.

Certificate Of Work Done

Date: 23/09/2016
 Bldg. Name: Krishna Hospital Location: Karad
 Machine No. / S. No.: S-5580 Contract No.: ES-558 Shuttle No.: 013

Following work has been carried out on above mentioned elevators

Preventive Maintenance	<input checked="" type="checkbox"/>	Complaint Number	
Break Down Call	<input type="checkbox"/>	Departure Time	<u>12:50</u>
Arrival Time	<u>11:05</u>	T. Execution	
Repairs	<input type="checkbox"/>	Date Completed	
Date Started			

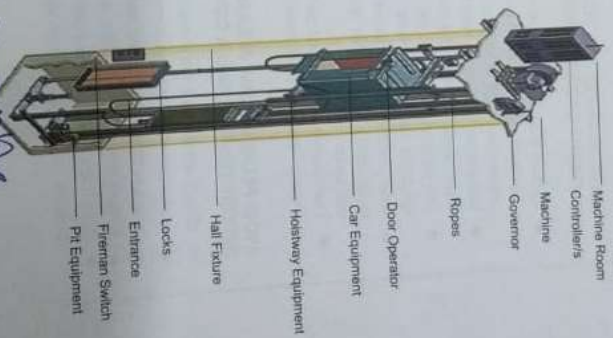
Visit Type : Chargeable Non-Chargeable
 Major repairs / Call back / Examination details mentioned below

Restore overhauled
2nd floor door problems
door & checked operation

Examiner / Service Engineer: [Signature]
 Customer Representative: [Signature]

T. No. / C. R. No.: _____
 Customer's remarks (if any): Please provide
detaching of 2nd floor & 3rd floor
door to open door in emergency in quick possible
SPEED • EXPERTISE • CONCERN

Serial No.: 204411



- Machine Room
- Controller/s
- Machine
- Governor
- Ropes
- Door Operator
- Car Equipment
- Hoistway Equipment
- Hall Fixture
- Locks
- Entrance
- Fireman Switch
- Pin Equipment



Certificate Of Work Done

Date: 30/07/2016

Bldg Name: Krishna Hospital Location: Kanad

Machine No./s: FS 558 Contract No.: FS-5580 Route No.: FC13

Following work has been carried out on above mentioned elevators

Preventive Maintenance	<input checked="" type="checkbox"/>	Complaint Number	
Break Down Call	<input type="checkbox"/>	Departure Time	<u>12.40</u>
Arrival Time	<u>11.10</u>	T. Execution	<input type="checkbox"/>
Repairs	<input type="checkbox"/>	Date Started	
Date Started		Date Completed	

Visit Type : Chargeable Non-Chargeable
 Major repairs / Call back / Examination details mentioned below

Routine maintenance
cleaning, lubricating
Hoisting, mg, exporing, checkup

Examiner / Service Engineer

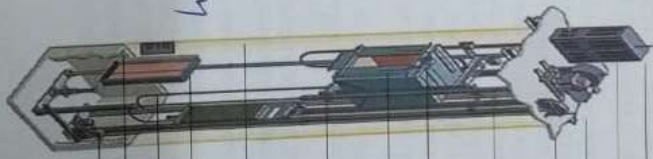
T.No / C.R.No.

Customer Representative

Customer's remarks (if any) :

SPEED • EXPERTISE • CONCERN

Serial No.: 203477



- Machine Room
- Controller/s
- Machine
- Governor
- Ropes
- Door Operator
- Car Equipment
- Hoistway Equipment
- Hall Fixture
- Locks
- Entrance
- Fireman Switch
- PIE Equipment

OTIS the world's word for safety

P.T.O.

Certificate Of Work Done

Date: 01/06/2016

Body Name: Katshma Hospital Location: Koreal

Machine No. S-5580 Contract No. P-5580 Hoist No. K013

*Lubricating work has been carried out on above mentioned elevators

Preventive Maintenance	<input checked="" type="checkbox"/>	House Keeping	<input type="checkbox"/>
Break Down Call	<input type="checkbox"/>	Complaint Number	<input type="checkbox"/>
Arrival Time	<input type="checkbox"/>	Departure Time	<input type="checkbox"/>
Repairs	<input type="checkbox"/>	T. Evacuation	<input type="checkbox"/>
Date Started	<input type="checkbox"/>	Date Completed	<input type="checkbox"/>

Visit Type : Changeable Non-Changeable
 Major repairs / Call back / Examination details mentioned below

Routine regular service
on floors 10P Button stop
checked operation

OTIS Authorized Service Customer / Representative

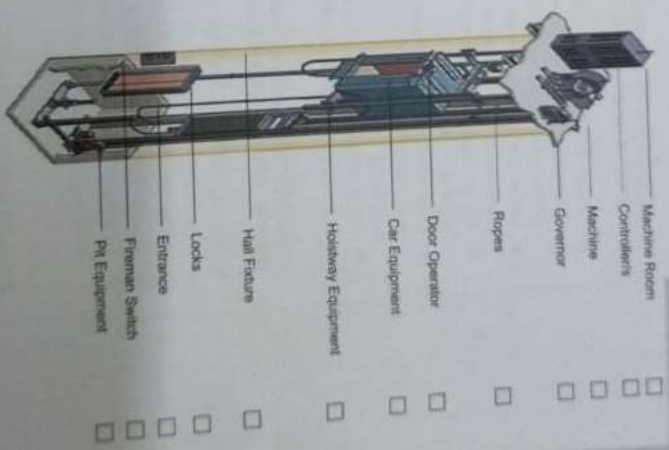
T.S. / C.R. No. _____

Customer's remarks (if any): _____

SPEED • EXPERTISE • CONCERN

Serial No.:

55687



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P.T.O.

Certificate Of Work Done

Date: 01/06/2016

Reg Name: PATSHIMA HOSPITAL Location: KORCANT

Application No. S-5580 Contract No. PS 5580 Trade No. K012

Following work has been carried out on above mentioned elevators

Preventive Maintenance	<input checked="" type="checkbox"/>	House Keeping	<input type="checkbox"/>
Break Down Call	<input type="checkbox"/>	Complaint Number	<input type="checkbox"/>
Annual Test	<input type="checkbox"/>	Departure Time	<input type="checkbox"/>
Repairs	<input type="checkbox"/>	T Escalation	<input type="checkbox"/>
Date Started	<input type="checkbox"/>	Date Completed	<input type="checkbox"/>

Visit Type: On-site Non-On-site
 Major repairs / Call back / Examination details mentioned below

ROUTINE MAINTENANCE
AND PILES TO BE DONE
CHECKED OFF

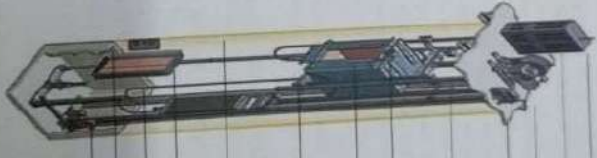
OTIS C.R. No. 33W
 OTIS Authorized Service
 Customer / Representative

Customer's remarks (if any):

SPEED • EXPERTISE • CONCERN

Serial No.:

55687



- Machine Room
- Control Panels
- Machinery
- Governor
- Ropes
- Door Operator
- Car Equipment
- Hobby Equipment
- Hall Feature
- Locks
- Entrance
- Fireman Switch
- PIE Equipment

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PTC

Certificate Of Work Done

Date: 01/06/2016

Equip. Name: Katchina Hospital Location: Kareed

Machine No.'s: S-5580 Contract No.: P55580 House No.: KO13

*Lifting work has been carried out on above mentioned elevators

Preventive Maintenance	<input checked="" type="checkbox"/>	House Keeping	<input type="checkbox"/>
Break Down Call	<input type="checkbox"/>	Complaint Number	<input type="checkbox"/>
Arrival Time	<input type="checkbox"/>	Departure Time	<input type="checkbox"/>
Repairs	<input type="checkbox"/>	T Execution	<input type="checkbox"/>
Date Started	<input type="checkbox"/>	Date Completed	<input type="checkbox"/>

Visit Type: Chargeable Non-Chargeable
 Major repairs / Call back / Examination details mentioned below

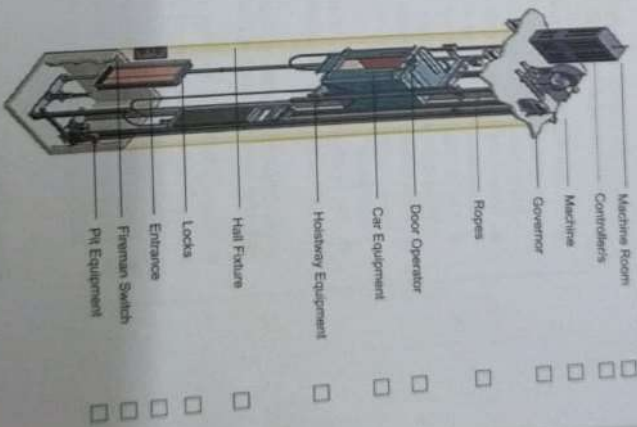
Routine repair from
main floor to 10th floor station
checked on 01/06/16

Ons Authorized Service BAW Customer Representative [Signature]

Customer's remarks (if any): _____

SPEED • EXPERTISE • CONCERN

Serial No.: 55687



- Machine Room
- Controller's
- Machine
- Governor
- Ropes
- Door Operator
- Car Equipment
- Hoistway Equipment
- Hall Fixture
- Locks
- Entrance
- Fireman Switch
- PI Equipment

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P.T.O.

Certificate Of Work Done

Date: 05/05/2016

Bigg Name: Krishna Hospital Location: Pavaneel

Machine No.: S-5580 Contract No.: FS-5580 Hour No.: 1013

Following work has been carried out on above mentioned elevator/s

Preventive Maintenance	<input checked="" type="checkbox"/>	House Keeping	<input type="checkbox"/>
Break Down Call	<input type="checkbox"/>	Complaint Number	<input type="checkbox"/>
Arrival Time	<input type="checkbox"/>	Departure Time	<input type="checkbox"/>
Requests	<input type="checkbox"/>	T. Execution	<input type="checkbox"/>
Date Started	<input type="checkbox"/>	Date Completed	<input type="checkbox"/>

Visit Type : Changeable Non-Changeable
 Major repairs / Call back / Examination details mentioned below

Routine maintenance
1st floor lock contact networking.
adding lock & wpt stack. observation.

OTIS Authorized Service

Customer / Representative

T. No./C. R. No. _____

Customer's remarks (if any) : _____

SPEED • EXPERTISE • CONCERN

Serial No.:

56275



- Machine Room
- Controller's
- Machine
- Governor
- Ropes
- Door Operator
- Car Equipment
- Hoistway Equipment
- Hall Fixture
- Locks
- Entrance
- Fireman Switch
- Pit Equipment

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P.T.O.

2017

Certificate Of Work Done

Date: 23/04/18

Blkg Name: Kishino Hospital Location: Karad

Mr. Name No.: 5580 Contract No.: 5580 Phase No.: KAL3

Footway work has been carried out on above mentioned elevators

Preventive Maintenance	<input type="checkbox"/>	Complaint Number	
Break Down Call	<input type="checkbox"/>	Arrival Time	<u>12:45</u>
		Departure Time	<u>3:30</u>
		Tr. Execution	<input type="checkbox"/>
		Date Completed	
		Date Started	

Work Type: Changeable Non-Changeable

Major requests / Call back / Examination details mentioned below

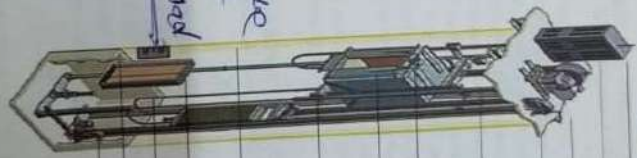
Trs lift for audit done
Observed - patient - 17 M/c Run table not available
at lift entrance all ft fill gap very large need
door wdg 3) M/c Run table side silled by gap provided,
Drive motor soft start & up load

Estimate No. 1493

Customer's remarks (if any): All completed

SPEED • EXPERTISE • CONCERN

Serial No.: 122353



- Machina Room
- Controller's
- Mechine
- Governer
- Ropes
- Door Operator
- Car Equipment
- Hoisway Equipment
- Hall Fixture
- Locks
- Entrance
- Fireman Switch
- Pit Equipment

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P.T.O.



Certificate Of Work Done

Date: 12/03/18

Job Name: KeyStone Hospital - new board
 Address: 5750 S. STEED City: STEELE State: MO

Indicate what type of work was done for this equipment assembly

Preventive Maintenance	<input type="checkbox"/>
Repair	<input type="checkbox"/>
Replacement	<input type="checkbox"/>
Installation	<input checked="" type="checkbox"/>
Removal	<input type="checkbox"/>
Inspection	<input type="checkbox"/>
Other	<input type="checkbox"/>

Start Time: 10:40 End Time: 11:50

Job Type: OTIS (OTIS) (OTIS) (OTIS) (OTIS) (OTIS)

Notes: Operator Season 2018 starting again
check season 2018 started
with the panel already need to have
the panel 12/3/18

Customer's name: KeyStone Hospital

OTIS logo

Order No. 122318

OTIS logo



Check the worker's work for safety

Inspection	<input type="checkbox"/>
Repair	<input type="checkbox"/>
Replacement	<input type="checkbox"/>
Installation	<input checked="" type="checkbox"/>
Removal	<input type="checkbox"/>
Inspection	<input type="checkbox"/>
Other	<input type="checkbox"/>

Certificate Of Work Done

Date: 18/12/13
 Ring Name: Krishna Hospital Location: Karad
 Machine No. 5580 Contract No. MS5580 Hoist No. K013
 Following work has been carried out on above mentioned elevators:

Preventive Maintenance

Break Down Call Complaint Number

Actual Time Departure Time

Repairs T Execution

Date Started Date Completed

Visit Type: Chargeable Non-Chargeable

Major repairs / Call back / Explanation details mentioned below

This month preventive maintenance done. Lack of Alarm Intercom Cabine light shock faultly, need to arrange chode. ok working ok.

Examined by: [Signature]

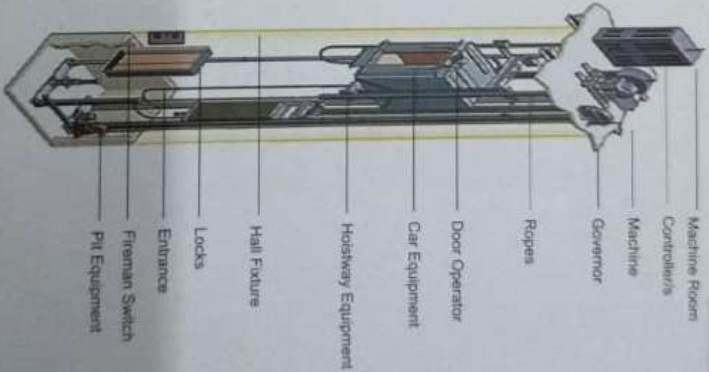
Customer Representative: [Signature]

T. No. / C. R. No. 1443

Customer's remarks (if any):

SPEED • EXPERTISE • CONCERN

Serial No. **121470**



- Machine Room
- Controller's
- Motors
- Governor
- Ropes
- Door Operator
- Car Equipment
- Hoistway Equipment
- Hall Fixture
- Locks
- Entrance
- Fireman Switch
- Pit Equipment

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PTO