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| speed . expertise . concern | Customer s ununts (N any) M. H. | 2 nd floor door From out uff | Visit Type : Chargestele I Non-Chargestele Major repains / Call back / Examination details mentioned below | Repairs T Execution Date Same Date Completed | Break Down Call Complaint Number Armeal Time 11-50 Departure Time 1-10 | Following work has been curried out on above mentioned elevators Preventive Malamenance House Keeping | Anno North STSTO Comment No. MOSTSTAND No. KCOIS | Certificate Of Work Done |
|----------------------------------|--|------------------------------|---|--|--|---|--|--------------------------|
| Otis the world's word for safety | | | 4 | | | a line | | Serial No.: 20059 |
| rd for safety | Locks Entrance Fireman Switch Pit Equipment | - Hall Focture | Hoistway Equipment | Car Equipment | Ropes | Governor | Machine Room Controller's | |
| PTO | 0000 | | | | | | 000 | CARE |



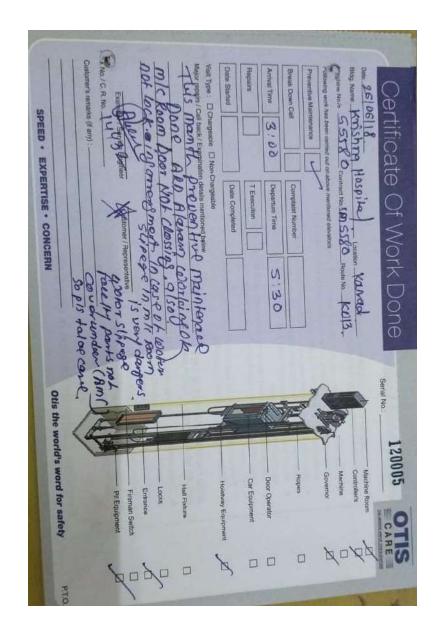






















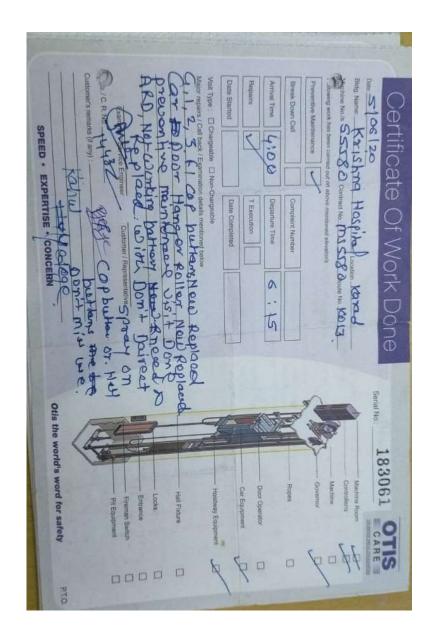












Ladies Hostel 1

From 2017

| Jonnson | | | | | | No. PPMH05171208 | Date 24 24-DEC-2017 | | | |
|---|--|--------------------------|----------|---------------------------|-----|---|------------------------|----|--|--|
| SERV/07/QR/04 | | | | | | ЕН No. L-11765 | File No. SMD9983 | | | |
| Customer: REC | INTERIOR INTERIOR INSTITUTE OF MEDICAL SCIENCES | | | | | Nature of Servi | ce FSM | | | |
| KRI | DEEMED UNIVERSITY KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED UNIVERSITY.GIRLS HOSTEL EXTENSION | | | | | Mechanic Deputed SHELAR PRAKASH ANANDA | | | | |
| FREE SERVICE C | | | | | | | | | | |
| | omere | Attention: Jensey le | ump, sir | on, ind | ere | n usor | bing d | R | | |
| Items which require $\mathbb{O} \mathbb{A} \mathbb{R} \mathbb{O}_{1}$ | omere | Attention : Jenseg lå | ump, sir | on, ind | ere | m 4307 | bing d | R | | |
| Items which require DARD, Customer Remark | omere | Attention : Jenseg le | amp, sir | つわ、iれる Time Reported : | | u307 | bing d | V | | |
| Items which require $\mathbb{O} \mathbb{A} \mathbb{R} \mathbb{O}_{1}$ | omere | Attention : Jenneg lå | amp, sir | | | | | Ve | | |

| The Report Courses In Line Man Kent Ann Kent Man | OARD Emergency lamp, siton & inter an werking and i Dar light, fern & should light werking andidien. | Nation of Service Terms Replaced: FREE SERVICE CARRIED OUT FOR THE MONTH OF OCTOBER - 2017 | REGISTRAR- KRISHINA INSTITUTE OF MEDICAL SCIENCES DEEMED UNIVERSITUTE OF MEDICAL SCIENCES DEEMED UNIVERSITY,GIRLS HOSTEL EXTENSION BUILDING,MALKAPUR, TAL-KARAD,DIST-SATARA 415539 | Johnson Johnson Lifts Private Limited Prive Strate Limited Lifts Private Limited Lifts Private Limited Lifts Strate Resources Strate HADAPSAR PUNE LITES SM000000 Strate Lifts Strate Strate Lifts Strate Strate Strate Lifts Strate Stra |
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| THE CHARMEN LAND THE PROPENT OF THE PROPENT OF THE PROPENT OF THE PROPENT OF THE PROPERTY OF T | iblen. | | Name SHELAR PRAKASH ANANDA Nechastic Deputed | L-11765 |
| Dumin Class | - | | DAKASH ANAM | R IzPocta |

| Imm Reported : 2:00 Len : C Head Office : No.1 East Main Road, An: te Nagar Western Edension, Chennal - 600 101. Gams : LFTS Fax: \$1.44.26151614 Website : www.j *Insonitabild.com Ph: 26152003, 26152004, 261552005, 26152006 Len : C | Image: Service Image: Service Service |
|---|---|
| 2:00 Len: 5:33 Alloumuu Caspone'rs Signeture Caspone'rs Signeture 50005, 26152006 | SERVICE REPORT |

| NUTERIA PRACASH AVANDA Naure SHELAR PRAKASH AVANDA Mechanic Deputed Mechanic Deputed Mechanic Busure HEY IS USED ENSURE THAT LY CLOSED Currence Formatic | Head Office : No. 1, East Main Roud, Arna Nagar Western Extension, Chemnal - 600 101, Grenns : LIFTS Fgs : 91-44-26151614 Webbite : www.johnsonliftsid.com Ph : 26152003, 26152004, 26152005, 26152006 | The Reported: [6]. 0 Left: CAUTION : IF DOOR OPEN KEY IS USED ENSURE THAT DOOR IS FULLY CLOSED Commerce of summer of summer | Emalogancy Light. Hlusmy ARD Woaking Condition ok | Nature of Service / Items Replaced : FREE SERVICE CARRIED OUT FOR THE MONTH OF AUGUST - 2017 Items which regulas Customer Attention : | DEEMED UNIVERSITY, GIRLS HOSTEL EXTENSION BUILDING, MALKAPUR, TAL-KARAD, DIST-SATARA 415539 | SERVINICIPUM AEGISTRAR-KRISHINA INSTITUTE OF MEDIAN CONTACT | TINIS Phone: 020 | Johnson A Johnson Lifts Private Limited |
|---|---|--|---|---|--|--|------------------|---|
| | 2006 2006 | LLY CLOSED LINIT | Condition | 4 | Nature SHELLAR PRA | LIN No. | Nº L-11765 | Aughod Meditin |

| Head Office : No.1 East Main Road, Anna Nagar Western Extension, Chennal - 600 101. Grains : LEF15 FaX: 91-44-20151614 Website : www.johnsoniittsttd.com Ph:26152003, 26152004, 26152005, 26152006 | | Office Use Only Time Reported: | Customer Remark if any : | 12ms which requires Customer Attention: O ARD, Emergency leung & sinon working condition | FREE SERVICE CARRIED OUT FOR THE MONTH OF JULY - 2017 | KRISHNA INSTITUTE OF MEDICAL SCIENCES | DEEMED UNIVERSITY | Customer: REGISTRAR, KDICLAVA BACTOR | | |
|---|--------------------|--------------------------------|--------------------------|---|---|---|-------------------|--------------------------------------|---------------------------------|----------------|
| ams : LII-13 rax : 91 44 5, 26152006 | usioners Signature | 2100 Len | | ndihiou | | Mechanic Deputed SHELAR PRAKASH ANANDA | Nature of Service | L-11765 | No. PPMH05170705 20-JUL-2017 | SERVIC |
| -20131014 | | 0815 | | | | ted H ANANDA | ce FSM | File No. SMD9983 | Date 18 20-JUL-2017 | SERVICE REPORT |

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| Head Office : No. 4, East State Rood, Anna Nagar Western Extension, Chernal - 600 (0), Chrane : LIFTS, Fax. 91-04-26151614 Website: www.johnsonflähld.com Ph. 26152005, 26152004, 26152005, 26152006 | CAUTION : IF DOOR OPEN KEY IS USED ENSURE THAT DOOR IS FULLY CLOSED DOOR IS FULLY CLOSED | Office Use Ouly Time Reported : 2 | Emazgancy Light, Mann & ARD working condition or. | Vatars of Secritor / Itema Replaced ; FREE SERVICE CARRIED OUT FOR THE MONTH OF MAY - 2017 Items which requires Castener Attaching ; | BULDING, MALKAPUR, TAL-KARAD, DIST-SATARA 415539 | Canonart: REGISTRAR- KHISHNA INSTITUTE OF MEDICAL CANONAL | 1 | | |
|---|--|--------------------------------------|---|--|--|---|-----------------|----------------------------|--|
| 6 Pm: 91-44-20151614 | CLOSED LINURE | 2100 Len: | Condition | Phi - | Nature SHELAR PRAKASH AMANDA | Latt No. | Na. L41765 | Philippedocity, Rhahavedar | |
| | THAT | Sien |) Ok | | AKASH AN | FSN/0. | Data SMD9983 | RIAN | |

| Head Office / No. 1, East Main Road, Anna Nagar Western Extension, Chemon. 400 101, Cemm. LUTIS Fax. 99-47-2015/614 Website: www.johensolifin.lud.com Ph. 20152003, 26152004, 20152005, 26152006 | | Office Use Only | () ARD, Emergency Imp & shen westing cendible | Name of Service / Itean Replaced ; FREE SERVICE CARRIED OUT FOR THE MONTH OF APRIL Itean which requires Castomer Attention ; | BUILDING, MALKAPUR, TAL-KARAD, DIST-SATARA 415539 | DEEMED UNIVERSITY, GIRLS HOSTEL EXTENSION | CHANNER: RECRISTRAR- KRISHNA INSTITUTE OF MENNAL SAVEN | 411013 Phone: 020-41007506 | Dinson Johnson Lifts Private Limited |
|---|--|----------------------|---|--|---|---|--|----------------------------|--------------------------------------|
| C 4, Chennui - 600 101, Cenuma : L1FTS 2003, 26152004, 26152008 | CAUTION : IF DOOR OPEN KEY IS USED ENSURE THAT | Time Reported : 3:30 | on weating | PRIL - 2017 | 15539 | JACES DEEMED | | | 100 |
| Fax: 3244-26151614 | EV IS USED ENSURE T | 30 Left: | cendit | 4 | Mochanic Deputed | Nature SHELAR PRAKASH ANANDA | Lin No. | L-11765 | Publishtaden Ridsontativ |
| | THAT | 5:30 | , in | | | AKASH ANA | PSM- | Date SMD9983 | RHANDH |

| Head Office : No.1 East Main Road, Anna Nagar Western Edension, Chennai - 600 101. Grams : LIFTS Fax: 91-44-26151614 Website : www.johnsonliftstld.com Ph: 26152003, 26152004, 26152005, 26152006 | | Office Use Only Time Reported : 10 | Customer Remark If any : | OARD, Emergency lamp & siron working consilient | FREE SERVICE CARRIED OUT FOR THE MONTH OF MARCH - 2017 | KRISHNA INSTITUTE OF MEDICAL SCIENCES | DEEMED UNIVERSITY | 10 | PLOT NO.42/2 HADAPSAR INDUSTRIAL ESTATE, HADAPSAR PUNE Phone: 020-41007506 | Johnson Johnson Lifts Private Limited |
|--|----------|------------------------------------|--------------------------|---|--|---------------------------------------|-------------------|---------------------|---|---------------------------------------|
| s : LIFTS Fax: 91-44-2 26152006 | Manulul. | 10100 Left: | | onlitter | | Mechanic Deputed SHELAR PRAKASH A | Nature of Service | L-11765 | PPMH05170313 - 29 MAR-2017 | SERVICE |
| 26151614 | | 2:00 | | | | ed H ANANDA | 20 FSM | File No. SMD9983 | Date (7 29-MAR-201 | E REPO |

| Head Office: No. 1, East Main Road, Arms Nager Western Extension, Chevnai - 600 101, Grans - LEP 5 This Stocare: www.jojanoosilijuld.com Ph.: 26172001, 26152004, 20152005, 26152006 | | Cu Romanto if sey : Office Line Only Thus Reported : | Emergency Light. Alarm. & ARD working condition of. | Name of Service Terms Replaced : FREE SERVICE CANNED OUT FOR THE MONTH OF FEBRUARY - 2017 | AVAILUSEN REGISTRAR- KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED UNISERNATIVS TITUTE OF MEDICAL SCIENCES DEEMED UNIVERSITY, GIRLS HOSTEL EXTENSION BUILDING, MALIXAPUR, TAL-KARAD, DIST-SATARA 419539 | Johnson A Johnson Lifts Private Limited |
|---|--|--|---|--|--|---|
| 005, 20132005 | CAUTION : IF DOOR OPEN WEY IS USED ENSURE THAT DOOR IS FULLY CLOSED | 3:00 Lats 4:20 | g condition at. | 194 | Life No. FEM. StellAR PRAKASH ANANDA Mechanic Deputed | No L-11765 Douganes |

| CAUT | Office Use Only Thus Reported : | er Remarka il any: | CUSTONICI | Nature of Service / Items Replaced : FREE SERVICE CARRIED OUT FOR THE MONTH OF JANUARY - 2017 Items which requires Contourer Attention : | UNIVERSITY OF MEDICAL SCIENCES DEEMED DEEMED UNIVERSITY, GIRLS HOSTEL EXTENSION BUILDING, MALKAPUR, TAL-KARAD, DIST-SATARA 415539 | Customer: REGISTRAR KINCLAR AND | 411013 Phone: 020-41007506 | Johnson A Johnson Lifts Private Limited |
|--|---------------------------------|--------------------|-----------|--|---|---------------------------------|----------------------------|---|
| CAUTION : IF DOOR OPEN KEY IS USED ENSURE THAT DOOR IS FULLY CLOSED | ported: 3'DD Laft; | | | 1 - 2017 | | Lift No. | DAPSAR PURE | Ladser H |
| RE THAT | 5:30 | | | | Nature SHELAR PRAKASH ANANDA Mechanic Deputed | PSM | SWO99953 | E D |

| Head Office: No. 1, Dark Main Board, Arma Nigger Western Distance on Channel - 800 101; Channel J. DETS Free - 01 44:251(5):012 Wohnel: Western Distance of Science Computing Science - 800 101; Channel - 800 101; Channel - 11975; Free - 01 44:251(5):012 | | CAUTION : IF DOOR DOOR I | Office He Only Trace Reported : | Consure Remarks If Any | tame which requires Customer Attudion : | Num of Strike / Num Replaced : FREE SERVICE CARRIED OUT FOR THE MONTH OF JANUARY - 2017 | DEEMED UNIVERSITY, GIRLS HOSTEL EXTENSION BUILDING, MALKAPUR, TAL-KARAD, DIST-SATARA 415539 | STRV 01 OR AN REGISTRAR- KRISHNA INSTITUTE OF MENCAL SCIENCES DEEMED | | PLOT NO.422 HADAPSAF INDUSTRIAL ESTATE, HADAPSAF PUNE |
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| IN LIFTS FAS OF ALCOLUSION | Customer's Signature | CAUTION : IF DOOR OPEN MEY IS USED ENSURE THAT DOOR IS FULLY CLOSED | 3'00 Litt: | | | py | Mechanic Deputed | Name SHELAR PR | Lin No. | L-11765 |
| - | | RE THAT | RE: 5 | | | | | NAME SHELAR PRAKASH ANANDA | PSM | SMD9983 |

| Head Office : No. 1, East Main Road, Aina Nager Weatern Extension, Chemat. 600 101, Guenra LLP & Website www.johnannifulid.com Ph. (20152001, 20152005, 20152005, 20152005, 20152005) | Time Reported : CAUTION : F | Emergency Light. Alarm, & ARD working Condition ok. | FREE SERVICE CARRIED OUT FOR THE MONTH OF FEBRUARY - 2017 | REGISTRAR- KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED UNISERSUMSTITUTE OF MEDICAL SCIENCES DEEMED UNIVERSITY, GIRLS HOSTEL EXTENSION BUILDING, MALKAPUR, TAL-KARAD, DIST-SATARA 415539 | 411013 Phone: 020-41007506 No. L-11765 Phone: 020-41007506 Lin No. | Internet Inhuent ifte Private Limi |
|--|---|---|---|---|--|------------------------------------|
| 0.101 Channa 1.13 (S. FRA 2013) 446-2013 1014 1, 26152003, 26152000 | Inne Reported : 3:00 Left: 4:30 CAUTION : IF DOOR OPEN KEY IS USED ENSURE THAT DOOR IS FULLY CLOSED | King Condition ok. | Y400 | ED Nature of Schellar PRAKASH ANANDA Mechanic Deputed | No L-11765 Dis SMD9963 | ted SERVICE RELOW |

| Customer Remark II any : Othice Use Only Time Reported : 10:00 Left : 2:00 Customer's Signature | ARCD, EMERGENER OUTFOR THE MONTH OF MARCH - 2017 THEMS SERVICE CARRIED OUTFOR THE MONTH OF MARCH - 2017 CHARD, EMERGENCE ALSON AND STRUCT OF MEDICAL SCIENCES DEFEMBED UNIVERSITY REGISTRAR-KRISHNA INSTITUTE OF MEDICAL SCIEN | SERVICE REPO | SERVICE REPORT |
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| ark if any : Time Reported : 10:00 Lett : Guesto per s Signature | Them which requires customer Attention: OARD, Entergleined lamp & siron weaking constitution | nditter | |
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| 1941 3.30 LAN (IF DOOR OPEN KEY IS USED ENSURE THAT DOOR IS FULLY CLOSED DOOR IS FULLY CLOSED OV 101 Closes LIFTS Fax: 9/44-20151614 00 101 Closes LIFTS Fax: 9/44-20151614 | y cendid | Nature SHELAR PRAKASH ANANDA Mechanic Deputed | No. L-11765 Dear Lin No. PS00- |
| S)30 | it . | AKASH ANAN | Pare SMD9983 |

| Head Office: No. 1, East Main Koad, Anna Nagar Western Extension, Chemnal - 000 (0), Granna (LUPUS, Fax: 91-44-251516)4 Wahite: www.joluneoulifibilite.com (IN: 26152005, 26152005, 26152005) | | andrepperer Richauserhal BF any t | Emazgancy Light Alarm & ARD weaking condition ok. | FREE SERVICE CARRIED OUT FOR THE MONTH OF MAY - 2017 | REGISTRAAF-KRISHNA INSTITUTE OF MEDICAL SCIENCES BINGENNINSTITUTE OF MEDICAL SCIENCES DEEMED UNIVERSITY,GIRLS HOSTEL EXTENSION BULLDING,MALKAPUR, TAL-KARAD,DIST-SATARA 415539 | | PLOT NO.422 HADAPSAR INDUSTRIAL ESTATE, HADAPSAR PUNE | Inhmenne lifts Private Limited Confident Riskingdon Riskingdon |
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| S Fax 91-44-26151014 | 2100 Left : | | Condition | 4 | Mechanic Deputed | LIR No. FSM | L-11765 | Philiphis Hosdson H. |
| - Transfer | 5:00 | | n ok. | | | FSM | SMD998 | RINAMAND |

| Head Office: No. 1. East Main Road, Arna Najar, Wolstim Extension, Chemist. 6001 (0), Chemis. 141718 White: www.joinnon1111dif.com Ph. 20152005-20152006, 20152005, 20152006 | CAUTION : JF E | time the Only Time Reported: | Continuer Remarks II any : | CUSTONET - | FREE SERVICE CARRIED OUT FOR THE MONTH OF JUNE - 2017 | DEEMED UNIVERSITY, GIRLS HOSTEL EXTENSION BUILDING, MALKAPUR, TAL-KARAD, DIST-SATARA 415539 | REGISTRAR-KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED | | PLOT NO. 322 MADAPSAH INDUSTRIAL ESTATE, HADAPSAH PUWE | Internal Johnson Gifts Private Limited |
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| Crame LIFTS For ChilS1014 S2005, 20152000 | CAUTION : IF DOOR OPEN KEY IS USED ENSURE THAT | Ploro Len: | | | OPY | Mechanic Deputed | | Lift No. | L-11765 | |
| | ETHAT | 0879 | | | | | Namer SHELAR PRAKASH ANANDA | FSM | SMD9983 | PMH051070605018 (19-3074-011) |

| Head Office : No.1 East Main Road, Anna Nagar Western Extension, Chennal - 600 101, Grams : LIFTS Fax : 91-44-26151614 Website : www.johnsonlifts1td.com Ph; 26152003, 26152004, 26152005, 26152006 | | Office Use Only Time Reported : | Customer Remark II any : | Terms which requires oursomer Atention: O ARD, Envergency leinne of sinon workshing condition | Heature of Service County County County From The Months From Les County And | KRISHNA INSTITUTE OF MEDICAL SCIENCES | Dustomer: REGISTRAR- KRISHNA INSTITUTE OF MEDICAL SCIENCES | SERVICITIORION 000 41007506 | JONNSON SLOT NO 422 HADAPSAR INDUSTRIM. ESTATE, HADAPSAR PUNE | Johnson Litts Private Limited |
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| 11. Grams : LIFTS Fax : 91-4 152005, 26152006 | Europer's Signature | 2100 Lon | | condition | | Mechanic Deputed SHELAR PRAKASH ANANDA | Nature of Service | . 23К но. L-11765 | PPMH05170705 20-JUL-2017 | 5 |
| 14-26151614 | | aris Vun | | | | Uted LSH ANANDA | rice FSM | File No. SMD9983 | 5 20-JUL-2017 | marine 10 |

| Head OR | • | Emdiadancy Continue Remarks if any i | Nature of Service / Items Replaced ; FREE SERVIC | EEVERIGENER BUILDIN | |
|--|---|--|---|---|--|
| Hend Office : No. J. East Main Road, Anna Nagar Wissern Exercise. Classical - 400 101. Grass. Life Th. Fan. 191-44-2012/1814 Webshite : www.gobineoni/fibild.com 7% .26152001, 26152004, 26152005, 20152008 | Theme Respected (CAUTION : IF DOOR DOOR IS | Emalogancy Light Alarms ARD wooking Condition ok | FREE SERVICE CARRIED OUT FOR THE MONTH OF AUGUST - 2017 | REGISTRAR- KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED URIVERSITITUTE OF MEDICAL SCIENCES DEEMED UNIVERSITY, GIRLS HOSTEL EXTENSION BUILDING, MALKAPUR, TAL-KARAD, DIST-SATARA 415539 | 411013 Phone: 020-41007506 Limited L-11765 SMD9983 |
| Control of Academic Academics | CAUTION : IF DOOR OPEN KEY IS USED ENSURE THAT | ng Condition ok. | PY | Lin Ne. FSM. Name SHELAR PRAKASH ANANDA Mechanic Deputed | L-11765 Diskupping |

| Head Office : No.1 East Main Road, An na Nagar Western Extension, Chennal - 600 101, Grams : LIFTS Fax: 91-44-26151614 Website : www.j hnsonlittelld.com Ph: 26152003, 26152004, 26152005, 26152006 | 2 | Office Use Only Time Reported : 2 | ARD, Emeragency la p & sinon weating condition | Nature of Service CARRIED OUT FOR THE MONTH JE MARCH 2017 | KRISHNA INSTITUTE OF MEDICAL SCIENCES | Customer: REGISTRAR- KRISHNA INSTITUTE OF MEDICAL SCIENCES | | JUIIISUI PLOT NO 422 HADAPSAR INDUSTRIAL ESTATE, HADAPSAR PUNE | Johnson Lifts Private Limited |
|--|---------|-----------------------------------|--|---|---|--|---------------------|--|-------------------------------|
| ns : LIFTS Fax : 91-44- , 26152006 | Man Mul | 2:00 Len: |) constitui | | Mechanic Deputed SHELAR PRAKASH ANANDA | Nature of Service | 27R No. L-11764 | PPMH05170313 27-MAR-2017 | SERVICE REPORT |
| 26151614 | | 5:30 | m | | led H ANANDA | te FSM | File No. SMD9983 | Date (6 27-MAR-20 | EREP |

| Head Office No. 1. East Main Read, Anna Nagar Western Extension, Chennal - 600 101. Grams : LETIS Fax Website : www.johnsonlifishd.cnm Ph : 26152004, 26152005, 26152005, 26152006 | | Office Use Only | Customer Remarks if any 5. | Items which requires Casimur Attention: CUSTONE | Nature of Service Itoms Replaced : FREE SERVICE CARRIED OUT FOR THE MONTH OF DECEMBER - 2016 | | SERVINTOR NA REGISTRAR- KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED | 411013 Phone: 020-41007506 | PLOT NO.42/2 HADAPSAR INDUSTRIAL ESTATE, HADAPSAR PUNE | Logistic Logistic |
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| on, Chennal - 600 101 - Gen \$2003, 26152004, 2615200 | CAUTION : IF DOOR OPEN KEY IS USED ENSURE THAT DOOR IS FULLY CLOSED AU MANNA AND AU | Time Reported : | | 7 | ECEMBER - 2016 | 5539 | ices deemed | | TE, HADAPSAR PUNE | . I imited |
| | IF DOOR OPEN KEY IS USED EN DOOR IS FULLY CLOSED AU | 1:00 | | | P.Y | Mechanic Deputed | Nature SHEL | Lin No. | Nº L-11765 | elicitation 1/2016 |
| 91-44-26151614 | D ENSURE THA | Left: | | | | puted | Natur SHELAR PRAKASH ANANDA | FSM o | Date | opeoa R part |
| | 4 | 4:30 | | | | | ANANDA | Wo | SMD9983 | 0647016 |

| Head Office 1 No. 1, Frank Main Zouri, Anna Nugar Western Extension, Chemist. 400 101, Grount, LW Syst | Office Live Outly CAUT | Castomer Remarks II say : | SP3 FAN wirring dunc | Nature of Service Three Neglinord : FREE SERVICE CARRIED OUT FOR THE MONTH OF JANUARY - 2018 | STRVETOR M REGISTRAR- KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED UNISCHNATIKSTITUTE OF MEDICAL SCIENCES DEEMED UNIVERSITY, GIRLS HOSTEL EXTENSION BUILDING, MALKAPUR, TAL-KARAD, DIST-SATARA 415539 | Johnson Lifts Private Limited |
|--|--|---------------------------|----------------------|---|---|---|
| num - 400 101 strants LIE PERCH - 1-55308 | CAUTION : IF DOOR OPEN KEY IS USED ENSURE THAT DOOR IS FULLY CLOSED | 1 | | RY - 2018 | DEEMED Name SHELAR PRAKASH AMANDA | ADAPSAN PUNE Stad (10389 R.1.20 ADAPSAN PUNE SMD 3083 |

| Head Office : No. 1; East Main Road, Arma Nagar Western Extension, Chemnat - 600 101, Gramwar Life 75, Fax - 91-44-20151014 Webate : www.johnsoniffishd.com /Ph : 26152004, 26152005, 26152006, 26152006 | CAUTION : IF DOOR OPEN KEY IS USED ENSURE THAT DOOR IS FULLY CLOSED CONTACT & SIGNATURE | Office Use Only Time Reported : 3 | Customer Remarks if any : | The first warding of warding 120., 2.5 Ah brithery require | PLATINUM SERVICE CARRIED OUT FOR THE MONTH OF DECEMBER - 2018 | KRISHNA INS III UTE OF MEDICAL SCIENCES DEEMED TO BE UNIVERSITY MALKAPUR, TAL-KARAD, DIST-SATARA 415539 | Tome OR No For Lift SERV/08/QH/02 | 41007506 | 232A 4B E WARD, G103 GROUND FLOOR YASHASVI APARTMENTS | Johnson Johnson Lifts Private Limited Ppt. ABIO 1800 RE 18 0 18 | L. L |
|---|---|-----------------------------------|---------------------------|--|---|--|-----------------------------------|----------|---|---|--|
| IETS Fax: 91-44-20151014 52006 | LIV CLOSED LIV CLOSED Castoner's Signature | S'NU Left: | | Heard acel | | Mechanic Deputed | Name "SHELAR PRAKASH ANANDA | Lin No. | L-11765 | Pph. 41918120506 | Ladies Hostel No.1 |
| | THAT | 612 | | 1 Dec | | | AKASH ANANDA | PSM | SMD9983 | RE-DS DEC-2010 | N0-1 |

| Head Office: No. L. East Main Roud, Anna Nagar Western Extension, Chemnal - 600 101, Grama : LEFTS. Fax: 91-44-26151614 Website: www.johnsonliftslid.com: Ph. 26152003, 26152004, 28152005, 26152006 | CAUTION : IF DOOR OF DOOR IS F | Office Live Only Time Reported : | OARD working ok I 2 volt 2.5 Ph balter 1 no. acquire | PLATINUM SERVICE CARRIED OUT FOR THE MONTH OF OCTOBER - 2018 | KRISHMA INSTITUTE OF MEDICAL SCIENCES DEEMED TO BE UNIVERSITY MALKAPUR, TAL-KARAD, DIST- SATARA. 415539 | SERVICE OF LIT SERV/08/OR/02 | 9168269977 | TABARAI PARK KOLHAPUR MAHARASHTRA - 416003 Phone: | The Drivete I imited |
|---|---|----------------------------------|---|--|--|-------------------------------|------------|---|---|
| LIFTS Fax 91-44-26151614 | CAUTION : IF DOOR OPEN KEY IS USED ENSURE THAT DOOR IS FULLY CLOSED Custom V. Nignature | 1 '~~ Left: | | Xd | Mechanic Deputed | NATURE OSHELAR PRAKASH ANANDA | LIR No. | No. L-11765 | Proprintingia indesida IS I to other ania |
| | THAT | 52 | | | | TAKASH ANANDA | PSM | Dath SMD9983 | A REPORT |

| Mead Office: No. 1, East Main Roud, Aona Nagar Western Extension, Cheminal - 600 101. Granm, LIFPS, Fax., 91-44-20150404 Website. www.johnsonlinkit.com. Phy 26152003, 26152106, 26152005, 26152106 | DOOR IS FULLY CLOSED | CAUTION : JE DOOR OPEN KEY IS USED ENSURE THAT | | (2) 10/c 200 m floering not properly. Please do it properly | OARD Emergency lamp, show & indercom westing our | FREE SERVICE CARRIED OUT FOR THE MONTH OF NOVEMBER - 2017 | BUILDING, MALKAPUR, TAL-KARAD, DIST-SATARA 415539 | and the second se | SERVID/0000 | PLOT NO.422 HADAPSAR INDUSTRIAL ESTATE, HADAPSAR PUNE 411013 Phone: 020-41007506 | Innson A Johnson Lifts Private Limited |
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| 195 Fax J 01-44-26151814 | Y CLOSED Customer's Signature | OPEN KEY IS USED ENSURE | tett: | doed find | no Pri | 4 | Mechanic Deputed | NatureSHELAR PRAKASH ANANDA | Lit Na. | L-11765 | MHOSHT MOROSO, R 23-NOV-2017 |
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| office Like Only These Browned: 11/200 Latt: 12/20 |
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| Hand Office: No. 1, Kant Main Kond, Anna Napir Weatern Franzisian, Chumal - 600 Th1, Grants L2015 Webanit, www.jointornilfiniti.com Wr. 20152001, 20152005, 20152005, 1015200 | CAUTION : [F] | Cantomer Researchs & any i | ARD Emaggingy Light. Alarm & intercom working ok. | PLATINUM SERVICE CARRIED OUT FOR THE MONTH OF JULY | KRISHMA INSTITUTE OF MEDICAL SCIENCES DEEMED TO BE UNIVERSITY MALIKAPUR, TAL-KARAD, DIST- SATARA, 415539 | 9168289977 SERVIDS OR UN SERVIDS OR 02 | TARABAI PARK, KOLHAPUR MANARASHTRA - 416003 Phone: | InmenA Johnson Lifts Private Limited |
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| ant same tarts (and any set | CAUTION : IF DOOR OPEN NEY IS USED ENSURE THAT | | som woarking ok. | -2018 | New Annual Departs | | | Presentation Party |

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| Send Office: No. 1. East Main Road, Apris Nager Weitern Extension, Chemas 600.101. Crams 1.21 (21) Website: www.phimoodfhalut.com. 7th - 20152004, 26152004, 26152005, 20152009 | CAUTION : IF DOOR OP DOOR IS FU | Time Reported : | | ARD, Emergency lamp, stoon & intercome weating old | FREE SERVICE CARRIED OUT FOR THE MONTH OF APRIL - 2018 | REGISTRAR- KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED UNISHEN INSTITUTE OF MEDICAL SCIENCES DEEMED UNIVERSITY, GIRLS HOSTEL EXTENSION BUILDING, MALKAPUR, TAL-KARAD, DIST-SATARA 415539 | PLOT NO.422 HADAPSAR INDUSTRIAL ESTATE, HADAPSAR PUNE 411013 Phone: 020-41007575 SERV/08/OR/02 | Ison Johnson Lifts Private Limited Personal SERVICE REPORT |
| and the production of the | CAUTION : IF DOCR OPEN KEY IS USED ENSURE THAT | 1:30 101: 4100 | | ocating old | ~ | Starred Stevies SHELAR PRAKASH ANANDA Mechanik Uppates | L-11785 SM09983 | SERVICE REPORT |

| 2 million 12 | Johnson ifts Private Limited | L-11765 | Date 2-8 SMD9983 |
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| OR No F | 411013 Phone: 020-41007575 | Lift So. | FIFSM |
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| Website S www.johnsonfifhald.com | Head Office : No. 1, East Main Road, Anna Napar Western | | Office Lise Only | Customer Remarks if any : | OARD, Enviroland lamp, show & interior weating ok | Name of Service / Item Replaced : FREE SERVICE CARRIED OUT FOR THE MONTH OF FEBRUARY - 2018 | REGISTRAR- KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED URISENAUWSTITUTE OF MEDICAL SCIENCES DEEMED UNIVERSITY, GIRLS HOSTEL EXTENSION BUILDING, MALKAPUR, TAL-KARAD, DIST-SATARA 415539 | CR.No For Lift :SERV/08/QR/02 SERV/07/07/08/ | PLOT NO.42/2 HADAPSAR INDUSTRIAL ESTATE, HADAPSAR PUNE - 411013 Phone: 020-41007575 | Johnson A Johnson Lifts Private Limited |
|--|---|---------|--------------------------------|---------------------------|---|--|---|---|--|---|
| Website (www.johnsonlifhald.com Ph : 26152003, 26152084, 26152045, 26152046 | Fatension Chemist - 600 101 Communities for statistical statements of the statement of t | S | Time Reported : 101,050 Left : | | uter con weating ok | H OF FEBRUARY - 2018 | DEEMED | Lift No. | L ESTATE, HADAPSAR PUNE | Vate Limited Providence Rise Headedie |
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| SED SUSE | 10'2 Lan: 1'~ | kend ino required | N | Nature of Service SHELAR PRAKASH ANANDA Michanic Deputed | L-11765 SMD9983 | PPMHI3190105144 REPORT |

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|---|--|---|--|--|--|--------------------------------------|
| SISONO Card Stein | CAUTION : IF DOOR OPEN KEY IS USED ENSURE THAT DOOR IS FULLY CLOSED | paublem (12V.2.5 | Mechanic Departed | Nature of Service SHELAR PRAKASH ANANDA | L-11765 SMD9983 Lift No. File No. PSM | PPMH13190905027 REPOR |

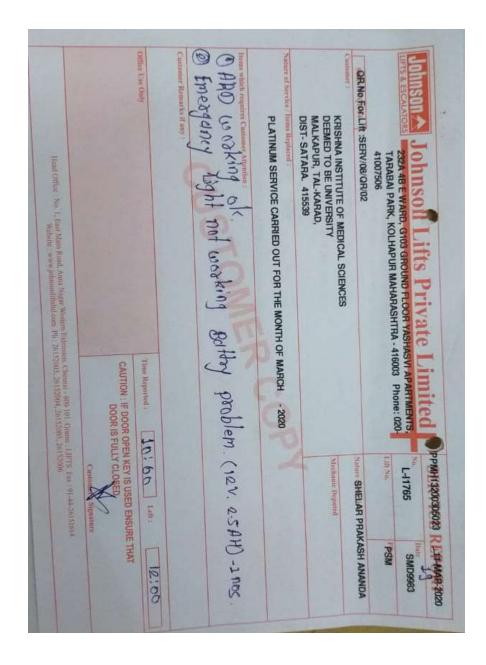
| | Office I | 00 | Nature | 0 | Int |
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| Head Office: No. 1, Bast Main Road, Anni Nagar Western Extension, Chemist. 400 101, Granis (12078) Websile: sweepidinsonliththi com 191226155001, 20122004, 26152005, 20152004 | Office Date Oally Time Reported : 2:01 CAUTION : IF DOOR OPEN KEY DOOR IS FULLY CU | O ARO & Alurm working ok. O Evelogaticy Light & Alur not working Battry problem. | KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED TO BE UNIVERSITY MALKAPUR, TAL-KARAD, DIST-SATARA. 415539 PLATINUM SERVICE CARRIED OUT FOR THE MONTH OF JULY - 2019 | 232A 4B E WARD, G103 GROUND FLOOR VASHASVI APARTMENTS. TARABAI PARK, KOLHAPUR MAHARASHTRA - 416003 Phone: 020- 41007506 OR No For Lift :SERV/08/OR/02 | Johnson Lifts Private Limited Perufasionade |
| ant some (| CAUTION : IF DOOR OPEN KEY IS USED ENSURED : 4:00 DOOR IS FULLY CLOSED | Battry problem. | Moduatic Depution | No. Date 2.6. L-11765 SMD9083 Lift No. File No. Nature of Standor PSM | Z |

| Head Office: No. 1, East Main Road, Anna Nagar, Weston: Education, Chemia 600 (01: Grams: LIFTS Fix: 9).44-240301614 Websile : www.johnsedithibid.com 7h ; 20152004, 26152005, 26152006 | | ution Live (108) | () ARD weather of an on working 12 vold, 2 5 At ballong regular | PLATINUM SERVICE CARRIED OUT FOR THE MONTH OF JUNE | KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED TO BE UNIVERSITY MALKAPUR, TAL-KARAD, DIST. SATAB, ASEED | 232A 4B E WARD, G103 GROUND FLOOR YASHASVI APARTMENTS, TARABAI PARK, KOLHAPUR MAHARASHTRA - 416003 Phone: 020- 41007506 OR No For Lift .SERV/08/OR/02 | Johnson Johnson Lifts Private Limited SERVICE REPORT |
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| as Main Road, Anna Nagar Western Estimation, Chemia 600 101; Granos 114/18 Website : www.johmontifituld.com 191 20122004, 20122004 20122005 2012200 | CAUTION : IF DOOR O DOOR IS F | Time Reported a | king 12 vold, 2. 5 | IONTH OF JUNE - 2019 | | OR VASHASVI APARTMENTS, SHTRA - 416003 Phone: 020- | ivate Limited |
| LIFTS Fax 01-44-26151614 6152006 | CAUTION : IF DOOR OPEN KEY IS USED ENSURE THAT DOOR IS FULLY CLOSED Curromer's Signature | S'2 Left: | Ar ballen | Nd | MUSHELAR PRAKASH ANANDA | | SERVICE |
| | THAT | 512 | reality | | ASH ANANDA | 7.6 SIMD9983 PSM | REPORT |

| REMINDER - I SERVICE CONTRACT EXPIRED ON 31/03/2019 CAUTION : IF DOOR OPEN K DOOR IS FULLYO New Office No. 1 East Main Kost, Nam Neger Watert Examining, Chemial : 600 (1), Chemia : 100 (1), Ch | Omengency lump not working Ofmengency lump not working | KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED TO BE UNIVERSITY MALKAPUR, TAL-KARAD, DIST-SATARA 415539 PLATINUM SERVICE CARRIED OUT FOR THE MONTH OF APRIL | 232A 4B E WARD, G103 GROUND FLOOR YASHASVI APARTMENTS TARABAI PARK, KOLHAPUR MAHARASHTRA - 416003 Phone: 020- 41007506 | Johnson Johnson Lifts Priv |
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| KPIRED ON 31/03/2019 The Reported : IO Let : IZ CAUTION : IF DOOR OPEN KEY IS USED ENSURE THAT DOOR IS FULLY CLOSED DOOR IS FULLY CLOSED Adden Road, Anna Nager Weaters Extension, Chemanal - 600 (Int, Grams, LIFTY, Let a) Adden Road, Anna Nager Weaters Extension, Chemanal - 600 (Int, Grams, LIFTY, Let a) | One of weaking out working 120018, 25 HA Laboury require Demensioner lump not working 120018, 25 HA Laboury require | - 2019 | ASHTRA - 416003 Phone: 020- Manual Value of Vervice PSM | Johnson Lifts Private Limited SERVICE REPORT |

| Head Office : No. 1, East Main Road, Anna Nagar Weitern Extension, Chenna - 600 101, Gramas (LETS, Fax: 91-06-20151614 Website : www.jotmionithild.com/ Ph. 26152005, 26152005, 26152005, 26152005 | Office Use Only . Time Reported : CAUTION : IF DOOR OP DOOR IS FU | Customer Remarks (Fany : | OARD working at @ Emergency lamp nod working izvolt estim | PLATINUM SERVICE CARRIED OUT FOR THE MONTH OF MARCH - 2019 | KRISHNA INSTITUTE OF MEDICAL SCIENCES LAI dreg Hostel DEEMED TO BE UNIVERSITY MALKAPUR, TAL-KARAD, | 232A 4B E WARD, G103 GROUND FLOOR YASHASVI APARTMENTS TARABAI PARK, KOLHAPUR MAHARASHTRA - 416003 Phone: 020- 41007506 | Johnson Johnson Lifts Private Limited |
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| 11215 Fax: 91.44-20151614 1122006 | Caution : IF DOOR OPEN KEY IS USED ENSURE THAT DOOR IS FULLY CLOSED Castomer's Stignature | | patterny revelution | 2 | Nature of Server SHELAR PRAKASH ANANDA Mechanic Deputed | Lin So. 11765 SMD9983 PSM | PPMH13190305005 |

| Teatment - Linguistic Processing Strength and Annu Nugar Wearey Extension, Commist - 400 S05, Wednitz - www.jakuwaithind.com - Physics - 46 - 251 S2004, 20052005, 20152008, 2015200 | The Report 3:00 Int. 5:00 CANTON | Cutanti Renti Retti | TARD wooking the hot working Battery pooblem | PLATINUM SERVICE CARRIED OUT FOR THE MONTH OF DECEMBER - 2020 | DEEMED TO BE UNIVERSITY DIST- SATAPA. 41559 | KRISHNA INSTITUTE OF MEDICAL SCIENCES | 4100/S00 | 2524 48 E WARD, G103 GROUND FLOOR VASHASVI APARTMENTS, TARABAI PARK, KOLHAPUR MAHARASHTRA - 415003 Phone: 020- | (BOLVINOE) | Son Johnson Lifts Private Limited SERVICE REPORT |
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| carroline, Chenniki - 140 501. hol Shinki, 364 Shinki, 364 Shinki | CAUTION : IF DOOR OPEK NEY IS USED ENSURE THAT DOOR IS FULLY CLOSED, Curved and a second | | poublem. | MBER - 2020 | OPY | TANALASI SHELAR PRAKASH ANANGA | Nature of Service | Phone: 020- UNIVEL-11785 MC0083 | DEC 230 50 SOSOS I DEC 3102 | ited SERVICE REPOR |



| Hand Office: No. 1, End Main Road, Anna Nagar Weatern Extension, Clemus - 640 101, Grauss 1 LIFTS, Fax: -91-44 20171614 Wolkship: www.johusudEndidium.inh: 36152003, 20152005, 20152005, 20152006 | CAUTION : IF DOOR OPEN MEY IS USED ENSURE THAT DOOR IS FULLY CLOSED Continue of Supervision | Office Cashy Three Reported i 31.0 | @ Emergancy Light not working Suttry propriem. (12V 25AH) - 2 now | O ADD working ok. TONER | PLATINUM SERVICE CARRIED OUT FOR THE MONTH OF OCTOBER - 2020 | IR, TAL-KARAD, ARA, 415539 | KRISHNA INSTITUTE OF MEDICAL SCIENCES | 02 | TARABAU PARK, KOLHAPUR MAHARASHTRA - 416003 Phone: 020 | Johnson Lifts Private Limited Proversion Network RE-Proversion |
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| Fax-91-44 36111614 | LOSED | 3100 um | 2V 2.5AH | | | Machanie Deputed | Nature "SHELAR PRAKASH ANANDA | Lift No. | L-11765 | people to the Herd |
| | THAT | 5:00 |)-21 | | | | UNKASH ANU | WSd., | SMD998 | REPRO |

| Head Office : No. 1, East Mith Road, Anna Nagar Weitern Extension, Chennal - 600 101. Crame: LIFTS Fax: 91-44-26151614 Website : www.johnseniffishd.com Ph : 26152004, 26152004, 26152005, 26152006 | | Office Use Only | Customer Remarks if any : | OARD working alt. Onerganity Light not working | Nature of Service / Team Replaced : PLATINUM SERVICE CARRIED OUT FOR THE MONTH OF SEPTEMBER - 2020 | KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED TO BE UNIVERSITY MALKAPUR, TAL-KARAD, DIST- SATARA. 415539 | No For Lift :SEF | 232A 4B E WARD, G103 GROUND FLOOR YASHASVI APARTMENTS TARABAI PARK, KOLHAPUR MAHARASHTRA - 416003 Phone: 020 | Johnson Johnson Lifts Private Limited Promited Street Base |
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| Chemnal - 600 101. Grams: LIFTS Fax: 91-44-261516 007, 26152004, 26152005, 26152006 | CAUTION : IF DOOR OPEN KEY IS USED ENSURE THAT DOOR IS FULLY CLOSED CLOSED CLOSED | Time Reported : 9230 Left : | | Batty problem. (12 V. 2.5HH) | SEPTEMBER - 2020 | Mechanic Deputed | | ASVI APARTMENTS 116003 Phone: 020 L-11765 | Limited Promitizedoble |
| 4.4. | JRE THAT | 4:30 | | 2 V. 2-5HH) | | SHELAR PRAKASH ANANDA Mechanic Deputed | PSM | CB66GWS | ASSRE BASE Too |

| Head Office: No. 1, East Mann Road, Anna Nagar Western Eatonsion, Chemnal - 600 101, Granis (LUPTS Yas) Websiti: www.johumodifishuk.com Ph. 20152001, 20152004, 26152005, 26152006 | CAUTION : IF DOOR OPEN KEY IS USED ENSURE THAT DOOR IS FULLY CLOSED Cummunic and the | Office Lise Only Time Reported 1 4 | Customer Remarks II any : | OARD Working OK ONE | PLATINUM SERVICE CARRIED OUT FOR THE MONTH OF JANUARY - 2020 | MALKAPUR, TAL-KARAD, DIST- SATARA 415539 | Customer: KRISHINA INSTITUTE OF MEDICAL SCIENCES | QR.No For Lift :SERV/08/QR/02 | TARABAI PARK, KOLHAPUR MAHARASHTRA - 416003 Phone: 020- 41007506 | Johnson A Johnson Lifts Private Limited |
|---|--|------------------------------------|---------------------------|---------------------|--|---|--|-------------------------------|---|---|
| S Fas (of street is to be | CLOSED CLOSED | 4'on we | | | 4 | Mechanic Deputed | Nature OSHELAR PRAKASH ANANDA | Lift No. | No. L-11765 | PPMH18200105058RE 25-0AN-2020 |
| | E THAT | 650 | | | | | RAKASH ANANI | PSM | SWD9983 | RE BARNE |

Ward No 10 to 11 KONE Elevator

Start from 2017

| E Nº 347 | 57.6 | | Dedicated to Peop | He Flow | EIG |
|--|-----------------------------|----------------------|---------------------------------------|--------------------------------|-----------------|
| KONE EL | 216 | | | | |
| KONE Elevator Ir | ndia Private | Ltd | Maintenance | | Transa I |
| LC | THE ARE A PROVIDE A DECIMAL | and shall be able to | Se | rvice Order Number | 656053607 |
| Product Type | Elevator | Planner Group | DOD CHI W | ork Center | 42362796 |
| Type of Visit Date/Time of Call Out | PM Gall Or | t Repair | I Audit E | quipment ID | 5 15050504 |
| Start Count Reading / Hour | | | | -Closed Note | |
| | | | CAL CONTRACTOR OF THE | | Restored Time |
| A contract of the second secon | Travel Time | Arrival Date | Arrival Time | Restored Date | 101400 |
| Status en Arrival | tomin 2 | 51912017 | Rectification Result | - Mit Line Line | |
| Running Correctly | Running With Pro | blem | Contractionent Running | 9 | |
| Not Running-On level | Not Running Out | | Equipment Runnin Equipment not Run | g, not yet fixed | |
| ~ | Entrapment | | | cation Area | Completed |
| S Maintenance Module | | Completed | Elevator | Escalator Drive Station | TIT |
| Basic Inspection Basic Module | | | Guide Rails Doors and Entrances | Track System | -P |
| Shaft Module | | | M/C Room Equipments | Truss Safety Signs/Cladding | 1 = |
| Landing Door Module | | | Shaft Equipments | Skirting | |
| Door Operator Module Control Panel Module | | | Car Sling | Handrail System | + = |
| Machine Module | and the Co | | Counter Weight Rope Assemblies | Step Band Floor Plate | |
| Signalization Module | | | Central System | Comb Carrier | 18 |
| MX Module Drive Module (Escalator) | | | Drive System | Electrical System Deckings | |
| Brake Module (Escalator) | | | Signalization Peripheral Devices | Baloettades | |
| Handrail Module (Escalator) Comb Plate Module (Escalator) | | | | ower Supply | 17 |
| Guide Module (Escalator) | | | | Others | - de |
| Step Module (Escalator) | | | - Villes | | Non-Kone Reason |
| Technician's Remarks | | | | - 1000 | |
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| | | second . | Technician Signal | hure fille | P |
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| rechnician Name/Employee No. | Aumash 4 | hun a ria | Customer Signatu | | |
| Fechnician Name/Employee No. : Sustomer Name | Aumash A mr. Cham | FOR SIT | Customer Signatu Route Supervisor | | |
| Technician Name/Employee No. Customer Name Route Supervisor Name CREDML NOTE Cristomer Care Center Tore Cristomer Care Center | mr. Cham | Jochen | Route Supervisor | | |

| Building Mana | ndia Private | Ltd | Maintenar | ice Report | |
|--|-----------------------------|----------------------|--|-------------------------------|--|
| Building Name | ISTA Intiti | ite medica | J collage | City / Town | kanad |
| Plant Section | isna Intite | e sia | e | Service Order Number | 656048160 |
| Product Type | 41112 | Planner Group | DMGII | Work Center Equipment Number | 18201061 |
| | PM Call (| Escalator Dut Repair | Autowalk | Equipment ID | 5 50803 |
| Start Count Reading / Hour | | | Job Status | Closed Not C | losed |
| Meter Reading | | | | | |
| Technician Name | Travel Time | | Arrival Time | Restored Date | Restored Time |
| Avmash | | Arrival Date | 3:00 | 21/0/2017 | 4:15 |
| itatus on Arrival | | 1412014 | | | |
| Running Correctly | Dupping With D | able as | Rectification Result | ning | |
| Not Running-On level | Running With Pr | | Equipment Run | ning, not yet fixed | |
| Not Running-Escalator | Entrapment | | Equipment not | Running, not yet fixed | |
| Walter | | 1 | Red | ctification Area | Completed |
| Maintenance Module | | Completed | Elevator | Escalator | |
| Lusic Inspection | 4 | | Guide Rails | Drive Station Track System | |
| Basic Module | 1 22 | | Doors and Entrances M/C Room Equipmen | March Andreas Construction | |
| Shaft Module Landing Door Module | | | Shaft Equipments | Safety Signs/Cladding | |
| Door Operator Module | | | Car | Skirting | |
| Control Panel Module | | | Car Sling | Handrail System | 1-1-1 |
| Machine Module | | | Counter Weight | Step Band Floor Plate | |
| Signalization Module | | | Rope Assemblies | Comb Carrier | |
| MX Module | and the second second | | Control System | Electrical System | |
| Drive Module (Escalator) | 4 | | Signalization | Deckings | |
| Brake Module (Escalator) | | | Peripheral Devices | Balustrades | |
| Handrail Module (Escalator) | | | T | Power Supply | |
| Comb Plate Module (Escalator) | N. | | | Others | |
| Guide Module (Escalator) Step Module (Escalator) | The second second | | | - | |
| oreh monere fennennet | | | | F - 2 | Non-Kone Reason |
| fechnician's Remarks | | | contaire | done | Y N |
| * pre | ventive M | aintance | SETUICE | ama light | Y |
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| Additional Works/Parts Replace | | | | tride of at | and the second |
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| Customer Comments | Aumas | 401029,41 | Technician Sign | nature | <u>.</u> |
| Customer Comments | | | Customer Sign | nature ature | |
| Additional Works/Parts Replace Customer Comments Fechnician Name/Employee No Customer Name Route Supervisor Name | Aumash mr.Bham mr.T.D | | Construction and Construction of the | nature ature | |

| KONE Elevator India Priva | te I td | Maintenan | ice Report | |
|--|---|--|--|-----------------------------|
| | | chical. | City / Town | Karrad. |
| Customer Contact Number | | 41 | Service Order Number Work Center | 282 DMG11 |
| roduct Type | Planner Group | Autowalk | Equipment Number | 42362796 |
| ype of Visit | all Out Repair | Audit | Equipment ID | Not Closed |
| Date/Time of Call Out | | Job Status | | |
| Meter Reading | 38000 | | | |
| Technician Name Travel Time | Arrival Date | Arrival Time | Restored Date | Restored Time |
| Avinacht maharil - | 261812017 | 12:20 | 261812017 | 1 2110 |
| itatus on Arrival | and that state | Rectification Result | | and the second second |
| Running Correctly Running Wil | h Problem | Equipment Rur | Duing | |
| | g-Out of Level | Contract Dur | nning, not yet fixed Running, not yet fixed | |
| Not Running-Escalator Entrapment | | | | Completed |
| Mar March | Completed | 1 have been a second se | ectification Area Escalat | |
| Maintenance Module | Completed | Elevator | Drive Station | |
| c Inspection | | Guide Rails Doors and Entrances | - L Dunlom | |
| Basic Module | | M/C Room Equipme | Truss | |
| Shaft Module | | Shaft Equipments | Safety Signs/Clau | |
| Landing Door Module Door Operator Module | | Car | Skirting Handrail System | |
| Control Panel Module | | Car Sling | Step Band | |
| Machine Module | | Counter Weight Rope Assemblies | Floor Plate | |
| Signalization Module | | Control System | Comb Carrier | |
| MX Module | | Drive System | Electrical System | |
| Drive Module (Escalator) | | Signalization | Deckings Balustrades | |
| Brake Module (Escalator) | | Peripheral Devices | | |
| Handrail Module (Escalator) | | | Power Supply Others | |
| Comb Plate Module (Escalator) Guide Module (Escalator) | | | Olifers | AN REAL PROPERTY. |
| Step Module (Escalator) | | | the second | Non-Kone Reason |
| Step Moune (Essence / | | | | Non-Kone |
| Technician's Remarks | p mainta | mme | somice dom | 4-H- |
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| the fam plan | con Jame | | | 1 HYD |
| C ALOBELL | to woodt | ng on. | | + Hit I |
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| | and the second | , | - TE TIOL | |
| Additional Works/Parts Replaced | 1 - Catio | poill | Nall LTR | CTC |
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| | ange to | he grou | ond Filles | DC 220 - |
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| A ct A 2 A 2 A Customer Comments | nd floor | p Butt | ons AD | 1 300° - |
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| A Franciscian Name/Employee No. : Autons | é placed | Barbarbarbarbarbarbarbarbarbarbarbarbarba | Signature | s 300 |
| A Francisco Augusta 7 A H - 72 Volt: P- Technician Name/Employee No.: August Sustamer Name | é placed | Barbarbarbarbarbarbarbarbarbarbarbarbarba | stignature | s 300 Lundy |
| A Franciscian Name/Employee No. : Autons | Epicice of Epicice of Epicice of Epicice of Epicipice of Epicipice of Epicipice of Epicipice of Epicipice of Epicice of Epice of Ep | Battar Battar 1 Technician S Customer S Route Supe | Signature | S 300 Autority KESV/F |

| Figurator India Di | | Dedicated to Peo | 1 | |
|--|---|---|-----------------------------------|--|
| KONE Elevator India Private | e Ltd | Maintenand | | Karach. |
| Customer Contact Number Plant Section | spitcy | | City / Town | SENCE 9197 |
| Product Type | Planner Group | DMGII | Nork Center | 282 DING!" 41361675 |
| Type of Visit | Escalator Cont Cont Cont Cont Cont Cont Cont Cont | | Equipment Number Equipment ID | 0803 |
| Start Count Read | | | Closed Not C | losed |
| Meter Reading | | | | |
| Technician Name Travel Time | Arrival Date | Arrival Time | Restored Date | Restored Time |
| Pres Carl | 01612017 | 10130 | 30/6/2017 | 11:50 |
| Status on Arrival | | Rectification Result | and the second second second | |
| Running Correctly Running With F | roblem | 1 Equipment Runnin | ng | |
| Not Running-On level Not Running-On level Not Running-On level Entrapment | ut of Level | E Equipment Bunni | na. not yet fixed | |
| Entrapment | | | inning, not yet fixed | |
| Maintenance Module | Completed | 100000000000000000000000000000000000000 | fication Area Escalator | Completed |
| rsic Inspection | M | Elevator Guide Rails | Drive Station | |
| Casic Module | | Doors and Entrances | Track System | +=- |
| Shaft Module | | M/C Room Equipments | Truss Safety Signs/Cladding | |
| Landing Door Module | | Shaft Equipments | Safety Signs/Clauding Skirting | |
| Door Operator Module Control Panel Module | | Car Car Sing | Handrail System | |
| Machine Module | | Counter Weight | Step Band | |
| Signalization Module | | Rope Assemblies | Floor Plate Comb Carrier | |
| MX Module | | Control System | Electrical System | |
| Drive Module (Escalator) | | Drive System Signalization | Deckings | |
| Brake Module (Escalator) | | Peripheral Devices | Balustrades | |
| Handrail Module (Escalator) Comb Plate Module (Escalator) | | | Power Supply | |
| Guide Module (Escalator) | | | Others | |
| Step Module (Escalator) | | | | State of the state |
| | | | | Non-Kone Reason |
| echnician's Remarks | 1 | | | |
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| udditional Works/Parts Replaced to the second secon | | | 1111 40.00 | unde . |
| Additional Works/Parts Replaced to Low | 4010294 | Technician Signal | ture Mar | |
| Additional Works/Parts Replaced & LOU | | | ture MM | |

| 111 | 80585 | | Dedicated to People | e Flow | NE |
|---|--|---|---|--------------------------------|----------------|
| KONE Elevato | or India Privat | e Ltd | Maintenance | Report | |
| Building Name Customer Contact Number | Krisna Int | itute of me | dical. City | /Town | 47446186 |
| Fight Section | INIZ I | Planner Group | | the Constant | 282DMG1) |
| Product Type Type of Visit | Elevator |] Escalator | Autowalk Equ | ipment Number | 42361675 |
| Date/Time of Call Out | PM Ca | Il Out Repai | | TClosed Not C | llosed |
| Start Count Reading / Hour Meter Reading | | | | | |
| Technician Name Avmash | Travel Time | Arrival Date | Arrival Time | Restored Date | Restored Time |
| Status on Arrival | | | | | |
| Running Correctly | Running With | Problem | Rectification Result | | |
| Not Running-On level | Not Running-I | and the second se | E Equipment Running. | not yet fixed | |
| Not Running-Escalato | r Entrapment | | Equipment not Runn | | - |
| Maintenance Modu | lle | Completed | | ation Area Escalator | Completed |
| sichic Inspection | | | Elevator Guide Rails \ | Drive Station | |
| Basic Module | | | Doors and Entrances | Track System | |
| Shaft Module | | | M/C Room Equipments | Truss Safety Signs/Cladding | |
| Landing Door Module | | | Shaft Equipments | Skirting | |
| Door Operator Module | | | Car Car Sling | Handrail System | |
| Control Panel Module Machine Module | | | Counter Weight | Step Band | |
| Signalization Module | | | Rope Assemblies | Floor Plate | |
| MX Module | | | Control System | Elèctrical System | |
| Drive Module (Escalator) | 1 | | Drive System Signalization | Deckings | |
| Brake Module (Escalator) | | | Peripheral Devices | Balustrades | |
| Handrail Module (Escalator Comb Plate Module (Escala | | | Po | wer Supply | |
| Guide Module (Escalator) | 1 | | | Others | |
| | | | | | 1 |
| Step Module (Escalator) | | | | | Non-Kone Reaso |
| | | | | | |
| Step Module (Escalator) | Flevreter | om WI | Th Y.LM | odule | |
| | Elevator | pm wi | Th Y.L.M. | ust coole | |
| | Eleventor Wat to M | pm wi I c Brake | th Y.L.M. Setting m | ust come | |
| | Elevator | pm wi Ic Brake | Th Y.L.M. Schling m | paetion | |
| | Elevator Wat to M check all | le Brake | ng door of | pacture | |
| | Eleventos Wat to M check all | le Brake | Th Y.L.M. Setting m ng door of Sme | pacture | |
| echnician's Remarks | wat to M | le Brake Landi's Ole d | ng door of | pacture | |
| | wat to M | le Brake | ng door of | pactual | |
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| B NO 067061 | | Dedicated to Pe | ople Flow | JNE |
|--|----------------------------|--|-------------------------------------|-------------------------|
| KONE Elevator India Priv | ate Ltd | Maintenand | ce Report | |
| Customer Contact Number | nstitute m | dical. | City / Town | Karrad. |
| Product Type JNL 12 | Planner Group | | Service Order Number Work Center | 654705351 |
| Type of Visit Elevator Date/Time of Call Out | Escalator |] Autowalk | Equipment Number | 282 DECG 11 42362796 |
| Start Count President | Call Out Repair | A CONTRACTOR OF A CONTRACTOR O | Equipment ID | ot Closed |
| | | | In the second second second | in the second |
| Technician Name Travel Time | Arrival Date | Arrival Time | Restored Date | Restored Time |
| Auspasht makes | 26 8 2017 | 12:20 | 26/8/2017 | 2:10. |
| Status on Arrival | - Instagn | Rectification Result | at long and adding | Constant of the second |
| Not Running-On level | Vith Problem | Equipment Runnin | | |
| Not Running-Escalator | ng-Out of Level nt | Equipment Runnin | ng, not yet fixed | |
| Maintenance Module | Completed | Recti | lication Area | Completed |
| Basic Inspection | | Elevator | Escalator Drive Station | |
| Basic Module | | Guide Rails Doors and Entrances | Track System | |
| Shaft Module | | M/C Room Equipments | Truss | |
| Landing Door Module | | Shaft Equipments | Safety Signs/Claddin Skirting | |
| Door Operator Module Control Panel Module | | Car Car Sling | Handrail System | |
| Machine Module | | Counter Weight | Step Band | |
| Signalization Module | | Rope Assemblies | Floor Plate | |
| MX Module | | Control System Drive System | Comb Carrier Electrical System | |
| Drive Module (Escalator) | | Signalization | Deckings | |
| Brake Module (Escalator) Handrail Module (Escalator) | | Peripheral Devices | Balustrades | |
| Comb Plate Module (Escalator) | | P | ower Supply | |
| Guide Module (Escalator) | | Charles and | Others | |
| Step Module (Escalator) | | | and the second | |
| chnician's Remarks | | | | Non-Kone Reason |
| Apreventiv | e mainta | nomce se | mice done | TYDN |
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| A LOB SELT | G-Wooter | gob | | Y N |
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| A LITT IEVE | y Marse | 20000000000000 | NOT THE THE WE WAS | |
| iditional Works/Parts Replaced | Salar and the state of the | | 1P TO | AFTER OFFICE |
| A Lu | barcation | 2 oil ha | 1 GAR OG | Contraction of the |
| and the second | ango th | - Group | 1 floos D | Isplay = of |
| | 1 floor | | HONS KD | 5300 = 01 |
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| stomer Comments | A PARTY OF | 1 In A man 1 | 2 TO A ROIN | CODE DE L |
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| a change | | Battay | , Bertt | antalla |
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| 7 ALL 72 VOLL RE | placed- | Technician Signatu | re Malla | TA |
| 7 A 11 72 Velti P C chnician Name/Employee No. : Avmash stomer Name | - 40102941 | Technician Signatu Customer Signatur Route Supervisor | e 🔧 | ED TION |

| RUNE Elevate | or India Private | Ltd | Maintenance F | | |
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| Customer Contract N | 10 FT AN ALT NIL | Interior in mit | City/1 | Town | antaol. 43assaga |
| | TODEL THE L | Planner Group | Servic | Center | OF THE |
| Product Type Type of Visit | | Escalator | Autowalk Equip | | 20616752 5050803 |
| Date/Time of Call Out | PM Call O | ut 🔄 Repair | Audit Equip | Closed Not Closed | sed |
| Start Count Reading / Hour | | | | | |
| Meter Reading | | | | | |
| Technician Name | Travel Time | Arrival Date | Arrival Time | RESIDICO Data | Restored Time |
| AUTOASIL | | BINI LOBTY | 2130 Dm 3 | 27/1 2017 3 | 1.30 007 |
| Status on Arrival | | | Rectification Result | | |
| Running Correctly | Running With Pr | oblem | Equipment Running | | the second second |
| Not Running-On level | Not Running-Out | | Equipment Running, r | not yet fixed | |
| Not Running-Escalato | or Entrapment | A VALUE A | | | |
| Maintenanti | | Completed | Rectificat | tion Area Escalator | Completed |
| Maintenance Mod | ule | | Elevator | Drive Station | |
| ba Inspection | | 1900- | Guide Rails Doors and Entrances | Track System | XH |
| Basic Module Shaft Module | | | M/C Room Equipments | Truss | 1-1-1 |
| Landing Door Module | | | Shaft Equipments | Safety Signs/Cladding | +=1 |
| Door Operator Module | | | Car | Skirting | |
| Control Panel Module | | | Car Sling | Handrail System Stép Band | |
| Machine Module | | | Counter Weight | Step Bano | |
| Signalization Module | | | Rope Assemblies | Comb Carrier | |
| MX Module | | | Control System Drive System | Electrical System | |
| Drive Module (Escalator) | | | Signalization | Deckings | |
| Brake Module (Escalator) | In T di | | Signaization | D histordor | |
| | | | Peripheral Devices | Balustrades | |
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| Comb Plate Module (Esca | alator) | | Pov | 1 Contraction of the second | |
| Comb Plate Module (Esca Guide Module (Escalator) Step Module (Escalator) | slator) | | Pov | ver Supply | Non-Kone Reason |
| Comb Plate Module (Esca Guide Module (Escalator) Step Module (Escalator) Technician's Remarks | ustor) | | porte pli- ing light condition | ver Supply Others | |
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| Comb Plate Module (Esca Guide Module (Escalator) Step Module (Escalator) Technician's Remarks | ustor) | Inopito d Etherige | porte pli- ing light condition | pit sunda | Y N Y N Y N Y N Y N Y N Y N Y N Y N Y N |
| Comb Plate Module (Esca Guide Module (Escalator) Step Module (Escalator) Technician's Remarks | ustor) | Inopito d Etherige | Por ande y L hoge highet condi-hios soo mi ingl and of | pit swidc | |
| Comb Plate Module (Esca Guide Module (Escalator) Step Module (Escalator) Technician's Remarks | slator) Ist visith Sid and m working is splaced A Rail & A Right A Rail & A Ra | Inopito d Etherige | Por Por Por Por Por Por Por Por | pit suntc | Y N Y N Y N Y N Y N Y N Y N Y N Y N Y N |
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| KONE Elevator In Building Name | dia Priv | ate Ltd | Maintenar | nce Report | |
| Plant Section | usna h | ospital | | City / Town | Karreich |
| Product Tune | Elevator | Planner Group | DIMGI | Service Order Number Work Center | 65160 9197 282 Dong! |
| Date/Time of Call Out | | Call Out Repai | Autowalk | Equipment Number Equipment ID | 42361675 |
| Meter Reading | | | Job Status | | Not Closed |
| 17112301 | ravel Time | Arrival Date | Arrival Time | Restored Date | Restored Time |
| Status on Arrival | Social in | 3062017 | 10130 | 3016 2017 | 11:50 |
| Running Correctly Not Running-On level Not Running-Escalator | | ith Problem 19-Out of Level 1 | | ining ining, not yet fixed Running, not yet fixed | |
| Maintenance Module | | Completed | Rec | ctification Area Escalator | Completer |
| Basic Inspection | The Tori of | P | Guide Rails | Drive Station | |
| Basic Module / | | | Doors and Entrances | Track System | |
| Landing Door Module | | | M/C Room Equipment Shaft Equipments | ts Truss Safety Signs/Claddi | ng |
| Door Operator Module | | | Car | Skirting | |
| Control Panel Module | | | Car Sling | Handrail System | |
| Machine Module | and the second | | Counter Weight | Step Band | |
| Signalization Module | Low and all | | Rope Assemblies | Floor Plate | |
| MX Module | | | Control System | Comb Carrier Electrical System | |
| Drive Module (Escalator) | | | Drive System Signalization | Deckings | |
| Brake Module (Escalator) | | | Peripheral Devices | Balustrades | |
| Handrail Module (Escalator) Comb Plate Module (Escalator) | The second second | | | Power Supply | |
| Guide Module (Escalator) | | | | Others | |
| Step Module (Escalator) | 1 | | | | and the second second |
| To the tale at Barnarka | | and the second | and the part of the | | Non-Kone Reas |
| Technician's Remarks | 2 105 | it done. | | | |
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| te fa | m Al | lorm to | ter com | Elight | Y |
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| Additional Works/Parts Replaced | An 11 | ah a | top ml | and down in growth and | Same and the second |
| Additional Works/Parts Replaced | 18-60 | | and the second second | Martin Contraction | and the second second |
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| echnician Name/Employee No. : | m. h. | V. KMDash | | | 2 |
| echnician Name/Employee No. : Customer Name Route Supervisor Name | m·p· | Dradhan | Route Superviso | | |

| ONE Elevator India Private | 1 td | | | |
|---|-----------------------------|---|--|-----------------|
| KTISTO Int | LIU | Maintenance | | and a start |
| | tute of me | | ry / Town rivice Order Number | CASE CLOU |
| aduct T | Planner Group 2 | 82DMG 11 W | ork Center | 28=DMAI |
| pe of Visit | Escalator | and and and an and a second second | quipment Number | 42361675 NID |
| ate/Time of Call Out | Out Repair | | | Closed |
| art Count Reading / Hour Leter Reading | | | In the strengt one | |
| Technician Name Travel Time | Arrival Date | Arrival Time | Restored Date | Restored Time |
| atus on Arrival | International International | Rectification Result | | |
| Running Correctly Running With I | Problem | Equipment Running |) | |
| Not Running-On level Not Running-C | out of Level | Equipment Runnin | g, not yet fixed | |
| Not Running-Escalator Entrapment | 1 | | | Completed |
| Maintenance Module | Completed | Elevator | cation Area Escalator | Completed |
| asic Inspection | E | Guide Rails | Drive Station | |
| asic Module | | Doors and Entrances | Track System Truss | |
| haft Module | | M/C Room Equipments Shaft Equipments | Safety Signs/Cladding | |
| anding Door Module | | Car | Skirting | |
| oor Operator Module | | Car Sling | Handrail System | |
| Iachine Module | | Counter Weight | Step Band Floor Plate | |
| ignalization Module | | Rope Assemblies Control System | Comb Carrier | |
| IX Module | | Drive System | Elèctrical System | |
| Inve Module (Escalator) | | Signalization | Deckings | |
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| tep Module (Escalator) | | The state of the state of the state | THE THE CREATE | Non-Kone Reason |
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| | and the second second | | Care 100A | Mult |
| 1Auroad | A0102941 | Technician Signat | ure Mulle | -0 |
| echnician Name/Employee No //////0014 | Carried Harris | Customer Signati | ILE THE | |
| Customer Name | Triday | Route Supervisor | Signature | |

| KONE Elevator India | Private I td | Maintena | nce Report | |
|--|-------------------------|-----------------------------------|--|-----------------|
| Sullding Name | anda Institute | | City / Town | Karad |
| Justomer Contact Number | | | Service Order Number Work Center | 282 DMG 11 |
| Product Type | Planner Group | 2 8 2 Dan G-11 Autowalk | Equipment Number | 42362796 |
| Type of Visit PM Date/Time of Call Out | Call Out Re | pair Audit | Equipment ID | Not Closed |
| Start Count Reading / Hour | | Job Status | | |
| Meter Reading | | | | Restored Time |
| Technician Name Travel T | Ime Arrival Date | Arrival Time | Restored Date | Heatoren Time |
| Auparh - | 16/3/2017 | 3:50 | 16/ 2/22/1 | |
| itatus on Arrival | | Rectification Resul | 1 | |
| | unning With Problem | Equipment Ru | nning, not vet fixed | |
| | ot Running-Out of Level | Equipment no | Running, not yet fixed | |
| | | R | ectification Area | Completed |
| Maintenance Module | Completed | Elevator | Escalato Drive Station | 1 |
| Basic Inspection | | Guide Rails Doors and Entrance | | |
| Basic Module | | M/C Room Equipme | nts Truss | |
| Shaft Module Landing Door Module | | Shaft Equipments | Safety Signs/Cladd | |
| Door Operator Module | | Car | Skirting Handrail System | |
| Control Panel Module | | Car Sling Counter Weight | Step Band | |
| Machine Module | | Rope Assemblies | Floor Plate | |
| Signalization Module MX Wodule | | Control System | Comb Carrier Electrical System | |
| Drive Module (Escalator) | | Drive System Signalization | Deckings | |
| Brake Module (Escalator) | | Peripheral Devices | the second s | |
| Handrail Module (Escalator) Comb Plate Module (Escalator) | | | Power Supply | |
| Guide Module (Escalator) | | | Others | |
| Step Module (Escalator) | | | | |
| a state Barnagha | | | | Non-Kone Reason |
| Technician's Remarks | ventrye mes | ntamasoce | SERVICE. | |
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| a tout | | | | |
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| Technician Name/Employee No. 1 | mall 401029 | 1241 Technician Sig | | aller |
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| KONE Elevator India Pr | rivate I td | Maintenance | Report | |
| Building Name | | | | |
| Plant Section | ALTRIBUNDOT STU | ENCE DEEMC City | | CONTRACT. |
| Product Type | A STREET, A STRE | | | NOF IN 1 |
| Type of Viela | Escalator | Autowalk Equ | ipment Number | 623616754 |
| Date/Time of Call O | Call Out Repair | | | 5050803 |
| Start Count Deadles 111 | | Job Status | Closed Not Cl | osed |
| Meter Reading | | | | |
| Technician Name Travel Time | | | Restored Date | Restored Time |
| AMITARI | | Arrival Time | rtoniored entre | 150 000 |
| 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | 27/11/2015/7 | 1231020 PM | 1112011/ 1 C | |
| Status on Arrival | | Rectification Result | | |
| Not D | ing With Problem | Equipment Running | and such fixed | |
| NotD | lunning-Out of Level | Equipment Running, Equipment not Running | | |
| Entraj | pment | Equipment not Runni | ng, not yet nxeo | - |
| Maintenance Module | Completed | Rectifica | and the second se | Completed |
| basic Inspection | | Elevator | Escalator Drive Station | |
| Basic Inspection Basic Module | Libert | Guide Rails Doors and Entrances | Track System | 100 |
| Shaft Module | | M/C Room Equipments | Truss | |
| Landing Door Module | | Shaft Equipments | Safety Signs/Cladding | |
| Door Operator Module | | Car | Skirting | |
| Control Panel Module | | Car Sling | Handrail System | |
| Machine Module | | Counter Weight | Step Band | |
| Signalization Module | | Rope Assemblies | Floor Plate | |
| MX Module | | Control System | Comb Carrier | |
| I DEVICES I DEVICES MELCOLI | | Drive System | Electrical System | |
| Drive Module (Escalator) | | TOTOTO PLANTIC | | |
| | TAY 1.000 | Signalization | Deckings | |
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| Elevator Indi | a Privato | Ltd | Maintenance | Report | |
|--|---|--|--|--|----------------|
| KONE Elevator Indi | no Inchi | tule of mee | Licral. City/ | Town | erra.cl. |
| Plant Section | | | Servi | ce Order Number | 2 2019-11 |
| Product Type | 12 | | | Center 72 | 361675 |
| Type of Visit | | Escalator Dut Repair | Audit Equi | pment ID | 0803 |
| Date/Time of Call Out Start Count Reading / Hour | | | Job Status | Closed Not Cide | |
| Meter Reading | | | | | |
| Technician Name Trav AVITOSC | vel Time | Arrival Date | Arrival Time | Restored Date R 2.G17/2.017 / | testored Time |
| | 20 | 51712017 | CITOR DUT T | | |
| Status on Arrival Bunning Correctly | | - 24 | Rectification Result | | |
| Not Running-On level | Running With Pr | | Equipment Running Equipment Running, | not yet fixed | |
| Not Running-Escalator | Not Running-Ou Entrapment | t of Level | Equipment not Runni | ng, not yet fixed | |
| | 1 Entrapment | | | tion Area | Completed |
| Maintenance Module | | Completed | Elevator | Escalator | 10 |
| Basic Inspection | | | Guide Rails | Drive Station | |
| Basic Module | | | Doors and Entrances | Track System Truss | |
| Shaft Module | | | M/C Room Equipments | Safety Signs/Cladding | |
| Landing Door Module | | | Shaft Equipments | Skirting | 1 |
| Door Operator Module | TI N | | Car Car Sling | Handrail System | 15 |
| Control Panel Module | | | Counter Weight | Step Band | 14 |
| Machine Module | | | Rope Assemblies | Floor Plate | |
| Signalization Module | Contraction of the | | Control System | Comb Carrier | |
| MX Module Drive Module (Escalator) | | | Drive System | Electrical System | |
| Brake Module (Escalator) | | | Signalization / | Deckings Balustrades | |
| Handrail Module (Escalator) | 1. | | Peripheral Devices | | |
| Comb Plate Module (Escalator) | U | | Por | Ver Supply Others | |
| Guide Module (Escalator) | | | | Others | |
| Step Module (Escalator) | | | | ALC: NO ALC: N | |
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| Technician's Remarks & Elevat | or shu | down t | or water c | come on L | YL |
| Technician's Remarks RElevat | or shu Roof | down f | | | 3 |
| car | Roof. | 1. | | Room | |
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| G Nº 080 KONE Elevator Ir Building Name | adia Dainat | 11110112-00 | LA4 sister oppose | Poport | |
|--|----------------------|--|--------------------------------------|--|---|
| Building Name | | | Maintenand | | Leanst. |
| Customer | Lacombus | tute word | NO 31 1 | City / Town Service Order Number | 659050319 |
| Product | 111122 | Planner Group | 121226-11 | Work Center | 232 DAG 12 132 DAG 16 175 |
| Type of Visit | PM Cal | Escalator | | Equipment Number Equipment ID | STS OSARO |
| Date/Time of Call Out Start Count Reading / Hour | | Cut [] Kepa | Job Status | Closed Not C | Slosed |
| Meter Reading | | | | | |
| Technician Name | Travel Time | And all Dates | Arrival Time | Restored Date | Restored Time |
| With the second of the second se | AND STATE STATES Y A | Arrival Date | 1210 | 17/11/20171 | 10:10 |
| Status on Arrival | | Californ Tr | Rectification Result | STATISTICS STATISTICS | |
| Running Correctly |] Running With F | roblem | C 1 Foulgment Runnig | ng | |
| Not Running-On level | Not Running-O | ut of Level | Equipment Runni | ng, not yet fixed unning, not yet fixed | |
| La Not Running-Escalator | Entrapment | The second second | | | |
| Maintenance Module | | Completed | Elevator | fication Area Escalator | Completed |
| Basic Inspection | | T | Guide Rails | Drive Station | |
| Basic Module | The second second | | Doors and Entrances | Track System | |
| Shaft Module | | | M/C Room Equipments | Truss Safety Signs/Cladding | |
| Landing Door Module | Same Vallan you | | Shaft Equipments | Skirting | |
| Door Operator Module | State on the second | | Car Car Sling | Handrail System | |
| Control Panel Module Machine Module | | | Counter Weight | Step Band | |
| Signalization Module | | | Rope Assemblies | Floor Plate | |
| MX Module | | | Control System | Comb Carrier | |
| Drive Module (Escalator) | a contract of | | Drive System | Electrical System | |
| Brake Module (Escalator) | | | Signalization | Balustrades | |
| Handrail Module (Escalator) | Statistical N | | Peripheral Devices | 14 | |
| Comb Plate Module (Escalator) | | | | Power Supply Others | |
| Guide Module (Escalator) | | | CHARGE STREET | Guidia | deter States |
| Step Module (Escalator) | | | | and the second second second | Non-Kone Reason |
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| Additional Works/Parts Replaced | ok | A DESCRIPTION OF THE OWNER OWNER OF THE OWNER OWNER OF THE OWNER | | 1 martine and the | |
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| Customer Comments | TVOI III | | | | Siles In 197 |
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| and the second se | The second second | and a second refe | | | 1-1-1 |
| echnician Name/Employee No. : / | there had a seen | LODINE EXAC | Customer Signatu | 18 | |
| echnician Name/Employee No. : Customer Name Route Supervisor Name | m. Ishow | burr SIV | Customer Signatu Route Supervisor | COLOR HARD HARD HARD HARD HARD HARD HARD HAR | 1012 |

| KONE Elevator I | ndia Drive | ataltd | Dedicated to F | ice Report | |
|--|--|-------------------------|--|---|----------------|
| | nula Priva | ale Lla | The second s | | connert |
| Customer Contact Number | rispa Ir 258 Eng | titule medi | collage. | Service Order Number | 6467254 |
| Product T | INIZ | Planner Group | DMGU | Work Center | 22 DIAGH |
| Type of Visit | Elevator [| Escalator Call Out Repu | Autowalk | Equipment Number 4 | VERENZ |
| Date/Time of Call Out | | Call Out Rep. | Job Status | Closed Not Clo | sed |
| Start Count Reading / Hour Meter Reading | | | | | |
| | | | | Restored Date F | Restored Time |
| Technician Name | Travel Time | Arrival Date | Arrival Time | 18/12/2017 5 | 120 |
| A A A A A A A A A A A A A A A A A A A | 2/12/2017 | 18/12/2017 | 3:00 | | |
| Status on Arrival Running Correctly | · · · · · · · · · · · · · · · · · · · | A | Rectification Result | mind | |
| Not Running-On level | | ith Problem | E Equipment Ru | ning, not yet fixed | |
| Not Running-Escalator | Entrapmen | ng-Out of Level | Equipment not | Running, not yet fixed | |
| | | 1 | | ctification Area | Completed |
| Maintenance Module | | Completed | Elevator | Escalator | |
| Basic Inspection | | | Guide Rails | Drive Station Track System | |
| Basic Module | | | Doors and Entrances | 1 | |
| Shaft Module | | | M/C Room Equipment Shaft Equipments | Safety Signs/Cladding | |
| Landing Door Module | | | Car | Skirting | + = |
| Door Operator Module Control Panel Module | | | Car Sling | Handrail System | 1 |
| Machine Module | | | Counter Weight | Step Band Floor Plate | |
| Signalization Module | 21.1.0 | | Rope Assemblies | Comb Carrier | |
| MX Module | ALL STREET | | Control System | Electrical System | |
| Drive Module (Escalator) | | | Drive System Signalization | Deckings | |
| Brake Module (Escalator) | | | Peripheral Devices | Balustrades | |
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| Technician Name/Employee No. | | h 40102941 | Customer Sign | | 18A INTER |
| Technician Name/Employee No. Customer Name Route Supervisor Name | m. Bho | n Howard Sir | Customer Sign Route Supervi | | Bindy |

2018

KONE Packaged Service Repair



Customer Name KRISHNA INSTITUTE OF MEDICAL

| Site Name | KRISHNA INSTITUTE OF MEDICAL | Address | KIMS, KAHAD, KARAD |
|---------------------|------------------------------|-------------|------------------------------|
| Contract Number | 41231469 | City | KARAD |
| Equipment Number | 42361675 | KONE Order | 672271201 |
| | | Visit Date | 12/8/2018 |
| Equipment ID | | Attended by | MADANE AVINASH SHIVAJI |

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

MX Machine Check Points

Job Description

mx m/c brake or check points done **Customer** Comments N/A

Customer Signature

672271201

Signed By

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O REDMI NOTE 9 CO AI QUAD CAMERA

Mr Bhambure sir

| KONE | |
|---------------------------------------|--|
| Status Closed | KONE |
| Dispatch number Caller Name / Time | 10129421 at 10/04/2018 08:26 |
| Site Name | KRISHNA INSTITUTE OF MEDICAL |
| Equipment Type | Elevator |
| Equipment ID | |
| Equipment Number | 42361675 |
| Street | KIMS, KARAD, KARAD |
| Postal Code / City | 415110 KARAD |
| ailure Description | lift not work |
| itter Name / Accepted Time | MADANE AVINASH SHIVAJI at 10/04/2018 08:29 |
| quipment Condition on Arrival | Running - Not stopping accurately |
| quipment Condition on Leaving | 01 |
| eason Code Description | Outdated component |
| ction Code Description | Adjusted |
| omments for Customer | |
| rrived Time | 10/04/2018 08:30 |
| nished Time | 10/04/2018 10:57 |

10129421

Customer Name

Mr bhamure sir

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• REDMI NOTE 9

| KONE Status Closed Dispatch number Caller Name / Time | 10161799 at 02/05/2018 17:14 |
|--|---|
| Site Name | KRISHNA INSTITUTE OF MEDICAL |
| Equipment Type | Elevator |
| Equipment ID | |
| Equipment Number | 42361675 |
| Street | KIMS, KARAD, KARAD |
| Postal Code / City | 415110 KARAD |
| Failure Description | Additional work performed during Maintenance 668189884 |
| Fitter Name / Accepted Time | MADANE AVINASH SHIVAJI at 02/05/2018 18:19 |
| Equipment Condition on Arrival | No Applicable - No Applicable |
| Equipment Condition on Leaving | 01 |
| Reason Code Description | Misuse |
| Action Code Description | Reset |
| Comments for Customer | over lode use car |
| Arrived Time | 02/05/2018 18:20 |
| inished Time | 02/05/2018 19:14 |

Extra Work 668189884

Customer Name

Mr Bhambure sir

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• C REDMI NOTE 9

| KONE | KONE |
|-------------------------------|---|
| Status Closed | KONE |
| Dispatch number | 10129205 |
| Caller Name / Time | at 09/04/2018 13:47 |
| Site Name | KRISHNA INSTITUTE OF MEDICAL |
| Equipment Type | Elevator |
| Equipment ID | |
| Equipment Number | 42361675 |
| Street | KIMS, KARAD, KARAD |
| Postal Code / City | 415110 KARAD |
| ailure Description | Additional work performed during Maintenance |
| | 666692614 MADANE AVINASH SHIVAJI at 09/04/2018 14:49 |
| itter Name / Accepted Time | No Applicable - No Applicable |
| quipment Condition on Arrival | No Applicable - No Applica |
| quipment Condition on Leaving | 01 |
| leason Code Description | Vandalism |
| ction Code Description | Adjusted |
| omments for Customer | |
| rrived Time | 09/04/2018 14:50 |
| inished Time | 09/04/2018 16:37 |

Extra Work 666692614

Customer Name

6

Mr bhamure sir

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● ○ REDMI NOTE 9 ○ ○ AI QUAD CAMERA

| KONE Status Closed Dispatch number Caller Name / Time | 10092396 Avinash at 08/03/2018 13:24 |
|--|---|
| Site Name Equipment Type Equipment ID | KRISHNA INSTITUTE OF MEDICAL Elevator |
| Equipment Number Street | - 42361675 KIMS, KARAD, KARAD |
| Postal Code / City | 415110 KARAD |
| Failure Description | 1)opening side panel noise problem 2)Car door noise problem 3)isolation pad check noise & foil oil |
| Fitter Name / Accepted Time | MADANE AVINASH SHIVAJI at 08/03/2018 13:36 |
| Equipment Condition on Arrival | Running - Noisy |
| Equipment Condition on Leaving | 04 |
| Reason Code Description | Outdated component |
| Action Code Description | Adjusted |
| comments for Customer | |
| arrived Time | 08/03/2018 16:43 |
| inished Time | 08/03/2018 18:00 |

Rank 10092396

Customer Name

Mr bhamure sir

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• C REDMI NOTE 9

| Mainter | nance Visit Reco | rd R | ONE |
|---------------------|------------------------------|---------------|--------------------------------|
| Customer Name | KRISHNA INSTITUTE OF MEDICAL | | ANDIA RANDONCH WALKING WALKING |
| Site Name | KRISHNA INSTITUTE OF MEDICAL | Address | KIMS, KARAD, KARAD |
| Contract Number | 41231469 | City | KARAD |
| Equipment Number | 42361675 | Service Order | 678625954 |
| - | | Visit Date | 14/11/2018 |
| Equipment ID | | 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

4

B

Preventive meantanance service done 1)1 Fan not working properly 2)intercom not work because ups damage 3)Emergency light not working because ups not avelable all landing door contact check working ok

Customer Comments

lubrication oil 1000ml all landing and car HLG Display check working ok that below material should be replaced 1) Fan 2)oil cup 4 mos 3)inspection box new 4)oil culector 4 nos 5)UPS 6) hand lamp

Arrived Time

Finished Time

14/11/2018 09:23 20/11/2018 12:11

Customer Signature

678625954

Mr Bhambure sir

Signed By

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● ○ REDMI NOTE 9 ○ ○ AI QUAD CAMERA

| KONE Status Closed | KONE |
|---------------------------------------|---|
| Dispatch number Caller Name / Time | 10328981 at 14/09/2018 09:49 |
| Customer Name | KRISHNA INSTITUTE OF MEDICAL |
| Site Name | KRISHNA INSTITUTE OF MEDICAL |
| Equipment Type | Elevator |
| Equipment ID | |
| Equipment Number | 42361675 |
| Street | KIMS, KARAD, KARAD |
| Postal Code / City | 415110 KARAD |
| Job Description | 2nd and 1st landing door contact not working properly |
| Failure Description | Additional work performed during Maintenance 674635900 |
| Fitter Name / Accepted Time | MADANE AVINASH SHIVAJI at 14/09/2018 10:50 |
| quipment Condition on Arrival | No Applicable - No Applicable |
| Equipment Condition on Leaving | 01 |
| leason Code Description | Outdated component |
| ction Code Description | Adjusted |
| ustomer Comments | Not applicable |
| rrived Time | 14/09/2018 10:52 |
| inished Time | 14/09/2018 12:41 |

Extra Work 674635900 Mr Bhambure

Signed By

T

Ca

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• O REDMI NOTE 9

OF MEDICAL

41231469

42361675

KRISHNA INSTITUTE



KIMS, KARAD, KARAD

KARAD 671415176 4/7/2018 MADANE AVINASH SHIVAJI

B: Basic module

Equipment ID

Site Name

Contract Number

Equipment Number

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.

Address

Service Order

Attended by

Visit Date

City

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 lubrication oil 1000ml Customer Comments

N/A

18

| Arrived Time | 04/07/2018 09:39 |
|---------------|------------------|
| Finished Time | 04/07/2018 12:58 |

Customer Signature

Roufe

671415176

Customer Name

KRISHNA INSTITUTE OF MEDICAL

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REDMI NOTE 9 ALOUAD CAMER

KRISHNA INSTITUTE



KIMS, KARAD, KARAD

KARAD 669655455 5/6/2018 MADANE AVINASH SHIVAJI

Equipment ID

Site Name

42361675

OF MEDICAL

41231469

City Service Order Visit Date Attended by

Address

B: Basic module

Contract Number

Equipment Number

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

1100

F

Arrived Time **Finished Time** 05/06/2018 11:36 14/06/2018 14:52

Customer Signature

669655455

Customer Name

KRISHNA INSTITUTE OF MEDICAL

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●○ REDMI NOTE 9 ○○ AI QUAD CAMERA

| KONETH | the second s | 1 concernence | | |
|--|---|--|---|-----------------|
| KONE Elevator India Private | e Ltd | Maintenance | | |
| Customer Contract Registering Indentity | | Ci | tyridwn | anad |
| Plant Section | all'a contra de la c | | ervice Order Number | 2 DRIGH |
| Product Type | Planner Group | | quipment Number | 351575 |
| Date/Time of Call Ord | Out Repai | r Audit E | quipment ID | 15070505 |
| Start Count Reading / How | | Job Status | Closed Not Clos | 500 |
| Meter Reading | | | Contraction of the second second | |
| Technician Name Travel Time | Arrival Date | Arrival Time | Kestoren main | estored Time |
| A second se | 10/02/2018 | 9:00 | 10/02/2018 1 | 0:20 |
| Status on Arrival | | Rectification Result | | |
| Running Correctly Running With I | Problem | E Equipment Running | 9 | |
| Not Running-On level Not Running O | | Equipment Runnin | g, not yet fixed | |
| Not Running-Escalator Entrapment | | Equipment not Run | nning, not yet fixed | |
| Maintenance Module | Completed | Rectifi | ication Area | Completed |
| and the subscription of the second | Completed | Elevator | Escalator Drive Station | 101 |
| Basic Inspection | | Guide Rails | Track System | |
| Basic Module Shaft Module | | Doors and Entrances M/C Room Equipments | Truss | |
| | | Shaft Equipments | Safety Signs/Cladding | |
| Landing Door Module Door Operator Module | | Car | Skirting | |
| Control Panel Module | | Car Sling | Handrail System | 1-1-1- |
| Machine Module | | Counter Weight | Step Band / | |
| Signalization Module | | Rope Assemblies | Floor Plate Comb Carrier | 1-1-1- |
| MX Module | | Control/System | Electrical System | T |
| Drive Module (Escalator) | | Drive System | Deckings | |
| Brake Module (Escalator) | | Signalization Peripheral Devices | Balustrades | T CD |
| landrail Module (Escalator)" | | and the second sec | ower Supply | |
| A DUAL BE THE TO A DUAL AND | | P | | |
| comb Plate Module (Escalator) | Provide State | | Others | |
| uide Module (Escalator) | | | Others | |
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| | | 1000 | Maintenance | | 1 1 |
| Building Name | tor India Private | | | N BO | ancid |
| Customer Contact Number | Krispa Inch | lute of med | Servi | ce Order Number | The second s |
| Plant Section Product Type | ID112 | | | Center | 22 HMG 11- |
| Type of Visit | Elevator Call C | | L Audit Equi | pment ID | nend |
| Date/Time of Call Out | | | Job Status | Glased Not C | und |
| Start Count Reading / Hou Meter Reading | | | | | |
| Technician Name | Travel Time | Arrival Date | Arrival Time | Restored Date | Restored Time |
| Aumael | - ALCONDER CONTRACTOR | stilable | g.40 | 05/01/2018 | II sere |
| Status on Arrival | | | Rectification Result | | |
| Running Correctly | Running With Pr | oblem | Equipment Running | not yet fixed | |
| Not Running-On leve | Not Running-Ou | | Equipment Running, Equipment not Runn | ing, not yet fixed | |
| Not Running-Escalat | tor Entrapment | | The second se | ation Area | Completed |
| Maintenance Mod | tule | Completed | Elevator | Escalator | |
| Basic Inspection | | | Guide Rails / | Drive Station | 15 |
| Basic Inspection Basic Module | | | Doors and Entrances | Track System | |
| Shaft Module | | | M/C Room Equipments | Truss Safety Signs/Cladding | |
| Landing Door Module | | | Shaft Equipments | Skirting | |
| Door Operator Module | State States | | Car / | Handrail System | 10 |
| Control Panel Module | The south of the s | | Car Sling / Counter Weight | Step Band/ | |
| Machine Module | | | Rope Assemblies | Floor Plate | -+= |
| Signalization Module | | | Control System | Comb Carrier | -10 |
| MX Module | | | Drive/System | Electrical System Deckings | TE |
| Drive Module (Escalator) | / | | Signalization | Balustrades | TE |
| Brake Module (Escalator) Handrail Module (Escalat | from | | Peripheral Devices | ower Supply | |
| Comb Plate Module (Escalat | | | Pe | Others | |
| Guide Module (Escalator) | | | | Others | |
| Step Module (Escalator) | | | | | Non-Kone Re |
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| achnician's Remarks | preventive an, Alton preventive H Landing Cel Working placed 04 Now 114 15 Lubricution 1 | Entercon | theck was to working tut botton sploy chec | ok . | EY E |
| achnician's Remarks | Now lift is | Entercon | theck was to working tut botton sploy chec | ok . | EY E |
| achnician's Remarks | Now lift is | Entercon | theck was to working tut botton sploy chec | ok . | EY E |
| achnician's Remarks | Now lift is | Entercon | theck was to working tut botton sploy chec | ok . | EY E |
| achnician's Remarks | Now lift is | Entercon | theck was to working tut botton sploy chec | ok . | EY E |
| achnician's Remarks | Now lift is | Entercon | theck was to working tut botton sploy chec | ok . | EY E |
| achnician's Remarks | Now lift is | Entercon | theck was to working tut botton sploy chec | ok . | EY E |
| achnician's Remarks | Now lift is | Entercon | theck was to working tut botton sploy chec | ok . | |
| achnician's Remarks | Now lift is | Entercon | check wat k working ratt botton splay check wormany tooo ont | ing de ok s avec te woodting | |
| achnician's Remarks | Now lift is | Entercon | theck wat to working rait botton splay check r wormany tooo ont tooo ont | ting de ok s ave a workting ature | |
| echnician's Remarks | Now lift is | Entercon | theck wat to working rait botton splay check r wormany tooo ont tooo ont Technician Signa Customer Signa | ature | |
| achnician's Remarks | Now WAA IS | Entercon | theck wat to working rait botton splay check r wormany tooo ont tooo ont | ature | |

Site Name Contract Number Equipment Number

KRISHNA INSTITUTE OF MEDICAL 41231469 42361675

Address City Service Order Visit Date Attended by



KIMS, KARAD, KARAD

KARAD 668189884 2/5/2018 MADANE AVINASH SHIVAJI

Equipment ID

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 up to the source of the s need to bring to your attention, following this visit a member of our team will be in contact.

Comments for Customer

Customer Signature

668189884

Customer Name

KRISHNA INSTITUTE OF MEDICAL

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• C REDMI NOTE 9

| waintei | nance Visit Reco | rd B | ONE |
|---------------------|------------------------------|---------------|---------------------|
| Customer Name | KRISHNA INSTITUTE OF MEDICAL | | KIMS, KARAD, |
| Site Name | KRISHNA INSTITUTE OF MEDICAL | Address | KARAD |
| Contract Number | 41231469 | City | KARAD |
| Equipment Number | 42361675 | Service Order | 676261076 |
| | | Visit Date | 8/10/2018 MADANE |
| quipment ID | e | Attended by | 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 meantanance service done Fan Allarm and intercom check working ok lubrication oil 1000ml emergency lights check working ok ERD operation check working ok

Customer Comments

Not applicable

| Arrived Time | 08/10/2018 16:45 |
|---------------|------------------|
| Finished Time | 08/10/2018 17:22 |

Customer Signature

676261076

Mr Bhambure sir

Signed By

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O REDMI NOTE 9 ○ AI QUAD CAMERA

Site Name

Contract Number Equipment Number

KRISHNA INSTITUTE OF MEDICAL 41231469 42361675

Address City

Service Order Visit Date

Attended by



KIMS, KARAD, KARAD

KARAD 666692614 9/4/2018 MADANE AVINASH SHIVAJI

B: Basic module

Equipment ID

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

566692614

Customer Name

KRISHNA INSTITUTE OF MEDICAL

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REDMI NOTE 9 AI QUAD CAMERA

| KONE Status Closed | KONE | | |
|---------------------------------------|--|--|--|
| | 10304835 | | |
| Dispatch number Caller Name / Time | | | |
| Caller Name / Time | Mr Bhambure sir at 25/08/2018 09:24 | | |
| Customer Name | KRISHNA INSTITUTE OF MEDICAL | | |
| Site Name | KRISHNA INSTITUTE OF MEDICAL | | |
| Equipment Type | Elevator | | |
| Equipment ID | | | |
| Equipment Number | 42361675 | | |
| Street | KIMS, KARAD, KARAD | | |
| Postal Code / City | 415110 KARAD | | |
| Job Description | mc room controller wiring supply problem or finally fine problem 1 phase cable loose connections now lift running normally | | |
| Failure Description | lift not work floor indication not show properly | | |
| Fitter Name / Accepted Time | MADANE AVINASH SHIVAJI at 25/08/2018 09:28 | | |
| Equipment Condition on Arrival | Not running - At floor - door closed | | |
| Equipment Condition on Leaving | 01 | | |
| Reason Code Description | Technical failure | | |
| Action Code Description | Repaired | | |
| Customer Comments | N/A | | |
| Arrived Time | 25/08/2018 09:41 | | |
| inished Time | 25/08/2018 14:10 | | |

Str 10304835

Signed By

C

C

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Mr Bhambure

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• COREDMI NOTE 9

| Customer Signature | No. |
|--------------------------------|--|
| Finished Time | 29/05/2018 13:32 |
| Arrived Time | 29/05/2018 08:29 |
| Customer Comments | N/A |
| Action Code Description | Cleaned - Polished |
| Reason Code Description | Outdated component |
| Equipment Condition on Leaving | 01 |
| Equipment Condition on Arrival | Running - Running correctly (no fault found) |
| Fitter Name / Accepted Time | MADANE AVINASH SHIVAJI at 29/05/2018 14:39 |
| Failure Description | car top or shaft and pit cleaning work |
| Job Description | all elevator equipment cleaning work done |
| Postal Code / City | 415110 KARAD |
| Street | KIMS, KARAD, KARAD |
| Equipment Number | - 42361675 |
| Equipment ID | Elevator |
| Site Name Equipment Type | KRISHNA INSTITUTE OF MEDICAL |
| Caller Name / Time | 10192849 at 29/05/2018 08:29 |
| Dispatch number | |
| Status Closed | KONE |
| KONE | |

10192849

Mr Bhambure sir

1

Customer Name

0

P

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| KONE Status Closed | KONE |
|---------------------------------------|---|
| Dispatch number Caller Name / Time | 10239459 |
| | at 04/07/2018 09:38 |
| Site Name | KRISHNA INSTITUTE OF MEDICAL |
| Equipment Type | Elevator |
| Equipment ID | |
| Equipment Number | 42361675 |
| Street | KIMS, KARAD, KARAD |
| Postal Code / City | 415110 KARAD |
| Job Description | 1st 2nd landing door jam |
| Failure Description | Additional work performed during Maintenance |
| | 671415176 MADANE AVINASH SHIVAJI at 04/07/2018 10:43 |
| Fitter Name / Accepted Time | |
| Equipment Condition on Arrival | No Applicable - No Applicable |
| Equipment Condition on Leaving | 01 |
| Reason Code Description | Technical failure |
| Action Code Description | Adjusted |
| Customer Comments | |
| Arrived Time | 04/07/2018 10:44 |
| inished Time | 04/07/2018 12:28 |

Extra Work 671415176

Mr Bhambure sir

Customer Name

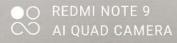
Finished Time

0

Ca

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| KONE | |
|---------------------------------------|--|
| Status Closed | KONE |
| Dispatch number Caller Name / Time | 10413797 at 05/12/2018 09:25 |
| Customer Name Site Name | KRISHNA INSTITUTE OF MEDICAL KRISHNA INSTITUTE OF MEDICAL |
| Equipment Type Equipment ID | Elevator |
| Equipment Number Street | - 42361675 |
| Postal Code / City | KIMS, KARAD, KARAD 415110 KARAD |
| Job Description | 2nd or 3rd floor landing door closing time jam roling removed both door |
| Failure Description | Additional work performed during Maintenance 679575486 |
| Fitter Name / Accepted Time | MADANE AVINASH SHIVAJI at 05/12/2018 10:29 |
| 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 | 05/12/2018 10:29 |
| Finished Time | 05/12/2018 12:18 |

Mm Extra Work 679575486

Signed By

Mr bhamure sir

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| KONE | | | |
|--------------------------------|--|--|--|
| | | | |
| Status Closed | | | |
| Dispatch number | | | |
| Caller Name / Time | Mr kokare sir at 16/07/2018 08:14 | | |
| Customer Name | KRISHNA INSTITUTE OF MEDICAL | | |
| Site Name | KRISHNA INSTITUTE OF MEDICAL | | |
| Equipment Type | Elevator | | |
| Equipment ID | | | |
| Equipment Number Street | 42361675 | | |
| | KIMS, KARAD, KARAD | | |
| Postal Code / City | 415110 KARAD | | |
| Job Description | car door adjust | | |
| Failure Description | lift not work door not closed properly | | |
| Fitter Name / Accepted Time | MADANE AVINASH SHIVAJI at 16/07/2018 08:15 | | |
| 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 | N/A | | |
| Arrived Time | 16/07/2018 08:42 | | |
| Finished Time | 16/07/2018 09:42 | | |

Brant 10254302

Signed By

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Mr Bhambure sir

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| KONE Status Closed | KONE |
|---|--|
| Dispatch number | 10565248 |
| Caller Name / Time | Mr vivek bhambure at 25/05/2019 09:14 |
| Customer Name | KRISHNA INSTITUTE OF MEDICAL |
| Site Name | KRISHNA INSTITUTE OF MEDICAL |
| Equipment Type Equipment ID Equipment Number Street | Elevator - 42361675 KIMS, KARAD, KARAD 415110 KARAD |
| Postal Code / City | ERD battery damage replaced 12voltage 12 AH 4 |
| Job Description | nos |
| Failure Description | ERD battery replacement |
| Fitter Name / Accepted Time | MADANE AVINASH SHIVAJI at 25/05/2019 09:39 |
| Equipment Condition on Arrival | Running - Not stopping accurately |
| Equipment Condition on Leaving Reason Code Description Action Code Description Customer Comments Arrived Time | 01 Building power down Replaced Costomer satisfied from 25/05/2019 09:39 25/05/2019 10:51 |

Signed By

Customer Signature

Mr vivek bhambure sir

10565248

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●○ REDMI NOTE 9 ○○ AI QUAD CAMERA

| Customer Name | KRISHNA INSTITUTE OF MEDICAL | | KIMS, KARAD. | |
|---|---|------------------------|------------------------------------|-----|
| Site Name | KRISHNA INSTITUTE OF MEDICAL | Address | KARAD | |
| Contract Number | 41231469 | City | KARAD | |
| Equipment | 42361675 | Service Order | 695348214 | |
| Number Equipment ID | - | Attended by | Pravin SHIGWAN | 2 |
| Y: Basic inspectio D: Door operator i L: Landing door m | nodule odule | | the any items that | |
| This is a record of we need to bring t | completion for the above maintenance o your attention, following this visit a m | ember of our team w | ill be in contact. | |
| Job Description | mance done with 1)Light,Fan &Alarm | working ok 2)Lubric | ant Oli 1000ml | |
| Preventive mainte Customer Comm | enance done with 1)Light,Fan &Alarm | Wolling - | | |
| Customer Comm | ents | | | |
| Arrived Time | 26/09/2019 15:57 | | | |
| | Time 26/09/2019 17:04 | | | |
| | | | | |
| Customer Signati | | | | |
| | Vive 1 - bhambate | | | |
| | 95582710 | | | |
| Signed By | Mr vivek bhambure sir | | | nai |
| ssemination and any of | contained in this message or files attached to ally privileged information. If you are not the iner corresponding action in respect of this con- nessage and notify the sender immediately. of viruses; however, we cannot guarantee than the basis that we are not be liable for any Ltd., , PUNE, 411038 East www.kone.com, konein@kone.com | Thank you. Please note | that we take reasonable precaution | |

REDMI NOTE 9
 AI QUAD CAMERA



Customer Name KRISHNA INSTITUTE OF MEDICAL Address KARAD KRISHNA INSTITUTE OF MEDICAL Site Name KARAD City Contract 41231469 Number 689634188 Service Order Equipment 42361675 5/6/2019 Number Visit Date MADANE AVINASH SHIVAJI Attended by 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 be a structure to be a structu we need to bring to your attention, following this visit a member of our team will be in contact.

Job Description

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

Customer Comments

Costomer satisfied

05/06/2019 16:18 Arrived Time 08/06/2019 12:18 **Finished Time**

Customer Signature

689634188

Mr vivek bhambure sir

Signed By

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O REDMI NOTE 9 ○ AI QUAD CAMERA

| Customer Name | KRISHNA INSTITUTE OF MEDICAL | | KIMS, KARAD, |
|---|--|-------------------|--------------------|
| Site Name | KRISHNA INSTITUTE OF MEDICAL | Address | KARAD |
| Contract Number | 41231469 | City | KARAD |
| Equipment | 42361675 | Service Order | |
| Number | 42001070 | Visit Date | 6/2/2019 MADANE |
| Equipment ID | | Attended by | AVINASH SHIVAJI |
| leed to bring to y | completion for the above maintenance our attention, following this visit a memb | | |
| S: Shaft module This is a record of eed to bring to yo ob Description | completion for the above maintenance our attention, following this visit a memb | ntercom check wor | |
| S: Shaft module This is a record of eed to bring to yo ob Description Preventive mean ontact check wor | completion for the above maintenance our attention, following this visit a memb tanance service done fan Allarm and in king ok emergency lights check working | ntercom check wor | |
| S: Shaft module This is a record of reed to bring to yo ob Description Preventive mean ontact check wor ustomer Comm | completion for the above maintenance our attention, following this visit a memb tanance service done fan Allarm and in king ok emergency lights check working | ntercom check wor | |
| S: Shaft module This is a record of eed to bring to yo ob Description Preventive mean ontact check wor ustomer Comm not applicable | completion for the above maintenance our attention, following this visit a memb tanance service done fan Allarm and in king ok emergency lights check working | ntercom check wor | |
| S: Shaft module This is a record of reed to bring to yo ob Description Preventive mean ontact check wor ustomer Comm | completion for the above maintenance our attention, following this visit a memb tanance service done fan Allarm and in king ok emergency lights check workin tents | ntercom check wor | |

Signed By

Mr Vivek bhambure

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● ○ REDMI NOTE 9 ○ ○ AI QUAD CAMERA

| Customer Name Site Name | KRISHNA INSTITUTE OF MEDICAL KRISHNA INSTITUTE OF MEDICAL | Address | KIMS, KARAD, KARAD |
|---|---|---|---|
| Contract Number | 41231469 | City KONE Order | 675991538 |
| Equipment Number | 42361675 | Visit Date | 8/2/2019 MADANE |
| Equipment ID | | Attended by | AVINASH SHIVAJI |
| Below is a summ | ary of the work performed during this job: | | |
| Planned Order | | | |
| Job Description work complete Customer Comm | ants | | |
| Arrived Time Finished Time | 08/02/2019 16:16 08/02/2019 17:23 | | |
| Customer Signa | ture | | |
| | 675991538 | | |
| | Mr Bhambure sir | | Li and may |
| Signed By | a contained in this message or files attached to | it are intended for the intended recipient, pl | exclusive use of the addressee and may ease note that the use, copying, any form is strictly prohibited. If you received this you. Please note that we take reasonable |
| ontain confidential of a f dissemination and a ressage in error, plea recautions to prevent ruses. We only send a | any other corresponding action in respect of se delete the message and notify the sender the transmission of viruses; however, we cann and receive emails on the basis that we are no | temodiately Thank | you. Please note that we take reason from |
| OTICE: The informatic ontain confidential or l dissemination and a essage in error, plea recautions to prevent ruses. We only send a | any other corresponding action in respect of any other corresponding action in respect of se delete the message and notify the sender the transmission of viruses; however, we cann and receive emails on the basis that we are no achments. | temodiately Thank | you. Please note that we take rousentrol |

| Mainter | nance Visit Recor | d | |
|--------------------|------------------------------|---------------|-----|
| Customer Name | KRISHNA INSTITUTE OF MEDICAL | Address | KIM |
| Site Name | KRISHNA INSTITUTE OF MEDICAL | Provent and | KAI |
| Contract Number | 41231469 | City | |
| Equipment | 42361675 | Service Order | 50 |

S, KARAD, RAD 6414782 5/4/2019 Visit Date MADANE AVINASH SHIVAJI Attended by

Equipment ID

Number

B: Basic module

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

Job Description

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

Customer Comments

Costomer satisfied

Arrived Time

Finished Time

05/04/2019 09:22 09/04/2019 16:54

Customer Signature

686414782 Mr bhamure sir

Signed By

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O REDMI NOTE 9

| | KRISHNA INSTITUTE OF MEDICAL | | KIMS, KARAD. |
|--|---|--|--|
| Site Name | KRISHNA INSTITUTE OF MEDICAL | Address | KARAD |
| Contract Number | 41231469 | City | KARAD |
| Equipment Number | 42361675 | Service Order | 698865063 |
| Equipment ID | | Attended by | AVINASH SHIVAJI |
| B: Basic module | | | |
| This is a record o we need to bring | f completion for the above maintenance to your attention, following this visit a me | nodules. Should the mber of our team wi | re be any items that Il be in contact. |
| Job Description | | | |
| CHECKED WORKING | ntenance service done fan alarm and int ok lub oil used 1000ml and car Ele OR (display or button checked working ok | ercom check workir nech safety checke | ig ok emergency isan d working ok all landing |
| Customer Comm | ients | | |
| costcomer satisfie | ed | | |
| Arrived Time | 04/11/2019 13:54 | | |
| Work Completed | Time 04/11/2019 14:53 | | |
| Customer Signat | Ŵ | | |
| | 698055063 | | |
| | Mr Bhambure sir | | |
| igned By | to files attached to i | I are interioco tor the | |
| TICE: The information tain confidential or leg emination and any off r, please delete the n ent the transmission d and receive emails o chments. | contained in this message or files attached to in hally privileged information. If you are not the inther corresponding action in respect of this com- nessage and notify the sender immediately. The of viruses; however, we cannot guarantee that on the basis that we are not be liable for any los Ltd.,, PUNE, 411038 Fax:, www.kone.com, konein@kone.com | nunication is strictly pro- lank you. Please note | that we take reasonable precautions to |
| TICE: The information tain confidential or leg emination and any off r, please delete the n ent the transmission d and receive emails o chments. | her corresponding action in respect of this commensate and notify the sender immediately. The of viruses; however, we cannot guarantee that on the basis that we are not be liable for any log | nunication is strictly pro- lank you. Please note | that we take reasonable precautions to |



| Customer Name | KRISHNA INSTITUTE OF MEDICAL | | KIMS, KARAD, |
|--------------------|------------------------------|---------------|---------------------|
| Site Name | KRISHNA INSTITUTE OF MEDICAL | Address | KARAD |
| Contract Number | 41231469 | City | KARAD |
| Equipment | 42361675 | Service Order | 681381670 |
| Number | 42301073 | Visit Date | 11/1/2019 MADANE |
| Equipment ID | | Attended by | 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

t

Preventive meantanance service done fan Allarm and intercom check working ok emergency lights check working ok ERD operation check working ok lubrication oil 1000ml all

Customer Comments

*all lift safety check working ok *shaft up final and down final check working ok ERD operation check

working ok Arrived Time Finished Time

11/01/2019 12:12 12/01/2019 16:01

Mr Bhambure sir

Customer Signature



Signed By

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| KONE I Repair | Packaged Service | ŀ | ONE |
|--------------------|------------------------------|-------------|---------------------------|
| Customer Name | KRISHNA INSTITUTE OF MEDICAL | Address | KIMS, KARAD |
| Site Name | KRISHNA INSTITUTE OF MEDICAL | Address | KARAD |
| Contract Number | 41231469 | City | KARAD |
| Equipment | | KONE Order | 667718466 |
| Number | 42361675 | Visit Date | 13/5/2019 |
| Equipment ID | | Attended by | MADANE AVINASH SHIVAJI |

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

MX BRAKE SETTING

Job Description

mx brake setting work done **Customer** Comments

13/05/2019 10:35 Arrived Time 18/05/2019 17:49 Finished Time

Customer Signature

Mr Bhambure sir

m771846

Signed By

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● ○ REDMI NOTE 9 ○ ○ AI QUAD CAMERA

| Contract Number 41231469 City Equipment Number 42361675 Service Order 683736894 Equipment ID | Customer Name Site Name | KRISH KRISH | NA INSTITUTE OF MEDICAL NA INSTITUTE OF MEDICAL | Address | KIMS, KARAD, KARAD KARAD |
|--|---|---|--|--|--|
| 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 meantanance service done fan Allarm and intercom check working ok all landing door contact check working ok ERD operation check working ok lubrication oil 1000ml Customer Comments Costomer satisfied Arrived Time 13/05/2019 09:08 Finished Time 13/05/2019 17:49 Customer Signature WITE Mr Bhambure sir NOTICE: The information contained in this message or files attached to it are intended tor the exclusive use of the addressee and may our are not interced the use of the addressee and may NOTICE: The information contained in this message or files attached to it are intended tor the exclusive use of the addressee and may oral a confidential or legally privileged information. If you are not the intended recipien, please note that we are eaconable precauces or oral confidential or legally privileged information. If you are not the communication is statchy provibed. If you received this message or please delete the message and notify the sender immediately. Thank you. Please note that we take reasonable precauces the prevent he transmission of vinuses; however, we cannot guarantee that this message or its attachments are free from viruses. We can prevent the transmission of viruses; however, we cannot guarantee that this message or its attachments are free from viruses. We can prevent the transmission of viruses; however, we cannot guarantee that this message or its attachments are free from viruses. We can prevent the transmission of viruses; however, we cannot guarantee that this message or its attachments are free from viruses. We can prevent the transmission of viruses; however, we cannot guarantee that this message or its attachments are free from viruses. We can prevent the transmission of viruses; however, we cannot guarantee | Number Equipment Number | | | Service Order Visit Date | 688736894 13/5/2019 |
| Job Description Preventive meantanance service done fan Allarm and intercom check working ok all tanding door customer Comments Costomer satisfied Arrived Time 13/05/2019 09:08 Finished Time 18/05/2019 17:49 Customer Signature Image: Signed By Mr Bhambure sir Image: Signed By NOTICE: The information contained in this message or files attached to it are intended for the exclusive use of the addresse and may other corresponding action in respect of this communication is sinctly prohibide. If you received this message or files attached to it are intended to it are intended to it are reasonable precausors of diservice or since and the sender the exclusive use of the addresse and may other corresponding action in respect of this communication is sinctly prohibide. If you received this message or files attached to it are intended to it are intended to it are reasonable precausors of diservice or since or is satisfied to its message or files attached to its message or the intended to its message or the addresse and may other corresponding action in respect of this communication is sinctly prohibited. If you received this message or files attached to its message or the transmission of viruses, however, we cannot guarantee that the message or the attachments are free or the intended receive emails on the basis that we are not be liable for any loss or damage resulting from the opening of this message and endify the sender immediately. Thank you. | D: Door operator L: Landing door r | module nodule | | nce modules. Should th a member of our team v | ere be any items that vill be in contact. |
| Arrived Time 13/05/2019 09:08 Finished Time 18/05/2019 17:49 Customer Signature | Job Description Preventive mea contact check we Customer Com | n ntananc orking ol ments | | check Work | ing ok all landing door |
| 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 recipient, please delete the message and notify the sender immediately. Thank you. Please note that we take reasonable precautors to reverse 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 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 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 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 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 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 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 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 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 send and receive emails on the basis that we are not be liable | Arrived Time | neo . | 13/05/2019 09:08 18/05/2019 17:49 | | |
| NOTICE: The information contained in this message or files attached to it are intended for the exclusive use of the addressee and may notatic 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 refore, please delete the message and notify the sender immediately. Thank you. Please note that we take reasonable precautors the prevent the transmission of viruses; however, we cannot guarantee that this message or its attachments are free from viruses. We on 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 the basis that we are not be liable for any loss or damage resulting from the opening of this message and 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 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 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 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 send and receive emails on the basis that we are not be liable for any loss or damage resulting from the opening of the sender the sender sender the sender sender the sender sender the sender sen | Customer Sign | ature | All and a second | | |
| contain connection and any other corresponding action interpretering of the sender immediately. Thank you. Please note that the sender immediately. Thank you. Please note that the message and on the sender immediately. Thank you have a statchments are free from viruses, we cannot guarantee that this message or its attachments are free from viruses, we cannot guarantee that this message or its attachments are free from viruses, we cannot guarantee that this message or its attachments are free from viruses, now we cannot guarantee that this message or its attachments are free from viruses, however, we cannot guarantee that this message or its attachments are free from viruses, now we cannot guarantee that the message or its attachments are free from viruses, now we cannot guarantee that the message or its attachments are free from viruses, now we cannot guarantee that the message or its attachments are free from viruses, however, we cannot guarantee that the message or its attachments are free from viruses, however, we cannot guarantee that the message or its attachments are free from viruses, however, we cannot guarantee that the message or its attachments are free from viruses, however, we cannot guarantee that the message or its attachments are free from viruses, however, we cannot guarantee that the message or its attachments are free from viruses. | Signed By | | Mr Bhambure sir | | turing use of the addressee and may |
| errad, so t | contain connuernation dissemination and an error, please delete t prevent the transmiss send and receive em | ty other of he messa sion of vin ails on the | prresponding action in roder immedi uses, however, we cannot guaran e basis that we are not be liable to | ately. Thank you. Please no tee that this message or its or any loss or damage resulti | use note that the use, copying, any term to prohibited. If you received this message in te that we take reasonable precautions to attachments are free from viruses. We onli- ing from the opening of this message and/o |
| | | | | | |



KARAD

KARAD

709530045

MADANE AVINASH SHIVAJI

Address

Service Order

Attended by

City

Customer Name KRISHNA INSTITUTE OF MEDICAL KRISHNA INSTITUTE OF MEDICAL Site Name Contract 41756319 Number

Equipment 42361675 Number

Equipment ID

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

F

* 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

costumer satisfied

| Arrived Time | 23/05/2020 09:20 |
|---------------------|------------------|
| Work Completed Time | 23/05/2020 10:45 |

Customer Signature

Signed By

Mr Bhambure sir

70959656

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| Customer Name | KRISHNA INSTITUTE OF MEDICAL | | |
|------------------------|------------------------------|---------------|---------------------------|
| Site Name | KRISHNA INSTITUTE OF MEDICAL | Address | KIMS, KARAD, KARAD |
| Contract Number | 41756319 | City | KARAD |
| Equipment | 42361675 | Service Order | 704243448 |
| Number 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 all landing and car HLG Display check working ok shafts lights check working ok Lubrication Oil used 1000ml

Customer Comments

costumer satisfied

04/02/2020 09:20 Arrived Time Work Completed Time 04/02/2020 10:23

Customer Signature

Signed By

Mr Bhambure sir

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| | | | and the second states of the s |
|----------------------------|--|---------------|--|
| Customer Name Site Name | KRISHNA INSTITUTE OF MEDICAL KRISHNA INSTITUTE OF MEDICAL | Address | KIMS, KARAD, KARAD |
| Contract | KRISHINA INSTITUTE C. | City | KARAD |
| Number | 41756319 | Service Order | 702737991 |
| Equipment Number | 42361675 | | MADANE |
| Equipment ID | | Attended by | 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

C

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 | 01/01/2020 16:16 |
|---------------------|--|
| Work Completed Time | 01/01/2020 17:23 |
| Work Completed Time | A Second Construction of the second second |

Customer Signature

Mr Bhambure sir

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| Mainter | nance Visit Reco | rd B | CONE |
|---------------------|------------------------------|---------------|---------------------------|
| Customer Name | KRISHNA INSTITUTE OF MEDICAL | | KIMS, KARAD, |
| Site Name | KRISHNA INSTITUTE OF MEDICAL | Address | KARAD |
| Contract Number | 41756319 | City | KARAD |
| Equipment Number | 42361675 | Service Order | 720760112 |
| Continue and 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

720750112

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
 02/11/2020 11:53

 Work Completed Time
 02/11/2020 13:17

Customer Signature

Signed By

Mr vivek bhambure sir

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|----|------------|-------------|--------|
| 13 | | L | 3 |
| | Carlos and | | Sec. 1 |

| Customer Name | e KRISHNA INSTITUTE OF MEDICAL | | KIMS, KARAD, |
|------------------------|--------------------------------|---------------|---------------------------|
| Site Name | KRISHNA INSTITUTE OF MEDICAL | Address | KARAD |
| Contract Number | 41756319 | City | KARAD |
| Equipment | 42361675 | Service Order | 702737991 |
| Number 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 all landing and car HLG Display check working ok lubrication oil use 1000ml

Customer Comments

| Arrived Time | 01/01/2020 16:16 |
|---------------------|------------------|
| Work Completed Time | 01/01/2020 17:23 |

Customer Signature

Mr Bhambure sir

Signed By

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| Customer Name | KRISHNA INSTITUTE OF MEDICAL | | |
|---------------------|------------------------------|---------------|---------------------------|
| Site Name | KRISHNA INSTITUTE OF MEDICAL | Address | KIMS, KARAD, KARAD |
| Contract Number | 41756319 | City | KARAD |
| Equipment Number | 42361675 | Service Order | 720760112 |
| 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 02/11/2020 11:53 Work Completed Time 02/11/2020 13:17

Customer Signature

Signed By

Mr vivek bhambure sir

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720750112

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| KONE | Packaged Service | P | CONE |
|----------------------------|--|-------------|-----------------------|
| Repair | | | ARAF |
| Customer Name Site Name | KRISHNA INSTITUTE OF MEDICAL KRISHNA INSTITUTE OF MEDICAL | Address | KIMS, KARAD. KARAD |
| Contract Number | 41231469 | City | KARAD |
| Equipment Number | 42361675 | KONE Order | 694894359 MADANE |
| Equipment ID | | Attended by | AVINASH SHIVAJ |

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

MX BRAKE SETTING

Job Description

10

 Customer Comments

 Arrived Time
 15/01/2020 15:21

 Work Completed Time
 15/01/2020 17:40

Customer Signature

No signature available.

Signed By

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| Callout Record | KONE |
|--------------------------------|--|
| Status Closed | KONE |
| Dispatch number | 10874399 |
| Caller Name / Time | MR. ASHOK at 19/06/2020 09:59 |
| Customer Name | KRISHNA INSTITUTE OF MEDICAL |
| Site Name | KRISHNA INSTITUTE OF MEDICAL |
| Equipment Type | Elevator |
| Equipment ID | * |
| Equipment Number | 42361675 |
| Street | KIMS, KARAD, KARAD |
| Postal Code / City | 415110 KARAD |
| Job Description | pana 40 not working properly stuck on adjust and rectify now lift running normally |
| Failure Description | BreakDown - Lift Not working |
| Fitter Name / Accepted Time | MADANE AVINASH SHIVAJI at 19/06/2020 10:38 |
| Equipment Condition on Arrival | Not running - At floor - door open |
| Equipment Condition on Leaving | 01 Equipment running, back to normal operation |
| Reason Code Description | Shutdown by safety-related device - |
| Action Code Description | Not applicable |
| Customer Comments | |
| Arrived Time | 19/06/2020 10:38 |
| Work Completed Time | 19/06/2020 12:30 |

Customer Signature

10874399

Signed By

140

Mr mane sir

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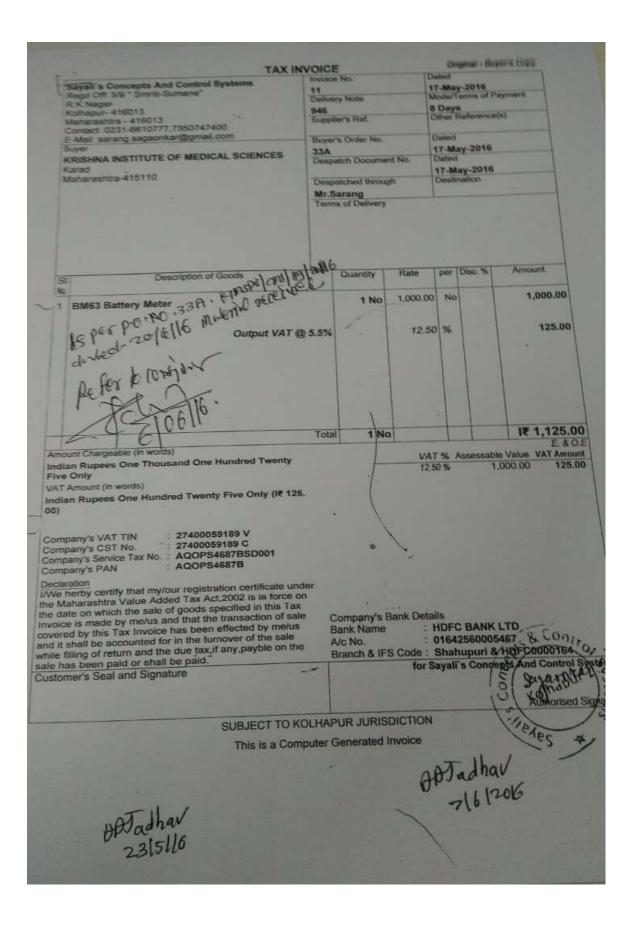
| Site Name Contract Number Equipment Number Equipment ID | KRISHNA INSTITUTE OF MEDICAL KRISHNA INSTITUTE OF MEDICAL 41231469 42361675 - ary of the work performed during this job: | Address City KONE Order Visit Date Attended by | KIMS, KARAD, KARAD 667718466 13/5/2019 MADANE AVINASH SHIVAJI |
|---|--|--|--|
| mx brake setting Customer Comm Arrived Time Finished Time | | | |
| Customer Signa | 467715465 | | |
| Signed By | Mr Bhambure sir | t are intended for the e | clusive use of the addressee and |
| contain confidential of it issemination and any of error, please delete the revent the transmission end and receive emails ttachments. | on contained in this message or files attached to it egally privileged information. If you are not the into ther corresponding action in respect of this commensage and notify the sender immediately. The nof viruses; however, we cannot guarantee that is on the basis that we are not be liable for any low vt Ltd.,, PUNE, 411038 2; Fax: , www.kone.com, konein@kone.com | nank you. Please note | that we take reasonable precautio |

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CALIBRATION REPORT

1) BATTERY METER New Purchase Meters

| | TAX INV | 0101 | e | | | - Buyer's Copy |
|---|--|---------------|------------------------|----------|---|--|
| | Sayali's Concepts And Control Bystems | Inveno | n No. | | Dated 13-May-201 Mode/Terms | |
| 1 | Sayali's Concepts And Control Bystems Rept Off 5/9 * Smith Sumane" R X Nager | Delive 945 | ny Nobs | 1 | 8 Days Other Refere | of Payment |
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| Description of Item | | Calibration method No. | - RTS-WI-03 (A | 0 |
| lame | - Battery Meter | | | |
| NO uke | - KIMSDU/PH/BM-01 | Range Least Count | > Selectable | |
| and a second | | Type | :- Selectable | |
| a Freedomenant | | Location | - Analog - Power House | |
| Details of Equipment u | - 6½ DMM | | - COMBI PICOSE | |
| me stificate No. | - CC/ECL/0701/17-18 | | | |
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| Deemed University, Karad Dist Satara- 415110 | | | - 1 of 1 | State of the local division of the local div |
| Temperature (°C) | 2.24.0 | Certificate No. Date of Received | - 19.06.25.002 | |
| Relative Humidity (% R) | 1) :- 51 | Date of Calibration | - 25.06.2019 | |
| Location of calibration | - In Lab/On site | Next Calibration Due O | - 25.06.2019 n :- 24.06.2020 | |
| 2. Description of Item | - OK | Calibration method No. | - RTS-WI-03 (| A) |
| Name | - Battery Meter | | | 100 million (1990) |
| ld No Make | - KIMSDU/PH/Phanes | Range | - Selectable | |
| AND CONTRACTOR | - Maco -BM-63 | Least Count Type | :- Selectable | |
| | | Location | - Analog | |
| 3.Details of Equipment | used for calibration | | :- Power House | 0 |
| NOT THE | - 6% DMM | and a second of the | | |
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2) CLAMP METER

| | | Telefas : 020-2 ett : 7709196666, 777405 E-mail : reliable1010 Web. : www.reliable1 | AL SERVICES 49772834-35 m, Pune - 411018. 421170 5755, 7774055855 Regmail.com | C DALLES | (43) |
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| nosteor. | of calibration | - In Lab | Date of Calibration Next Calibration Due | | |
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| ne | | - Universal Calibrator | Resistance Box | Universal Calibrat | |
| ficate fied B r. No. ration | y : | - CC/ECL/0695/16-17 - IDEMI - 20090604 - 05.07.2017 | CC/ECL/0702/16-17 IDEMI 20160610 11.07.2017 | CC/ECL/0698/16- IDEMI 20090604 11.07.2017 | |
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| 2. Descrip Name Id No Make & M | | - Clamp Meter - KIMSDU/PH/CM-01 - Meco -2502T-Auto | Least Count Type | - Selectable - Selectable - Digital - Power House | |
| | | - IDEMI | IDEMI 20090604 | | |
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| Relativo | Humidity (%RH : of calibration | - 22.3 - 54 - In Lab - OK | Date of Received Date of Calibration Next Calibration Due Co | - 18.07.03.001 - 03.07.2018 - 03.07.2018 - 02.07.2019 | |
| A STREET | ption of Item | | Calibration method No. | :- RTS-WI-02, 03 (A |), 07 |
| Name | | - Clamp Meter | | Contraction of the local division of the loc | |
| id No Make & N | fodel | - KIMSDU/PH/CM-01 - Meco -2502T-Auto | Range Least Count Type Location | :- Selectable :- Selectable :- Digital :- Power House | |
| Certified E ID/Sr. No. Calibration 4.Calibration A) DC Vol | Validity : | - 20090604 - 04.07.2018 | IDEMI 20090604 05.07.2018 | | |
| Range | Cal Points | Standard Reading | UUC Reading | Error in | Expanded Uncertainty ± |
| 200 mV 2 V 20 V 200 V 1000 V | 100 1 10 100 900 | 100.00 1.0000 10.00 100.00 900.0 | 100.2 1.004 10.08 100.9 902 | 0.2 0.004 0.08 0.9 2 | 0.31 0.03 0.60 0.65 2.25 |
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| Range | Cal Points | Standard Reading | UUC Reading | 0.004 | Uncertainty : 0.02 |
| 2 A 20 A 200 A 1000 A | 1 10 100 900 | 1.0000 10.00 100.00 900.0 | 1.004 10.06 100.8 902 | 0.06 0.8 2 | 0.20 0.98 0.98 |
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| 200 0 | 100 | 100 | UUC Reading | Error in | Expanded |
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| 2. Descrip Name Id No Make & Mi | | - Clamp Meter - KIMSDU/PH/CM-01 - Meco -2502T-Auto | Range Least Count Type Location | - Selectable - Selectable - Digital - Power House | |
| Name Certificate Certified B D/Sr. No. Calibration | Validity | - UNIVERSAL CALIBRA - CC/ECL/0619/18-19 - IDEMI - 09050591 - 02.07.2019 | T Universal Calibrator with CC/ECL/618/18-19 IDEMI 20090604 02.07.2019 | icc | |
| Range | age Cal Points | Standard Reading | UUC Reading | Error in | Expanded Uncertainty ± |
| 200 mV 2 V 20 V 200 V 1000 V | 100 1 10 100 900 | 100.00 1.0000 10.00 100.00 900.0 | 100.3 1,002 10.07 100.8 902 | 0.3 0.002 0.07 0.8 2 | 0.32 0.03 0.60 0.65 2.25 |
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| Details of Equipment used for calibration Certificate No. CC/ECL/0595/18-17 Resistance Box CC/ECL/0595/18-17 Universal Calibrator with CC Certificate No. CC/ECL/0595/18-17 DEM DEM CC/ECL/0595/18-17 DSr. No. 20050604 20160610 20050604 20050604 Calibration Validity 05.07.2017 11.07.2017 10.07.2017 Calibration Results A) DC Voltage Universal Calibrator with CC Zabration Validity 05.07.2017 11.07.2017 11.07.2017 200 mV 100 100.00 100.1 0.1 0.31 2 V 1 1.0000 1.004 0.004 0.03 2 N 10 100.00 100.8 0.8 0.05 2 N 1 | PROSE & INC | | Meco -25021-Auto | Туре | | |
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| 20 V 10 10.00 10.00 10.09 0.6 0.8 0.98 200 V 100 100.00 100.6 0.6 0.8 0.9 0.9 0.9 0.9 0.9 0.9 0.9 0.9 0.9 0.9 0.9 0.9 0.9 0.9 0.9 0.9 | 2 V 20 V 200 V 1000 V B) AC Volt | 10 100 500 age , 50 Hz | 100.00 500.0 | 100.8 501 UUC Reading | 1 Error in | 2.29 Expanded Uncertainty |
| 200 V 100 100 00 100 00 100 00 100 00 100 00 100 00 100 00 100 00 2 2.62 1000 V 500 500 0 500 2 2 2.62 2 2.62 AC Current, 50 Hz UUC Reading UUC Reading Error in Expands Range Cal Points Standard Reading UUC Reading 0.003 0.02 2 A 1 1.0000 1.003 0.003 0.02 20 A 10 10.00 10.04 0.04 0.20 20 A 100 100.00 100.8 0.6 0.99 200 A 100 560.0 503 3 0.9 | 2 V 20 V 200 V 1000 V B) AC Volt Range | 10 100 500 age , 50 Hz Cal Points | 100.00 500.0 Standard Reading 1.0000 | 100.8 501 UUC Reading 1.003 | 1 Error in 0.003 | 2.29 Expanded Uncertainty 0.02 |
| 1000 V 500 500.0 500.0 AC Current, 50 Hz Standard Reading UUC Reading Error in Expanded Uncertain Range Cal Points Standard Reading UUC Reading Error in Expanded Uncertain 2 A 1 1.0000 1.003 0.003 0.02 20 A 10 10.00 10.04 0.04 0.20 20 A 10 100.00 100.8 0.6 0.98 200 A 100 500.0 503 3 0.99 | 2 V 20 V 200 V 1000 V 3) AC Volt Range 2 V 20 V | 10 100 500 age , 50 Hz Cal Points 1 10 | 100.00 500.0 Standard Reading 1.0000 10.00 | 100.8 501 UUC Reading 1.003 10.04 | 1 Error in 0.003 0.04 | 2.29 Expanded Uncertainty 0.02 0.20 |
| Range Cal Points Standard Heating Uncertain 2 A 1 1.0000 1.003 0.003 0.02 20 A 10 10.00 10.04 0.04 0.20 20 A 10 100.00 100.8 0.6 0.98 200 A 100 500.0 503 3 0.99 | 2 V 20 V 200 V 1000 V 3 AC Volt Range 2 V 20 V 20 V 20 V | 10 100 500 age , 50 Hz Cal Points 1 10 100 | 100.00 500.0 Standard Reading 1.0000 10.00 100.00 | 100.8 501 UUC Reading 1.003 10.04 100.6 | 1 Error in 0.003 0.04 0.6 | 2.29 Expanded Uncertainty 0.02 0.20 0.98 |
| 2 A 1 1.0000 1.003 0.003 0.02 20 A 10 10.00 10.04 0.04 0.20 20 A 10 100.00 100.8 0.6 0.99 200 A 100 500.0 503 3 0.99 | 2 V 2D V 200 V 1000 V 3 AC Volt Range 2 V 20 V 20 V 20 V 20 V 1000 V | 10 100 500 age , 50 Hz Cal Points 1 10 100 500 | 100.00 500.0 Standard Reading 1.0000 10.00 100.00 | 100.8 501 UUC Reading 1.003 10.04 100.6 502 | 1 Error in 0.003 0.04 0.6 2 | 2.29 Expanded Uncertainty 0.02 0.20 0.98 2.62 |
| 2.A 1 1.0000 10.04 0.04 0.20 20.A 10 10.00 100.6 0.6 0.94 200.A 100 100.00 503 3 0.94 | 2 V 20 V 200 V 1000 V B) AC Volt Range 2 V 20 V 20 V 20 V 1000 V 20 V 20 V 20 V 20 V | 10 100 500 age , 50 Hz Cal Points 1 10 100 500 ent , 50 Hz | 100.00 500.0 Standard Reading 1.0000 10.00 100.00 500.0 | 100.8 501 UUC Reading 1.003 10.04 100.6 502 | 1 Error in 0.003 0.04 0.6 2 | 2.29 Expanded Uncertainty 0.02 0.20 0.98 2.62 Expanded |
| 20 A 10 10.00 100.6 0.6 0.98 200 A 100 100.00 503 3 0.99 | 2 V 20 V 1000 V 1000 V B) AC Volt Range 2 V 20 V 20 V 1000 V 1000 V 20 V 1000 V 1000 V | 10 100 500 age , 50 Hz Cal Points 1 10 100 500 ent , 50 Hz | 100.00 500.0 Standard Reading 1.0000 10.00 100.00 500.0 Standard Reading | 100.8 501 UUC Reading 1.003 10.04 100.6 502 UUC Reading | 1 Error in 0.003 0.04 0.6 2 Error in 0.003 | 2.29 Expanded Uncertainty 0.02 0.98 2.62 Expande Uncertain 0.02 |
| 200 A 100 500 0 503 3 0.9 | 2 V 20 V 200 V 1000 V B) AC Volt Range 2 V 20 V 20 V 200 V 1000 V 200 V 1000 V 200 V 1000 V 200 V | 10 100 500 age , 50 Hz Cal Points 1 10 100 500 ent , 50 Hz Cal Points 1 | 100.00 500.0 Standard Reading 1.0000 10.00 100.00 500.0 Standard Reading 1.0000 | 100.8 501 UUC Reading 1.003 10.04 100.6 502 UUC Reading 1.003 | 1 Error in 0.003 0.04 0.6 2 Error in 0.003 0.04 | 2.29 Expanded Uncertainty 0.02 0.98 2.62 Expande Uncertaint 0.02 0.20 |
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| | 2 V 20 V 200 V 1000 V B) AC Volt Range 2 V 20 V 20 V 200 V 1000 V 200 V 1000 V 200 V 200 V 200 V 200 A 200 A | 10 100 500 age , 50 Hz Cal Points 1 10 100 500 ent , 50 Hz Cal Points 1 10 10 10 | 100.00 500.0 Standard Reading 1.0000 10.00 500.0 Standard Reading 1.0000 10.00 10.00 10.00 | 100.8 501 UUC Reading 1.003 10.04 100.6 502 UUC Reading 1.003 10.04 100.6 | 1 Error in 0.003 0.04 0.6 2 Error in 0.003 0.04 0.6 | 2.29 Expanded Uncertainty 0.02 0.20 0.98 2.62 Expande Uncertaint 0.02 0.20 0.20 0.98 |

RELIABLE TECHNICAL SERVICES

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19.06.25.001 12 14/14

| Range | Cal Points | Standard Reading | UUC Reading | Error in | Expanded Uncertainty in |
|--------|------------|------------------|-------------|----------|----------------------------|
| 200 Ω | 100 | 100 | 100.3 | 0.3 | 0.50 |
| 2 kΩ | 1 | 1 | 1.003 | 0.003 | 1.16 |
| 20 kΩ | 100 | 100 | 10.05 | 0.05 | 0.12 |
| 200 kΩ | 100 | 100 | 10.05 | 0.5 | 1.16 |
| 2 MΩ | 1 | 1 | 1.006 | 0.006 | 0.12 |
| 20 MΩ | 10 | 10 | 10.11 | 0.11 | 1.16 |

Note: 1) The reported uncertainty is the expanded uncertainty in measurement obtained by multiplying the standard uncertainty by the civerage factor *k* =2, which corresponds to a coverage probability of approximately 95% for normal distribution 2) This certificate refers only to the particular item submitted for calibration. U/C stands for Unit Under Calibration. 3) The calibration results reported in the certificate are valid at the time of and under the stated conditions of measurement. 4) Calibration point were selected as per customer specifications. 5) This certificate shall not be reproduced, except in full unless written permission for the publication of an approved abstract. Item certificate shall not be reproduced, except in full unless written permission for the publication of an approved abstract. Item certificate used are traceable to National / International Standard.

Calibrated By

Pisable .

Assistant Technical Manager Rahul Soble



Approved By

Sm_. Technical Manager SACHIN A. MHASAWADA

RF-21, R0 UNE I BRANKSHING MANAGEMENT MANAGEMENT

| R | S REL | IABLE TECHNIC/ RELIABLE HOUSE 40 ret Tukaram Nager Pomor Telefax 020 27 di 17774055755 17714055 E-mail : reitablet0100 Web : www.retiablet00 | Pune 411018. 21170 855.7774058855 97588.com | CONCERNING AND | |
|--|--|--|--|--|---------------------------|
| TCUST | OMER | CALIBRATI | ON CERTIFICAT | | 2440244024463 |
| | Humidity (%RH of calibration of item | 10 23.2 54 In Lab/On Site OK | NABI According | - 1012 - C-0692 - 18.07.03.003 - 03.07.2018 - 03.07.2018 | A), 07 |
| Name | | - Clamp Meter - KIMSDU/PH/CM-02 | Range | | |
| Make & I | | - Meco-27-Auto - Digital | Least Count | > As per Manual - As per Manual | The second |
| | of Equipment | used for calibration | | | |
| Canifodia Destilled B DIST No. Castration | a Mai. Ay | - CC/ECL/0699/17-18 - IDEMI - 20090604 - 04.07.2018 | | Universal Calibrat CC/ECL/0700/17- IDEMI 20090604 | |
| A Calibrat | ion Results | 2 | | 05.07.2018 | |
| A DC Vol Range | Cal Points | Standard Reading | 1 | 100 million (1999) | |
| | 1 | 1.0000 | UUC Reading | Error in | Expanded Uncertainty ± |
| 2V 20V | 10 | 10.00 | 1.999 | 0.999 | 0.03 |
| 200 V 500 V | 550 | 100.00 | 99.8 549 | -0.2 | 0.65 |
| BLAC Volt | age , 50 Hz Cal Points | Standard Reading | | | |
| Range | | | UUC Reading | Error in | Expanded Uncertainty ± |
| 2V 20 V | 1 | 1.0000 | 1.998 | 0.998 | 0.02 |
| 205 V | 100 | 100.00 550.0 | 99.4 548 | -0.6 | 0.98 |
| STO V | 550 ent , 50 Hz | 550.0 | 040 | -2 | 2.01 |
| Range | Cal Points | Standard Reading | UUC Reading | Error in | Expanded Uncertainty ± |
| 2.4 | 1 | 1.000 | 0.996 | -0.004 | 0.43 |
| 20 A | 10 | 10.00 | 9.92 | -0.08 | 1.60 . |
| 20 4 | 100 | 100.0 400.0 | CAL 399 | -1 | 8.00 |
| | | and the second s | | | A CORDAN DI COMO DI |

| 1 C C C C C C C C C C C C C C C C C C C | MARE PR | | | | |
|---|---|---|---|---|---|
| Withhing It | | P | | | |
| Destrates | WATER OF MUCH | oal Sciences | Page No. | 1 of 2 | |
| No. of Concession, Name | at Satara-4151 | 10 | Cartificate No. | CC-2927 19.06.25.005 | - |
| and the second second | ure (*C) Jumidity (%RH | > 22.6 | Date of Received | 25.06.2019 | |
| and the second second | of calibration | - In Lab/On Site | Date of Calibration Next Calibration Due On | 25.06.2019 | |
| Condition | of Hern | - OK | Caubration method No. | RTS-WI-02, 03 (A). | 07 |
| Descrit | tion of Item | | ULR No. | CC2927190000112 | 31F |
| lama | | - Clamp Meter | Daniel | | |
| d No Auko & M | | - KIMSDU/PH/CM-02 - Meco-27-Auto | | - As per Manual - As per Manual | |
| yuke a m | over | - Digital | | - yes per manual | |
| | of Equipment | used for calibration | | | |
| Carrow C | | - UNIVERSAL CALIBRA | T(Universal Calibrator with C | | |
| ertificate | | | CC/ECL/618/18-19 | C | |
| ertified B | Y | - IDEMI - 09050591 | IDEMI | | |
| Sr. No. | | - 02.07.2019 | 20090604 | | 200 |
| | | | 02.07.2019 | | 1000 |
| | | | | | |
| Calibrati | on Results | 3+ | | | |
| Calibration DC Volta Range | on Results age Cal Points | :- Standard Reading | UUC Reading | Error in | Expanded |
| DC Volt Range | age Cal Points | Standard Reading | | | Uncertainty ± |
| DC Volt Range 2 V | Cal Points | Standard Reading | 1.999 | 0.999 | the second se |
| 2 V 20 V | age Cal Points | Standard Reading | | | Uncertainty ± 0.03 |
| 2 V 20 V 200 V 200 V | Cal Points 1 10 100 550 | Standard Reading 1.0000 10.00 | 1.999 9.95 | 0.999 -0.05 | Uncertainty ± 0.03 0.60 |
| 2 V 20 V 200 V 200 V | Cal Points 1 10 100 550 100 550 | Standard Reading 1.0000 10.00 100.00 550.0 | 1.999 9.95 99.7 549 | 0.999 -0.05 -0.3 -1 | Uncertainty ± 0.03 0.60 0.65 2.27 |
| 2 V 20 V 200 V 200 V | Cal Points 1 10 100 | Standard Reading 1.0000 10.00 100.00 | 1.999 9.95 99.7 | 0.999 -0.05 -0.3 | Uncertainty ± 0.03 0.60 0.65 |
| 2 V 20 V 20 V 200 V 500 V AC Volta tange | Cal Points 1 10 100 550 100 550 | Standard Reading 1.0000 10.00 100.00 550.0 | 1.999 9.95 99.7 549 UUC Reading 1.996 | 0.999 -0.05 -0.3 -1 Error in 0.996 | Uncertainty ± 0.03 0.60 0.65 2.27 Expanded Uncertainty ± 0.02 |
| DC Volt Range 2 V 20 V 200 V 500 V AC Volta tange 2 V | Cal Points 1 10 100 550 ge , 50 Hz Cal Points | Standard Reading 1.0000 10.00 100.00 550.0 Standard Reading | 1.999 9.95 99.7 549 UUC Reading 1.996 9.95 | 0.999 -0.05 -0.3 -1 Error in 0.996 -0.05 | Uncertainty ± 0.03 0.60 0.65 2.27 Expanded Uncertainty ± 0.02 0.20 |
| DC Volt Range 2 V 20 V 200 V 200 V 200 V 200 V 200 V 200 V 200 V 20 V 2 | age Cal Points 1 10 100 550 see , 50 Hz Cal Points 1 | Standard Reading 1.0000 10.00 100.00 550.0 Standard Reading 1.0000 | 1.999 9.95 99.7 549 UUC Reading 1.996 9.95 99.3 | 0.999 -0.05 -0.3 -1 Error in 0.996 -0.05 -0.7 | Uncertainty ± 0.03 0.60 0.65 2.27 Expanded Uncertainty : 0.02 0.20 0.98 |
| DC Volt Range 2 V 20 V 200 V 500 V AC Volta tange 2 V 20 V 200 V 500 V 200 V | age Cal Points 1 10 100 550 ge , 50 Hz Cal Points 1 10 100 550 | Standard Reading 1.0000 10.00 100.00 550.0 Standard Reading 1.0000 10.00 10.00 | 1.999 9.95 99.7 549 UUC Reading 1.996 9.95 | 0.999 -0.05 -0.3 -1 Error in 0.996 -0.05 | Uncertainty ± 0.03 0.60 0.65 2.27 Expanded Uncertainty ± 0.02 0.20 |
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| DC Volt Range 2 V 20 V 200 V 20 V | age Cal Points 1 10 100 550 ge , 50 Hz Cal Points 1 10 100 550 | Standard Reading 1.0000 10.00 100.00 550.0 Standard Reading 1.0000 10.00 10.00 10.00 10.00 | 1.999 9.95 99.7 549 UUC Reading 1.996 9.95 99.3 | 0.999 -0.05 -0.3 -1 Error in 0.996 -0.05 -0.7 -2 | Uncertainty ± 0.03 0.60 0.65 2.27 Expanded Uncertainty : 0.02 0.20 0.98 2.60 |
| DC Volt Range 2 V 20 V 200 V 20 V <t< td=""><td>age Cal Points 1 10 100 550 cal Points 1 10 100 550 nt , 50 Hz Cal Points</td><td>Standard Reading 1.0000 10.00 100.00 550.0 Standard Reading 1.0000 10.00 100.00 550.0 Standard Reading 1.0000 10.00 10.00 Standard Reading</td><td>1.999 9.95 99.7 549 UUC Reading 1.996 9.95 99.3 548 UUC Reading UUC Reading</td><td>0.999 -0.05 -0.3 -1 Error in 0.996 -0.05 -0.7 -2 Error in Error in</td><td>Uncertainty ± 0.03 0.60 0.65 2.27 Expanded Uncertainty : 0.02 0.20 0.98 2.60 Expanded Uncertainty 0.43</td></t<> | age Cal Points 1 10 100 550 cal Points 1 10 100 550 nt , 50 Hz Cal Points | Standard Reading 1.0000 10.00 100.00 550.0 Standard Reading 1.0000 10.00 100.00 550.0 Standard Reading 1.0000 10.00 10.00 Standard Reading | 1.999 9.95 99.7 549 UUC Reading 1.996 9.95 99.3 548 UUC Reading UUC Reading | 0.999 -0.05 -0.3 -1 Error in 0.996 -0.05 -0.7 -2 Error in Error in | Uncertainty ± 0.03 0.60 0.65 2.27 Expanded Uncertainty : 0.02 0.20 0.98 2.60 Expanded Uncertainty 0.43 |
| DC Volt Range 2 V 20 V 200 V 200 V 200 V 200 V 200 V 20 V 2 | age Cal Points 1 10 100 550 rge , 50 Hz Cal Points 1 10 100 550 nt , 50 Hz Cal Points 1 | Standard Reading 1.0000 10.00 100.00 550.0 Standard Reading 1.0000 10.00 100.00 550.0 Standard Reading 1.0000 100.00 550.0 Standard Reading 1.000 10.00 | 1.999 9.95 99.7 549 UUC Reading 1.996 9.95 99.3 548 UUC Reading | 0.999 -0.05 -0.3 -1 Error in 0.996 -0.05 -0.7 -2 Error in Error in -0.003 -0.09 | Uncertainty ± 0.03 0.60 0.65 2.27 Expanded Uncertainty : 0.02 0.20 0.98 2.60 Expanded Uncertainty 0.43 1.60 |
| DC Volt Range 2 V 200 V | age Cal Points 1 10 100 550 cal Points 1 10 100 550 nt , 50 Hz Cal Points | Standard Reading 1.0000 10.00 100.00 550.0 Standard Reading 1.0000 10.00 100.00 550.0 Standard Reading 1.0000 10.00 10.00 Standard Reading | 1.999 9.95 99.7 549 UUC Reading 1.996 9.95 99.3 548 UUC Reading UUC Reading | 0.999 -0.05 -0.3 -1 Error in 0.996 -0.05 -0.7 -2 Error in Error in | Uncertainty ± 0.03 0.60 0.65 2.27 Expanded Uncertainty : 0.02 0.20 0.98 2.60 Expanded Uncertainty 0.43 |

4) Clamp Meter

| A COMPANY | 100.00 | Contraction of the second s | IN CEPTERSON | | |
|---|--|--|---|--|--|
| | antifute Of Media | Cal Balance | ON CERTIFICATE | | |
| Automatical State | a Batana: 415110 | | PADE Anna I | of 2 | |
| 1.000 | un (95) | 22.4 | | 7.07.05.005 | - |
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| Concession of the | COMPANY - | In Lab | PREMI Confidentiation Character | 0.07.2017 04.07.2018 | |
| Condition | | OK | Calibration method No. > 1 | RTS-WE02, 03 (A). | 07 |
| Descript | tion of Item | 21 | the second se | | |
| Marriel | | Clamp Meter KIMISDU/PH/CM-03 | Range | - | |
| MARC & MA | sdel | Meco -27-Auto | Least Count | Selectable Selectable | |
| and the second s | | and a stand | Туре | Digital | |
| and the second second | / Foulpment w | sed for calibration | | Power House | |
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| Confied D | Y | IDEMI | | C/ECL/0698/15-1 DEMI | |
| DISP. NO. | | 20090604 05.07.2017 | 20160610 2 | 20090604 | |
| Contra proces | Vanary - | 00.07.2017 | 11.07.2017 1 | 11.07.2017 | |
| | | | | | |
| 4 Calibrati | on Results | (* | | | |
| a Calibrati A) DC Volt | age | | | | |
| | | Standard Reading | UUC Reading | Error in | Expanded |
| Range | age Cal Points | Standard Reading | | and a strend in | Uncertainty ± |
| A) DC Volt Range 200 mV | age | Standard Reading | 100.2 | 0.2 | and the second se |
| A) DC Volt Range 200 mV 2 V | Cal Points 100 | Standard Reading | | and a strend in | Uncertainty ± 0.31 |
| A) DC Volt Range 200 mV 2 V 20 V | age Cal Points 100 1 | Standard Reading 100.00 1.0000 | 100.2 1.004 | 0.2 | Uncertainty ± 0.31 0.03 0.60 0.65 |
| A) DC Volt Range 200 mV 2 V 20 V 20 V 200 V 600 V | age Cal Points 100 1 10 100 500 | Standard Reading 100.00 1.0000 10.00 | 100.2 1.004 10.06 | 0.2 0.004 0.06 | Uncertainty ± 0.31 0.03 0.60 |
| A) DC Volt Range 200 mV 2 V 20 V 20 V 200 V 600 V | age Cal Points 100 1 10 100 500 age , 50 Hz | Standard Reading 100.00 1.0000 10.00 100.00 500.0 | 100.2 1.004 10.06 100.8 500 | 0.2 0.004 0.06 0.8 0 | Uncertainty ± 0.31 0.03 0.60 0.65 2.28 |
| A) DC Volt Range 200 mV 2 V 20 V 20 V 200 V 600 V | age Cal Points 100 1 10 100 500 | Standard Reading 100.00 1.0000 10.00 100.00 | 100.2 1.004 10.08 100.8 | 0.2 0.004 0.06 0.8 | Uncertainty ± 0.31 0.03 0.60 0.65 2.28 Expanded |
| A) DC Volt Range 200 mV 2 V 200 V 200 V 600 V 0 AC Volt Range | age Cal Points 100 1 100 500 see , 50 Hz Cal Points | Standard Reading 100.00 1.0000 10.00 100.00 500.0 Standard Reading | 100.2 1.004 10.06 100.8 500 | 0.2 0.004 0.06 0.8 0 | Uncertainty ± 0.31 0.03 0.60 0.65 2.28 Expanded Uncertainty 0.02 |
| A DC Volt Range 200 mV 2 V 20 V 200 V 600 V 600 V 1 AC Volt Range 2 V | age Cal Points 100 1 100 500 sge , 50 Hz Cal Points 1 | Standard Reading 100.00 1.0000 10.00 100.00 500.0 Standard Reading 1.0000 | 100.2 1.004 10.06 100.8 500 | 0.2 0.004 0.06 0.8 0 Error in 0.003 0.04 | Uncertainty ± 0.31 0.03 0.60 0.65 2.28 Expanded Uncertainty 0.02 0.20 |
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| C Volt Range 200 mV 2 V 20 V | age Cal Points 100 1 100 500 age , 50 Hz Cal Points 1 10 100 | Standard Reading 100.00 1.0000 10.00 100.00 500.0 Standard Reading 1.0000 | 100.2 1.004 10.06 100.8 500 UUC Reading 1.003 10.04 | 0.2 0.004 0.06 0.8 0 Error in 0.003 0.04 | Uncertainty ± 0.31 0.03 0.60 0.65 2.28 Expanded Uncertainty 0.02 0.20 |
| A DC Volt Range 200 mV 2 V 200 V 200 V 600 V 7 AC Voltz Range 2 V 200 V 200 V 200 V 200 V 200 V 200 V 200 V 200 V | age Cal Points 100 1 10 500 500 Cal Points 1 10 100 500 | Standard Reading 100.00 1.0000 100.00 100.00 500.0 Standard Reading 1.0000 100.00 500.0 | 100.2 1.004 10.06 100.8 500 UUC Reading 1.003 10.04 100.6 502 | 0.2 0.004 0.06 0.8 0 Error in 0.003 0.04 0.6 2 | Uncertainty ± 0.31 0.03 0.60 0.65 2.28 Expanded Uncertainty 0.02 0.20 0.98 2.63 |
| A DC Volt Range 200 mV 2 V 20 V 200 V 400 V | age Cal Points 100 1 100 500 age , 50 Hz Cal Points 1 10 100 | Standard Reading 100.00 1.0000 10.00 100.00 500.0 Standard Reading 1.0000 10.00 10.00 10.00 10.00 | 100.2 1.004 10.06 100.8 500 UUC Reading 1.003 10.04 100.6 | 0.2 0.004 0.06 0.8 0 Error in 0.003 0.04 0.6 | Uncertainty ± 0.31 0.03 0.60 0.65 2.28 Expanded Uncertainty 0.02 0.20 0.98 2.63 Expande |
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| A DC Volt Range 200 mV 2 V 20 V 20 V 200 V 600 V 0 AC Volt Range 2 V 20 V 200 V 600 V 200 V 600 V 4 AC Curr Range | age Cal Points 100 1 100 500 200 Cal Points 1 10 100 500 ent , 50 Hz | Standard Reading 100.00 1.0000 10.00 10.00 100.00 500.0 Standard Reading 1.0000 100.00 500.0 Standard Reading 1.0000 100.00 500.0 Standard Reading 1.0000 100.00 500.0 | 100.2 1.004 10.06 100.8 500 UUC Reading 1.003 10.04 100.6 502 UUC Reading UUC Reading 1.001 | 0.2 0.004 0.06 0.8 0 Error in 0.003 0.04 0.6 2 Error in | Uncertainty ± 0.31 0.03 0.60 0.65 2.28 Expanded Uncertainty 0.02 0.20 0.98 2.63 Expande Uncertaint 0.02 0.20 0.98 0.98 0.98 0.98 0.98 0.98 0.98 0.9 |
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| Deemed | University, ist Satara- 4151 | | NABI According | - 1 0 2 | |
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| Solative | Humidity (%RH | :- 53 | Date of Cathert | - 03.07.2018 | |
| Location Condition | of calibration of Item | :- In Lab/On Site :- OK | Calibration Due On | - 03.07.2018 - 02.07.2019 | |
| | ption of Item | | | - RTS-WI-02, 03 | (A), 07 |
| Name No | | - Clamp Meter - KIMSDU/PH/CM-03 | Range | | |
| Make & M | hoder | - Meco-27-Auto | Least Count | - As per Manual - As per Manual | |
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| lame ertificate | | - Universal Calibratas | And the second second | Haber | |
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| 200 V | 100 | 100.00 | 99.7 | -0.3 | 0.65 |
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| 2 V | 1 | 1.0000 | 1.999 | 0.999 | Uncertainty ± 0.02 |
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| | | et Satara 4151 ure (*C) tumidity (%RH) of celibration of item etion of item edet of Equipment No. y Validity on Results age Cal Points 1 10 100 550 age , 50 Hz Cal Points 1 10 100 550 ent , 50 Hz Cal Points 1 10 100 550 ent , 50 Hz | at Satisra 415110 22.8 tumidity (%RH - 55 55 of calibration - In Lat/On Site of term - OK pillon of item - OK pillon of item - Clamp Meter - KIMSDU/PH/CM-03 - Meco-27-Auto - Digital - Meco-27-Auto odel - Meco-27-Auto - Digital - CC/ECL/0019/18-19 y - IDEMI - 09050591 - 09050591 Validity - 02.07.2019 on Results - age - Cal Points Standard Reading 1 1.0000 10 10.00 10 10.00 10 10.00 10 10.00 10 10.00 10 10.00 10 10.00 10 10.00 10 10.00 10 10.00 10 10.00 10 10.00 10 10.00 10 10.00 10 | at Saters 415110 NABL Accreditention No. Calibration Store une (*C) -22.8 Date of Recensed - tamidity (%ER)+ 55 Date of Calibration Store - of calibration - In Lab/On Site Date of Calibration Store - of them - OK Date of Calibration Store - pition of Rem - Clamp Meter - - - KIMSDU/PH/CM-03 Range - - codel - Meco-27-Auto - - - of Equipment used for calibration - - - - No. - CC/ECL/0019/18-19 CC/ECL/018/18-19 - - y - IDEMI - 02.07.2019 02.07.2019 02.07.2019 on Results - - - - - - age - - - - - - Cal Points Standard Reading UUC Reading - - 10 10.00 <t< td=""><td>Art Stature Attention NABL Accreditation No. C.G.2927 une (C) 22.8 Date of Reserved 26.09.25.000 of term 0 Extension 25.09.2016 of term 0 K Date of Reserved 25.09.2016 of Equipment used for calibration 26.09.2016 20.09.2020 of Equipment used for calibration 26.09.2016 20.09.2016 of Equipment used for calibration 0 CC/ECL/0010/18-19 CC/ECL/010/18-19 20.090004 validity 0 2.07.2019 0 2.07.2019 0 2.07.2019 on Results 2 2 2 age Cal Points Standard Reading UUC Reading Error in 1 1.0000 9.98 -0.02 10 10.00 9.98 -0.02</td></t<> | Art Stature Attention NABL Accreditation No. C.G.2927 une (C) 22.8 Date of Reserved 26.09.25.000 of term 0 Extension 25.09.2016 of term 0 K Date of Reserved 25.09.2016 of Equipment used for calibration 26.09.2016 20.09.2020 of Equipment used for calibration 26.09.2016 20.09.2016 of Equipment used for calibration 0 CC/ECL/0010/18-19 CC/ECL/010/18-19 20.090004 validity 0 2.07.2019 0 2.07.2019 0 2.07.2019 on Results 2 2 2 age Cal Points Standard Reading UUC Reading Error in 1 1.0000 9.98 -0.02 10 10.00 9.98 -0.02 | |

5) Clamp Meter

RELIABLE TECHNICAL SERVICES TRELIABLE HOUSE" 497/2834-35, Sant Tukaram Nagar. Pimpri, Pume - 411018, Tetefax : 020-22421170 Cett : 7709196666, 7774055755, 7774055855 E-mail : retlable1010segmail.com Web. : www.retlabletechnicals.com And these is not [DAkks CALIBRATION CERTIFICATE and in CAL mas institute Of Medical Bolences and University. 9 Dist Satara-415110 Page No. 1 61 1 Certificate No Date of Received Date of Calibration 17 07 05 006 rature (°C) - 22.7 05.07.2017 we Humidity (%RH > 52 05.07.2017 Next Calibration Dup On - 04 07 2018 on of calibration - In Lab Calibration method No. > RTS-WI-02, 03 (A), 07 mon of item - OK Description of Item Multimeter Range Least Count Selectable KIMSDU/PH/MM-01 Selectable - Sanwa -YX-360 TRF te & Model Analog Power House Type Location Details of Equipment used for calibration Resistance Box CC/ECL/0702/16-17 Universal Calibrator aticate No. - CC/ECL/0695/18-17 ned By - IDEMI IDEMI - 20090604 20160610 St. No. - 05.07 2017 bration Validity 11.07.2017 Calibration Results DC Voltage Expanded UUC Reading Error in Standard Reading Cal Points tange Uncertainty ± % 0.10 -0.0005 5.0005 5 10 V 0.10 -0.003 30 30.003 50 V 250 V 30 0.10 200 -0.1 200.06 200 0.10 -1 1000 1001.0 V 0001 1000 AC Voltage , 50 Hz Expanded Error in **UUC Reading** Standard Reading Cal Points Uncertainty ± % lange 0.20 0.0003 5.0003 0.20 5 -0.005 10 V 30 30.005 0.20 -100.1 50 V 250 V 750 V 30 200 300.08 0.20 200 -1 750 751.0 750 IN REAL PROPERTY AND INCOME. IN CASE OF A DESCRIPTION OF

| R | S RELL San Cel | ABLE TECHNICA RELIABLE HOUSE 497 Telefax: 020-2743 Totefax: 020-2743 7774055755, 7774055 E-mail: retiable101000 Web.: www.retiabletec | Pune 411018. 21170 355,7774058855 8mail.com hnicals.com | ATTRICATION 001:2015 VCRISOTERY MCRISOTERY MCRISOTERY | |
|--|--|---|--|---|--|
| | MER | CALIBRATI | ONCEPT |] [[_]64 | ent Conna Connel |
| Karad ,Di Temperat Relative H Location C Condition | st.Satara-415111 ure (°C) | 0 | Date of Calibrati :- 0 | 03.07.2018 03.07.2018 03.07.2018 | , 07 |
| 2. Descrip | ntion of Item | 01 | | | |
| Name Id No Make & M Type | odel :- ;- | Clamp Meter KIMSDU/PH/CM-04 Fluke-303 Digital sed for calibration | | As per Manual As per Manual | |
| Certificate Certified B D/Sr. No. Celibration | y i- | CC/ECL/0699/17-18 IDEMI 20090604 04.07.2018 | Universal Calibrator with Co CC/ECL/0700/17-18 IDEMI 20090604 05.07.2018 | | |
| DC Volt | age | | | | |
| Range | Cal Points | Standard Reading | UUC Reading | Error in | Expanded |
| 600 V | 10 100 300 400 590 | 10.00 100.00 300.00 400.00 590.00 | 9.6 99.7 299.6 399.3 589.2 | -0.4 -0.3 -0.4 -0.7 -0.8 | Uncertainty ± 0.31 0.31 0.13 0.60 0.65 |
| 000 0 | 000 | | | | |
| | | | | | Expanded |
| AC Volta | ge , 50 Hz Cal Points | Standard Reading | UUC Reading | Error in | Uncertainty ± |
| | ge , 50 Hz Cal Points 10 100 300 400 | 10.000 100.00 300.00 400.00 | UUC Reading 9.8 99.5 299.4 399.2 589.1 | -0.2 -0.5 -0.6 -0.8 -0.9 | Control Control of Con |
| AC Volta Range | ge , 50 Hz Cal Points 10 100 300 400 590 | 10.000 100.00 300.00 | 9.8 99.5 299.4 399.2 589.1 | -0.2 -0.5 -0.6 -0.8 -0.9 | Uncertainty ± 0.40 0.40 0.14 0.20 0.98 |
| AC Volta Range | ge , 50 Hz Cal Points 10 100 300 400 | 10.000 100.00 300.00 400.00 | 9.8 99.5 299.4 399.2 589.1 UUC Reading | -0.2 -0.5 -0.6 -0.8 -0.9 Error in | Uncertainty ± 0.40 0.40 0.14 0.20 0.98 Expanded Uncertainty ± |
| AC Volta tange 00 V C Curre | 10 10 100 300 400 590 nt, 50 Hz | 10.000 100.00 300.00 400.00 590.00 Standard Reading 100.000 | 9.8 99.5 299.4 399.2 589.1 | -0.2 -0.5 -0.6 -0.8 -0.9 | Uncertainty ± 0.40 0.40 0.14 0.20 0.98 Expanded |

| TOMER to institute Of Me d University. Dist.Satara-4151 mature (°C) the Humidity (%RH on of calibration | 10 | N CERTIFICATE Page No. | 12 | |
|--|---|--|--|---|
| Dist. Setara- 4151 rature (°C) Humidity (%RH | 10 | | 22 | |
| Dist. Setara- 4151 arature (°C) re Humidity (%RH | | | | The second second |
| erature (°C) e Humidity (%RH | | NABL Accreditation No C Certificate No 1 | 30-2927 | 1 |
| e Humidity (%RH | - 22.6 | The second se | 19.06.25.004 | |
| no of calibration | - 53 | Date of Calibration | 25.06.2019 | and the second second |
| af lease | | Next Calibration Due On :- 2 | 24.06.2020 | ~ |
| ion of Item | :- OK | Catibration method No. :- ULR No. | RTS-WI-02, 03 (A). CC29271900001123 | 07 33F |
| cription of Item | | | GGESETTSGUGSTTS | |
| | - Clamp Meter | Range :- | As per Manual | |
| & Model | - KIMSDU/PH/CM-04 | Least Count :- | As per Manual | |
| 2 Million . | - Fluke-303 - Digital | | | -1- 141 201 |
| De Tuta de La | | | | |
| ils of Equipment | used for calibration | | | |
| ate No. | UNIVERSAL CALIBRATO | | C | |
| d By | :- IDEMI | CC/ECL/618/18-19 IDEMI | | |
| | :- 09050591 | 20090604 | | |
| NO. | :- 02.07.2019 | | | |
| No. ition Validity | | 02.07.2019 | | |
| tion Validity | | 02.07.2019 | | |
| tion Validity | | 02.07.2019 | | |
| tion Validity pration Results Voltage | t - | 02.07.2019 UUC Reading | Error in | Expanded |
| ition Validity pration Results Voltage ge Cal Points | :- Standard Reading | UUC Reading | Error in | Expanded Uncertainty ± 0.32 |
| tion Validity pration Results Voltage ge Cal Points 10 | :- Standard Reading 10.00 | | | Uncertainty ± 0.32 0.32 |
| tion Validity pration Results Voltage Ge Cal Points 10 100 | :- Standard Reading | UUC Reading 10.0 99.8 299.7 | 0.0 -0.2 -0.3 | Uncertainty ± 0.32 0.32 0.14 |
| tion Validity ration Results Voltage Ge Cal Points 10 100 V 300 | :- Standard Reading 10.00 100.00 | UUC Reading 10.0 99.8 299.7 399.3 | 0.0 -0.2 -0.3 -0.7 | Uncertainty ± 0.32 0.32 0.14 0.60 |
| tion Validity vation Results Voltage Ge Cal Points 10 100 | | UUC Reading 10.0 99.8 299.7 | 0.0 -0.2 -0.3 | Uncertainty ± 0.32 0.32 0.14 |
| tion Validity voltage ge Cal Points 10 100 V 300 400 590 Voltage , 50 Hz | :- Standard Reading 10.00 100.00 300.00 400.00 590.00 | UUC Reading 10.0 99.8 299.7 399.3 589.3 | 0.0 -0.2 -0.3 -0.7 | Uncertainty ± 0.32 0.32 0.14 0.60 0.65 Expanded |
| tion Validity pration Results Voltage ge Cal Points 10 100 V 300 400 590 Voltage, 50 Hz | :- Standard Reading 10.00 100.00 300.00 400.00 590.00 | UUC Reading 10.0 99.8 299.7 399.3 | 0.0 -0.2 -0.3 -0.7 -0.7 Error in | Uncertainty ± 0.32 0.32 0.14 0.60 0.65 Expanded Uncertainty ± |
| tion Validity pration Results Voltage ge Cal Points 10 100 V 300 400 590 Voltage , 50 Hz ge Cal Points | :- Standard Reading 10.00 100.00 300.00 400.00 590.00 Standard Reading | UUC Reading 10.0 99.8 299.7 399.3 589.3 UUC Reading 10.0 | 0.0 -0.2 -0.3 -0.7 -0.7 Error in 0.0 | Uncertainty ± 0.32 0.32 0.14 0.60 0.65 Expanded |
| tion Validity voltage ge Cal Points 10 100 V 300 400 590 Voltage, 50 Hz ge Cal Points 10 100 100 100 100 100 100 100 | :- Standard Reading 10.00 100.00 300.00 400.00 590.00 | UUC Reading 10.0 99.8 299.7 399.3 589.3 UUC Reading 10.0 99.9 | 0.0 -0.2 -0.3 -0.7 -0.7 Error in 0.0 -0.1 | Uncertainty ± 0.32 0.32 0.14 0.60 0.65 Expanded Uncertainty ± 0.40 |
| tion Validity voltage ge Cal Points 10 100 V 300 400 590 Voltage, 50 Hz 10 10 100 100 100 100 100 100 100 100 | :- Standard Reading 10.00 100.00 300.00 400.00 590.00 Standard Reading 10.000 | UUC Reading 10.0 99.8 299.7 399.3 589.3 UUC Reading 10.0 99.9 299.7 | 0.0 -0.2 -0.3 -0.7 -0.7 Error in 0.0 | Uncertainty ± 0.32 0.32 0.14 0.60 0.65 Expanded Uncertainty ± 0.40 0.41 0.41 0.14 0.20 |
| tion Validity ration Results Voltage ge Cal Points 10 100 V 300 400 590 Voltage, 50 Hz 10 100 100 V 300 | | UUC Reading 10.0 99.8 299.7 399.3 589.3 UUC Reading 10.0 99.9 299.7 399.2 | 0.0 -0.2 -0.3 -0.7 -0.7 Error in 0.0 -0.1 -0.3 | Uncertainty ± 0.32 0.32 0.14 0.60 0.65 Expanded Uncertainty ± 0.40 0.41 0.14 |
| tion Validity voltage ge Cal Points 10 100 V 300 400 590 Voltage, 50 Hz ge Cal Points 10 100 V 300 400 590 Voltage, 50 Hz 0 10 100 V 300 400 | :- Standard Reading 10.00 100.00 300.00 400.00 590.00 Standard Reading 10.000 100.00 300.00 | UUC Reading 10.0 99.8 299.7 399.3 589.3 UUC Reading 10.0 99.9 299.7 | 0.0 -0.2 -0.3 -0.7 -0.7 Error in 0.0 -0.1 -0.3 -0.8 | Uncertainty ± 0.32 0.32 0.14 0.60 0.65 Expanded Uncertainty ± 0.40 0.41 0.14 0.20 0.98 |
| tion Validity voltage ge Cal Points 10 100 V 300 400 590 Voltage , 50 Hz ge Cal Points 10 100 V 300 400 590 Voltage , 50 Hz 10 10 100 590 | :- Standard Reading 10.00 100.00 300.00 400.00 590.00 Standard Reading 10.000 100.00 300.00 400.00 300.00 400.00 590.00 | UUC Reading 10.0 99.8 299.7 399.3 589.3 UUC Reading 10.0 99.9 299.7 399.2 | 0.0 -0.2 -0.3 -0.7 -0.7 Error in 0.0 -0.1 -0.3 -0.8 | Uncertainty ± 0.32 0.32 0.14 0.60 0.65 Expanded Uncertainty ± 0.40 0.41 0.14 0.20 0.98 Expanded |
| tion Validity pration Results Voltage ge Cal Points 10 100 V 300 400 590 Voltage , 50 Hz Ge Cal Points 10 10 100 V 300 400 590 Voltage , 50 Hz 0 0 0 0 0 0 0 0 0 0 0 0 0 | :- Standard Reading 10.00 100.00 300.00 400.00 590.00 Standard Reading 10.000 100.00 300.00 400.00 590.00 Standard Reading | UUC Reading 10.0 99.8 299.7 399.3 589.3 UUC Reading 10.0 99.9 299.7 399.2 589.3 UUC Reading UUC Reading | 0.0 -0.2 -0.3 -0.7 -0.7 Error in 0.0 -0.1 -0.3 -0.8 -0.7 Error in | Uncertainty ± 0.32 0.32 0.14 0.60 0.65 Expanded Uncertainty ± 0.40 0.41 0.14 0.20 0.98 Expanded Uncertainty |
| tion Validity rration Results Voltage ge Cal Points 10 100 V 300 400 590 Voltage , 50 Hz 10 10 V 300 400 590 Voltage , 50 Hz 10 10 0 0 0 0 0 0 0 0 0 0 0 0 0 | :- Standard Reading 10.00 100.00 300.00 400.00 590.00 Standard Reading 10.000 100.00 300.00 400.00 590.00 Standard Reading Standard Reading | UUC Reading 10.0 99.8 299.7 399.3 589.3 UUC Reading 10.0 99.9 299.7 399.2 589.3 UUC Reading UUC Reading UUC Reading | 0.0 -0.2 -0.3 -0.7 -0.7 Error in 0.0 -0.1 -0.3 -0.8 -0.7 Error in Error in -0.1 | Uncertainty ± 0.32 0.32 0.14 0.60 0.65 Expanded Uncertainty ± 0.40 0.41 0.14 0.20 0.98 Expanded |
| tion Validity rration Results Voltage ge Cal Points 10 100 V 300 400 590 Voltage, 50 Hz ge Cal Points 10 100 V 300 400 590 Current, 50 Hz e Cal Points 100 100 | | UUC Reading 10.0 99.8 299.7 399.3 589.3 UUC Reading 10.0 99.9 299.7 399.2 589.3 UUC Reading UUC Reading UUC Reading 99.9 299.7 399.2 589.3 | 0.0 -0.2 -0.3 -0.7 -0.7 Error in 0.0 -0.1 -0.3 -0.8 -0.7 Error in Error in -0.1 -0.3 | Uncertainty ± 0.32 0.32 0.14 0.60 0.65 Expanded Uncertainty ± 0.40 0.41 0.14 0.20 0.98 Expanded Uncertainty 0.43 |
| tion Validity ration Results Voltage ge Cal Points 10 100 V 300 400 590 Voltage, 50 Hz 10 Cal Points 10 V 300 400 590 Current, 50 Hz e Cal Points | :- Standard Reading 10.00 100.00 300.00 400.00 590.00 Standard Reading 10.000 100.00 300.00 400.00 590.00 Standard Reading Standard Reading | UUC Reading 10.0 99.8 299.7 399.3 589.3 UUC Reading 10.0 99.9 299.7 399.2 589.3 UUC Reading UUC Reading UUC Reading 99.9 299.7 399.2 589.3 | 0.0 -0.2 -0.3 -0.7 -0.7 Error in 0.0 -0.1 -0.3 -0.8 -0.7 Error in Error in -0.1 | Uncertainty ± 0.32 0.32 0.14 0.60 0.65 Expanded Uncertainty ± 0.40 0.41 0.14 0.20 0.98 Expanded Uncertainty 0.43 1.60 |

6) Insulation Tester

RELIABLE TECHNICAL SERVICES "RELIABLE HOUSE" 497/2834-35. Sant Tukaram Nagar. Pimpri, Pune - 411018. Telefax: 020-27421170 Cell: 7709196666, 7774055755, 7774055855 E-mail: reliable10100gmail.com ----Web. : www.reliabletechnicals.com DAkks CALIBRATION CERTIFICATE CUSTOMER Institute Of Medical Sciences Page No. 1 of 1 ad Dist Satara 415110 Certificate No. mperature (°C) - 22 : utive Humidity (% RH) - 51 Date of Received Date of Calibration 17.07.05.004 - 22.5 - 05.07.2017 Next Calibration Due On - 04.07.2018 Calibration method No - RTS-WI-07 ation of calibration - In Lab/On site on of Item - OK Description of Item - Insulation Tester - KIMSDU/PH/DIT-01 Range Least Count Selectable - Meco -DIT-99E - Selectable take & Model Type - Digital - Power House Location Details of Equipment used for calibration - Resistance Box High Resistance Jig Certificate No. Certified By - CC/ECL/0702/16-17 16172525/ET/01 - IDEMI ASPI :- 20160610 DIST. No. 201609285 Calibration Validity :- 11.07.2017 12.09.2017 Calibration Results Exp. Uncertain Error in Test Voltage Standard Reading **UUC** Reading MQ MQ MQ 2.34 1 2.34 -3 197 200.0 2.34 -5 495 500.0 1000 V 2.34 7 993 1000.0 2.36 1991 -9 2000.0 1) The reported uncertainty is the expanded uncertainty in measurement obtained by multiplying the standard uncertainty by the coverage factor k = 2, which corresponds to a coverage probability of approximately 95% for normal distribution
 2) This certificate refers only to the particular item submitted for calibration. UUC stands for Unit Under Calibration. 3) The calibration results reported in the certificate are valid at the time of and under the stated conditions of measurement. a) This certificate shall not be reproduced, except in full unless written permission for the publication of an approved abstract () Calibration point were selected as per customer specifications. tas been obtained from the Technical Manager of "Reliable Technical Services, Pune") The Standard used are traceable to National / International Standard. Approved By Back Calibrated By Technical Manager man SACHIN A. MHASAWA Calibration Engineer ayur More RF-21, RO AL DESCRIPTION OF TAXABLE PARTY OF TAXABLE PARTY.

| P | Web. : www.rel | abletechnicals.com | | ISO GOOT:2015 |
|--|---|---|--|---|
| 1.CUSTOMER | CALIBRAT | ION CERTIFICAT | | |
| Krishna Institute Of N | ledical Sciences | Page No. | E | and the second second |
| Deemed University, Karad ,Dist Satara- 41511 Temperature. (*C) Relative Humidity (% R Location of calibration Condition of Item 2, Description of Item | 10 22.5 IH) 51 In Lab/On site OK | Certificate No. Date of Received Date of Calibration Next Calibration Due On | - 18.06.25.001 - 26.06.2018 - 26.05.2018 | |
| Name | :- Insulation Tester | | | |
| ld No Make & Model | - KIMSDU/PH/DIT-01 - Meco -DIT-99E | Range Least Count Type Location | :- Selectable :- Selectable :- Digital :- Power House | |
| 3.Details of Equipmen | nt used for calibration | | | |
| Name Certificate No. Certified By ID/Sr. No. Calibration Validity | - Resistance Box - VI/17-18/1823-02 - VI - 20160610 - 27-06-2018 | High Resistance Jig CC/ECL/1133/17-18 IDEMI RTS-RB-05 13.09.2018 | | |
| 4.Calibration Results | 14 | | | |
| Test Voltage | Standard Reading | UUC Reading | Error in | Exp. Uncertainty in |
| 1000 V | MQ 100.0 200.0 500.0 1000.0 2000.0 | <u>ΜΩ</u> 99 198 496 995 1993 | <u>ΜΩ</u> -1. -2 -4 -5 -7 | % 2.34 2.34 2.34 2.34 2.34 2.36 |
| overage factor k =2, which c This certificate refers only The calibration results reputed and the calibration point were sele | the expanded uncertainty in measuresponds to a coverage probat to the particular item submitted for orted in the certificate are valid al acted as per customer specification a reproduced, except in full unless rechnical Manager of "Deltable T able to National / Information | asurement obtained by multiplyin bility of approximately 95% for n or calibration. UUC stands for L the time of and under the state ons. s written permission for the pub echnical Services, Pune". | ng the standard un ormal distribution Jnit Under Calibra d conditions of me | certainty by the tion. easurement. |

| | AND DESCRIPTION OF THE OWNER OWNER OF THE OWNER | | Sakar Talearan Stagar. Shakran (Stagar) Shakran (Stagar) Stagar (Stagar) | THE ALL STAT | CANTER ALS NO. |
|---|--|--|--|--|---|
| Keinsteren | MITTER. | CALIBRAT | ON CERTIFICATE | | 1 05-9997 |
| | | dical Sciences | Page No | a line | |
| | | 10 | PARTER AN | ~ 1 cf 1 | and the second se |
| | | | Certificate No. | - CC-2927 - 19.05.25.003 | and the second second |
| | umidity (% RH) calibration | >49 | Date of Calibration | - 25.05.2019 | 1 1 1 1 1 1 1 1 1 1 |
| | | > In Lab | | - 25.05.2019 | |
| Descrip | tion of Item | | Calibration method No. ULR No. | - RTE-WI-03 (| 43 |
| INAMO | | > Insulation Tester | | - CC29271900 | 0011236F |
| Mana & Mo | and | - PUINSISENU//PUINS | Rango | - As per manu | al here |
| | | - Meco -DIT-99E | Least Count | > As per manu | |
| Type | | a distance of the second se | Losation | | |
| 3 Details of | Equipment u | sed for calibration | and the second se | > Power House | |
| ALATTAR | | - Resistance fic- | High D. | | |
| Certificate N Certified By | 0. | - VI/18-19/5174-01 | High Resistance Jig CC/ECL/711/18-19 | | |
| owir No. | | - 20160610 | IDEMI | | |
| allonation V | alidity | - 13.11.2019 | RTS-RB-05 | | |
| | | | 15.07.2019 | | |
| Calibration est Voltage | Cal Point | Charles 1 | | | |
| VDC | MO | Standard Reading MO | UUC Reading | Error in | Expanded Unc. In s |
| 1000 | 20 | 20 | MQ | MO | % |
| 1000 | 200 | 200 | 19.98 | -0.02 | 1.2 |
| 1000 | 500 | 500 | 499 | -0.1 | 2.3 |
| 1000 | 2000 | 2000 | 1998 | -2 | 2.4 |
| e: A recorded ut | certainty is the | WY CLEVENCE CONTRACT OF A DESCRIPTION OF | | | |
| e reported un rage factor k is certificate e calibration ibration poin s certificate s ien obtained | refers only to the results reported t were selected thail not be report from the Techn | particular item submitted for in the certificate are valid at t as per customer specification | ity of approximately 65% for no calibration. UUC stands for Ur the time of and under the stated is written permission for the public chnical Services, Pune*. | mail distribution nit Under Calibre I conditions of me | ion. sasurament. |
| e reported un rage factor k is certificate e calibration libration poin s certificate s sen obtained | refers only to the results reported t were selected thail not be report from the Techn | particular item submitted for in the certificate are valid at t as per customer specification oduced, except in full unless ical Manager of "Reliable Ter e to National / International S | ity of approximately 65% for no calibration. UUC stands for Ur the time of and under the stated is written permission for the public chnical Services, Pune*. | mail distribution nit Under Calibre I conditions of me | lion. saturement. oved abstract |
| e reported un rege factor k la cestificate e calibration libration poin a certificate s en obtained Standard us ated By | refers only to the results reported t were selected thail not be repor- from the Techn red are traceable | provide to a coveringe probability of particular item submitted for in the certificate are valid at the as per customer specification oduced, except in full unless lical Manager of "Reliable Test | ity of approximately 65% for no calibration. UUC stands for Ur the time of and under the stated is written permission for the public chnical Services, Pune*. | rmal distribution nit Under Calibre Loonditions of me cation of an appr | tion. securement. oved abstract I By |
| e reported un rage factor k is cestificate e calibration ibration poin ibration poin ibration poin ibration point ibration point ibraticate s is no obtained Standard us atted By Mich. C. | refers only to the results reported t were selected thail not be repor- from the Techn led are traceable | particular item submitted for in the certificate are valid at t as per customer specification oduced, except in full unless ical Manager of "Reliable Ter e to National / International S | ity of approximately 65% for no calibration. UUC stands for Ur the time of and under the stated is written permission for the public chnical Services, Pune*. | mail distribution in Under Calibre I conditions of m cation of an appr Approvec | tion. seturement. oved abstract I By |
| e reported un rege factor k la cestificate e calibration libration poin a certificate s en obtained Standard us ated By | refers only to the results reported t were selected thail not be repor- from the Techn led are traceable | particular item submitted for in the certificate are valid at t as per customer specification oduced, except in full unless ical Manager of "Reliable Ter e to National / International S | ity of approximately 65% for no calibration. UUC stands for Ur the time of and under the stated is written permission for the public chnical Services, Pune*. | mail distribution in Under Calibre I conditions of m cation of an appr Approvec <u>Sm</u> Technica | tion. securement. oved abstract I By |

Complaint Summary Year 2016

| Sr. No | Months | Complaints | Complaints Resolves |
|--------|--------|------------|---------------------|
| 1 | Jan | 300 | 300 |
| 2 | Feb | 270 | 270 |
| 3 | mar | 380 | 380 |
| 4 | Apr | 350 | 350 |
| 5 | may | 370 | 370 |
| 6 | Jun | 480 | 480 |
| 7 | Jul | 346 | 346 |
| 8 | Aug | 457 | 457 |
| 9 | Sep | 456 | 456 |
| 10 | Oct | 286 | 286 |
| 11 | Nov | 312 | 312 |
| 12 | Dec | 283 | 283 |

Complaint Summery Year 2017

| Sr. No | Months | Complaints | Complaints Resolves |
|--------|--------|------------|---------------------|
| 1 | Jan | 273 | 273 |
| 2 | Feb | 222 | 222 |
| 3 | mar | 379 | 379 |
| 4 | Apr | 307 | 307 |
| 5 | may | 367 | 367 |
| 6 | Jun | 378 | 378 |
| 7 | Jul | 449 | 449 |
| 8 | Aug | 303 | 303 |
| 9 | Sep | 264 | 264 |
| 10 | Oct | 278 | 278 |
| 11 | Nov | 312 | 312 |
| 12 | Dec | 312 | 312 |

Complaint Summery Year 2018

| Sr. No | Months | Complaints | Complaints Resolves |
|--------|--------|------------|---------------------|
| 1 | Jan | 298 | 298 |
| 2 | Feb | 257 | 257 |
| 3 | mar | 424 | 424 |
| 4 | Apr | 313 | 313 |
| 5 | may | 394 | 394 |
| 6 | Jun | 500 | 500 |
| 7 | Jul | 431 | 431 |
| 8 | Aug | 326 | 326 |
| 9 | Sep | 357 | 357 |
| 10 | Oct | 360 | 360 |
| 11 | Nov | 314 | 314 |
| 12 | Dec | 332 | 332 |

Complaint Summery Year 2019

| Sr. No | Months | Complaints | Complaints Resolves |
|--------|--------|------------|---------------------|
| 1 | Jan | 372 | 372 |
| 2 | Feb | 365 | 365 |
| 3 | mar | 349 | 349 |
| 4 | Apr | 376 | 376 |
| 5 | may | 351 | 351 |
| 6 | Jun | 414 | 414 |
| 7 | Jul | 436 | 436 |
| 8 | Aug | 379 | 379 |
| 9 | Sep | 350 | 350 |
| 10 | Oct | 227 | 227 |
| 11 | Nov | 384 | 384 |
| 12 | Dec | 398 | 398 |

| Sr. No | Months | Complaints | Complaints Resolves |
|--------|--------|------------|---------------------|
| 1 | Jan | 418 | 418 |
| 2 | Feb | 372 | 372 |
| 3 | mar | 406 | 406 |
| 4 | Apr | 212 | 212 |
| 5 | may | 157 | 157 |
| 6 | Jun | 400 | 400 |
| 7 | Jul | 402 | 402 |
| 8 | Aug | 266 | 266 |
| 9 | Sep | 386 | 386 |
| 10 | Oct | nil | nil |
| 11 | Nov | nil | nil |
| 12 | Dec | nil | nil |

Complaint Summery Year 2020

| | KIMSDU | Doc Number | KIMSDU/MAIN/SOP/01 |
|--------------|--|------------|----------------------------|
| Tanila share | Name of the Document Name of the | | SOP |
| | Process/Areas | | <u>CIVIL / MAINTENANCE</u> |

CIVIL MAINTAINANCE

1] S.O.P. -

- After getting written or verbal requisition.
- Prepare what type of work.
- Consider type of work and then give letter to employees.
 1. Plumber 2. Car painter 3. Fabrication 4. Masonry
- Visit to site & arrange the material for that type of work & complete the work as early as possible.
- If more material required take material permission & sanction from Medical Director.
- Then order to store office.
- Collect the material & completed the work.

S.O.P

Civil / Maintenance Dept.

• सकाळी ९:०० ते ५:००

१] तक्रारीचे रजिस्ट्रर मध्ये नोंद केली जाते.

२] तक्रार कोणत्या स्वरुपाची आहे.त्याप्रमाणे त्यासाठी प्लंबर ,कारपेंटर ,गवंडी,वेल्डर यापैकी कोणते काम आहे ते पाहिले जाते.

३] नंतर त्याकामासाठी कामगार जाग्यावरती आहे.का ते पाहिले जाते.

४] नसेल तर त्या कामगारास फोन करून कळविले जाते.

५] नंतर त्याची ते काम करण्यास नेमणूक केली जाते.

६] त्याकामासाठी डिपार्टमेंटमधील स्टॉक मेंटेनन्समध्ये मटेरियल शिल्लक आहे का ते पाहिले जाते.

७] मेटेरीयल शिल्लक नसेल तर सी.एम.स्टोअरकडून मागविले जाते.

८] व ते मटेरियल घेऊन त्या कामगारास कामाच्या ठिकाणी पाठविले जाते.

९] तसेच काम पूर्ण झाले कि नाही याची मेंटेनन्स इनचार्ज /मुकादम/सुपरवायझर यांचे कडून केली जाते.

संध्याकाळी ५:०० ते सकाळी ९:००
 १] मेनगेट वरील विभाग फोन नंबर -२६४

२] त्या तक्रारीचे निवारण सकाळी ९:०० ते संध्याकाळी ५:०० वाजे पर्यंत केले जाते.

- सिव्हील मेंटेनन्स विभाग फोन नंबर -२६४
- सिव्हील ऑफिस फोन नंबर -२४१
- काही अत्यावश्यकता असल्यास खालील नंबरवरती फोन करावा.

१] झेले साहेब :- ९८ २३ १६ ८६ ६३ २] काशीद साहेब :- १०१९ / ९१ ७५ ३० ३६ ०९ ३] चव्हाण साहेब :- ९९ ७५ ७१ ३२ ७१ ४]डुबल साहेब :- १०२१/ ९५ ४५ ८८ ९० ४५

| Canal Canal | KIMSDU | Doc Number | KIMSDU/MAIN/OBJ/03 | Issue date | 21/12/2013 | |
|--------------------|------------------------------|---------------------|--------------------|------------|------------|--|
| | | Rev No | 0.0 | Issue No | | |
| E grander dweere 3 | Name of the Document | Objectives | | | | |
| | Name of the Process/Areas | CIVIL / MAINTENANCE | | | | |

- After getting written, verbal requisitions.
- Complete the work as early as possible.
- Minor maintenance for i.e. leakages, plumbing complete work as priority basis within 24 hours.
- Some requisitions if requires material, take approval form medical director & collect the material from store & complete the work.

| A REDICAL STREET | KIMSDU | Doc Number | KIMSDU/MAIN/R&R/04 | Issue date | 21/12/2013 |
|------------------|------------------------------|--------------------------------------|--------------------|------------|------------|
| | | Rev No | 0.0 | Issue No | |
| E main training | Name of the Document | Rights & Responsibilities | | | |
| | Name of the Process/Areas | <u>CIVIL / MAINTENANCE</u> | | | |

1) HOD :-

All requisitions issued form department & give instruction to maintenance engg. & supervise the work.

2) Maintenance Engg. :-

Getting instruction form HOD visit the site & complete the work with the help of employees. Arrange required material for same type of work supervision & complete work.

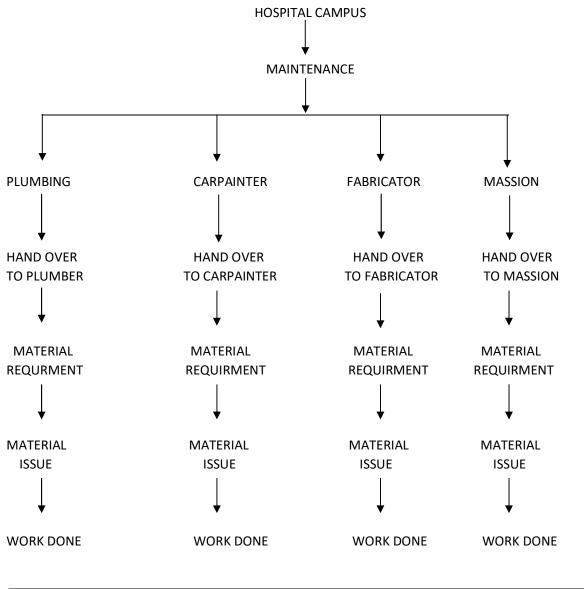
3) Supervisor / Mucadam :-

Getting information from incharge & arrange the material, complete the work & inform to incharge.

4) Worker :-

Follow the instruction form Maintenance incharge, Supervisor / Macadam.

| a neact at | KIMSDU | Doc Number | KIMSDU/MAIN/FC/02 | Issue date | 21/12/2013 | |
|------------------|---------------|--------------------|-------------------|------------|------------|--|
| | | Rev No | 0.0 | Issue No | | |
| NXX/ | Name of the | FLOW CHART | | | | |
| BERTHARD ADDRESS | Document | | | | | |
| Z Z | Name of the | CIVIL/ MAINTENANCE | | | | |
| | Process/Areas | | | | | |



| PREPARED BY & ISSUED: Mr. | Page 410 of 1 |
|---------------------------|---------------|
| S.V. Jagtap | |
| | |

2] Policies / Flow chart-

DRINKING WATER SUPPLY POLICY

- KIMSDU have fully automatic water treatment plant 75 m³/hr.(75000 lit/hr).The hospital has a total storage capacity for 01-02 days.
- There are seven submersible pumps of 750 lpm capacity and two spare for emergency.
- To ensure smooth functioning of all pumps, plumbing works complete in hospital including water treatment plant.
- Be prepared for any type of water instruction in any area by means
- Sources of water : Koyana river (7,50,000 Lit/Day) Gov. Maharashtra Sangli path –bandhare vibhag.
- Alternate source bore wells act as a an alternate source in the case of supply failure from river water.

Presently the bore well water is being used for domestic.

• Testing of water:

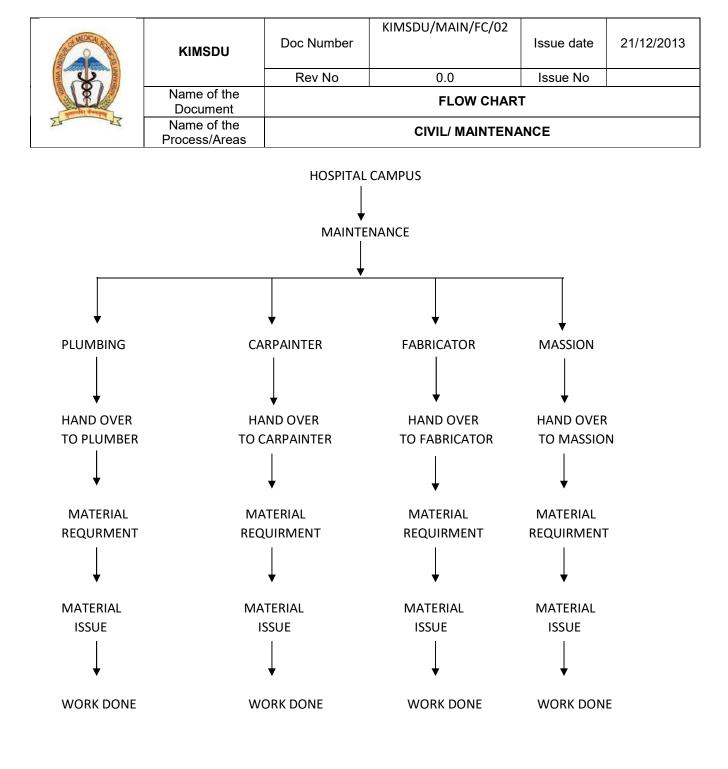
The water shall be tested for biochemical and microbiological analysis. The reports of the same shall be maintained in Engineering and Maintenance department.

- Water testing done by govt, approval lab.
- Alternate source for electricity & generator

Contact Person Name :-

1] Shahaji chavan -9975713271 / 9511710451

2] Dilip Kashid -9175303609 / 80109



| APPROVED BY: Asst. Registrar – Estate and Security | PREPARED BY & ISSUED: Mr. S.V. Jagtap | Page 412 of 1 |
|--|--|---------------|
|--|--|---------------|

3] Inspection Reports -

SHREERAM KULKARNI B.E. (Civil) M.E. (Structures) A.M.I.E. (India)



STRUCTURAL CONSULTANT & CHARTERED ENGINEER

Office & Residence : 'Maitra', 484, Sadarbazar, Old R.T.O. Satara. Off. : 232805, 228705, Resi. : 238994 Mobile : 9822057378, 9284334693 E-mail : sakulkarn103@gmail.com

STABILITY CERTIFICATE

To, C.O. Malkapur Nagar Parishad, Karad.

C

SUB: Stability certificate for Krishna Institute of Medical sciences, Deemed to be University, Malkapur, Karad.

OWNERS: Krishna Institute of Medical sciences, Deemed to be University, Malkapur, Karad. S. No. 144/B, Malkapur, tal- Karad, Dist- Satara.

Architects / Engg. : Ar. Vikas Ghadge.

This is to certify that the structural design of proposed construction at S. No. 144/B, Malkapur, tal-Karad, Dist- Satara is done by us as per provision specified in the prevailing I.S. Code including seismic provisions and use of only grade -1 structural steel is allowed in R.C.C. structural designs. The R.C.C. structural design will be done after

The R.C.C. structural design will be done after considering actual bearing capacity of soil taken from the building site itself.

The building is structurally safe and sound for the intended use.

Shreeram Kulkarni.



Karad Office : Flat No. : B-4, 'Shriswami Samarth' Phase - I, Near Krishna Canal, Vidyanagar, Govari Rasta, Karad - 415124



Certificate of Structural stability

To, C.O. Malkapur Nagar Panchayat, Karad.

Sub: Stability Certificate for Proposed extension of existing 200 Intake Medical College Increased to 250 Intake for Krishna Medical Sciences at Karad.

Owner: K.I.M.S. Deemed to be University, Karad. S.No. 144/B, At- Malkapur, Tal- Karad, Dist- Satara.

Engineer: Pramod Beri Beri Urban & Environmental Planners LLP, Pune – Kolhapur.

This is to certify that the structural design of proposed Construction of Proposed extension building of existing 200 Intake Medical College Increased to 250 Intake at S.No. 144/B, At- Malkapur, Tal- Karad, Dist- Satara is done by us as per provision specified in the prevailing I.S. code including seismic provisions and use of only grade – 1 structural steel is allowed in R.C.C. structural designs.

The R.C.C. structural design will be done after considering actual bearing capacity of soil taken from the building site itself.

The building will be structurally safe and sound for the intended use.

PRAMOD BERI

PRAMOD BERI Registered Architect (CA/76/2745) Chartered Engineer (F-012418/0) Beri Urban and Enviromental Planners LLP Plane Kolhapur (Signature of Structural engineer)

H.O.: 102, Fortune House. Near Regent Plaza, Baner Pashan Link Road, Pune - 411 045, India. Telefax : +91-20-27293039,

E-mail : beri.pune@gmail.com Branch : 'Gumpha', Tarabai Park, Kolhapur - 416 003, India. Tel : +91-231-2654719, Telefax : +91-231-2658519, E-mail : admin@beriae.com

Biomedical Engineering department

| | Krishna Hosp | ital, Karad |
|--|------------------------|--------------------------|
| JE OF MEDICAL SCIE | | Version No.: 1.0 |
| autorial Persons | KH-DOM-BME | Version Date: 01.01.2014 |
| | Biomedical Engeenering | Rev No.: |
| | | Rev. Date: |
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| Distribution | | | | |
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| Controlled Soft Copy: | | | | |
| | Version History | | | |
| V 1.0 | 01.01.2014 | | | |

Relevant Point

- 1. This is the Department Operating Manual of KIMSDU& all staff abide by the details written in this document.
- 2. The distributed copy is kept in custody of the HOD / in-charge, who ensures its proper maintenance & communication to other staff.
- 3. Authorized Approval of Documents & Amendment rights in this document are reserved with the management & are approved by MD. All the Documents / Manuals are accessible hospital wide in Hospital information system (soft copies) for the Staff / Employees.
- 4. Amendments & additions in this document are communicated through separate documents, which are maintained in the same file. All amendments & additions are included in the main text in next issue of the manual.
- 5. The custodian of the document marks at the appropriate place in this document, if any amendment is communicated to him/her.

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| STE OF MEDICAL SCIER | | Version No.: 1.0 | | |
| | KIMSDU-DOM-BMW | Version Date: 01.01.2014 | | |
| | Biomedical Engeenering | Rev No.: | | |
| रायस्थीमेव जीवनागुकू | | Rev. Date: | | |
| Da AB | | Effective Date: | | |

Amendment Sheet

| Amendment No. | Amendment Date | Revision status | Section | Page No. | Summary of change |
|------------------|-------------------|--------------------|---------|----------|-------------------|
| | | | | | |
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| Constant Strategy | KIMSDU-DOM-BMW | Version Date: 01.01.2014 | |
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| | | Rev. Date: | |
| | | Effective Date: | |

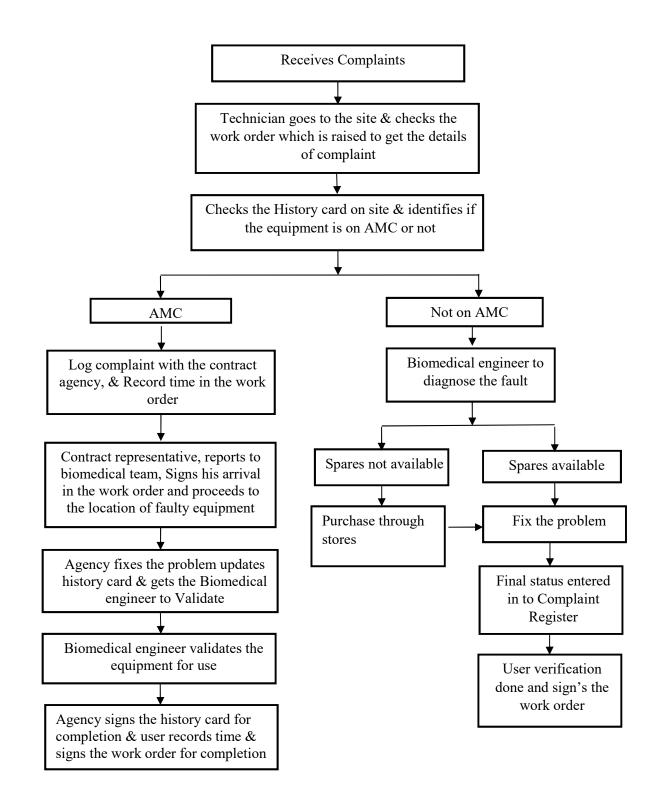
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- 1. **Purpose**: The appropriate and safe operation of clinical equipment is paramount to the proper functioning of any health care facility. The Biomedical Engineering Services is responsible for testing, repairing, calibration and maintaining in proper and safe operating condition.
- 2. Scope: Hospital Wide.
- 3. Responsibility: Medical Director.

4. Complaint/Breakdown:

- 4.1 In case of breakdown of any biomedical equipment, the user department notifies the In charge of the department.
- 4.2 The in charge enters the details in the Biomedical Equipment Breakdown record book.
- 4.3 The clerk identifies whether the equipment is under annual maintenance contract (AMC) or not.
- 4.4 If the equipment is under AMC the contract agency is informed. Time and date of the same is noted.
- 4.5 The contract agency personnel will report to the clerk who is then escorted to the location of the faulty equipment.
- 4.6 The personnel from the contract agency rectifies the defect. The equipment history record is updated with the required information and is validated by the service engineer.
- 4.7 In case the equipment is not under AMC, the clerk informs the Medical Director
- 4.8 If the machine cannot be repaired at the hospital and is required to be taken to the service center, a receipt for the equipment is provided by the service center with details of the equipment. The same is recorded by the clerk.
- 4.9 After the fault is rectified and the equipment is brought back to the hospital, the clerk ensures that the equipment is installed at the site of the user department by the service engineers.



5. Preventive Maintenance:

- 5.1 Preventive maintenance schedules are prepared based on manufacturers' recommendations review of History Card maintained. The intimation of preventive maintenance is communicated in advance to the various departments for release of equipment.
- 5.2 The availability of necessary spares, consumables, tools and necessary materials are ensured through standardization and /or advance planning, through Stores under the guidance of the Medical Superintendent and the concerned user department's head.
- 5.3 Preventive maintenance is carried out as per Maintenance Schedule and Records. The concerned clerk checks the maintenance activities regularly.
- 5.4 After completion of maintenance (whether preventive or breakdown) the O K report is taken from the user department.
- 5.5 All preventive maintenance jobs done are recorded in Equipment History Register maintained for all biomedical equipment.
- 5.6 The following is checked when maintenance is done
 - 5.6.1 Physical condition of the equipment/ facility
 - 5.6.2 Maintenance report verification
 - 5.6.3 Maintenance / Service report to be obtained from service agency and after verification marked as O.K. /Not O.K.

6. Annual Maintenance Contract :

- 6.1 The Equipments on AMC are identified and marked in the History register.
- 6.2 The history record contains the preventive maintenance frequency and calibration requirements and break down maintenance details.
- 6.3 On the basis of the information gathered on the history record, Periodic Preventive Maintenance (PPM) schedule is made.
- 6.4 The clerk follows the PPM schedule in conjunction with the user department on the availability of the machine to conduct the preventive maintenance by the contract agency.
- 6.5 The clerk collects and documents the Service report of the maintenance conducted on the equipment by the AMC contractor
- 6.6 The break down time is recorded.
- 6.7 All the spares details are recorded.
- 6.8 The response time of the AMC contractor is recorded.
- 6.9 After the Service, the Machine is thoroughly tested by the user department.
- 6.10 The user department signs the service order/ work order request if the service was done on a break down.

7. Calibration:

- 7.1 All the equipments when purchased the manufacturer defined frequency of calibration is taken as frequency of calibration if not recommended the legitimate or the as per the laws of land the frequency of calibration is defined
- 7.2 The frequency of calibration is entered in the history record
- 7.3 As the per the frequency stipulated the equipments are calibrated internally or through the AMC provider or through the third party agency or through the Government agency
- 7.4 All the necessary certification are maintained
- 7.5 Most of the Calibration is done with the periodic Prevention maintenance schedule
- 7.6 The history record is upgraded with calibration codes
- 7.7 The next calibration due is also mentioned in the history record.

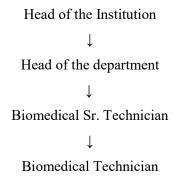
8. Mission of Policy:

To maintain all medical equipments to the appropriate standards as prescribed by equipment manufacturer, so as to ensure that all medical equipments to be used to provide the best health care services to patients should be safe, efficient, effective, reliable and long lasting.

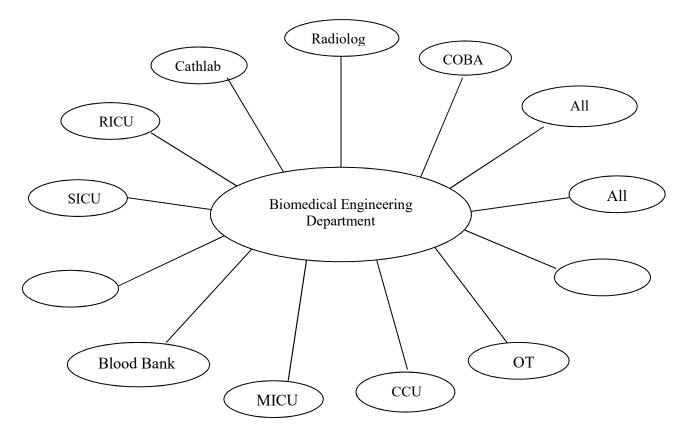
9. Policy:

- 9.1 There shall be a documented Preventive Maintenance and breakdown maintenance.
- 9.2 Maintenance activities shall include all biomedical equipments.
- 9.3 Maintenance staff shall be available for emergency.
- 9.4 Preventive Maintenance of equipment covered under AMC/under warranty/in house shall be carried out periodically time in year(duration of six months) or as per preventive maintenance schedule for the equipment.
- 9.5 Biomedical engineering department shall maintain technical log book in the form of register.
- 9.6 All documents pertaining to installation report, service reports, PM (Preventive Maintenance) reports, calibration certificates shall be maintained by Biomedical Engineering department.
- 9.7 All biomedical equipments which have undergone PM shall have stickers labeled onto it with the necessary details specified.

10. Organizational Structure:



11. Process Map:



12. Medical Gas:

- 12.1 Medical Gas cylinders are to be checked every day by:
 - 12.1.1 The maintenance staff in the medical gas cylinder storage room.
 - 12.1.2 The nursing staff in the Operation Theatre/Emergency Department/Diagnostic Facilities / Wards.
- 12.2 Regular Inspection of Medical Gas cylinders are done :
 - 12.2.1 To ensure that there is no leakage in the cylinders.
 - 12.2.2 To ensure Cylinders are adequately filled.
 - 12.2.3 To ensure that there is no malfunction in the cylinders.

13. Fire Safety of Biomedical Equipment :

- 13.1 In the event of Fire the area is electrically isolated by cutting of the Main circuit Breaker
- 13.2 Elevators are brought to ground level and power shut off
- 13.3 Bio-medical engineer monitors and shuts off the section affected by fire of medical gases or the entire Manifold room if required
- 13.4 All electrical equipment will be effectively grounded.
- 13.5 Gasoline powered equipment will be operated in well ventilated areas.
- 13.6 Fuel and flammable gas cylinders will be stored separately from oxidizing gas cylinders.
- 13.7 Staff shall be adequately trained on fire fighting. Department shall be equipped with adequate no. of fire extinguishers
- 13.8 Once the Patients are shifted from the area on fire, Equipments are salvaged

14. Quality Indicator

Quality Indicator is based on average downtime for rectification, repair or purchase of the required product. Example:

- Internal Repair : 24 hrs
- External Repair : 72 hrs
- Out station assistance : within a week

| No | Objectives | Performance | Measurement Criteria | |
|----|----------------|------------------------|----------------------|-----------|
| | | Parameters | Method | Period |
| 1 | Reduce cost of | Reduce break down | Break down Records | Quarterly |
| | maintenance | Stand arise the spares | Number | Quarterly |
| 2 | Response Time | Time of repair | Days / hours | Quarterly |

15. Records Generated :

- 1. Maintenance Record Book.
- 2. On call Book.
- 3. Out House Repairing Book.

| | KIMSDU Karad | |
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| E Taumade shareye | | Version No: 1.0 |
| | KIMSDU-DOM-BME /SOP/1 | Version Date: 01.01.2014 |
| | | Rev No. : |
| | SOP for Medical Gas | Rev. Date: |
| | | Effective Date:01.01.2014 |

1. Aim:

- 1.1 To provide Medical Gas
- 1.2 To ensure appropriate maintenance of the system providing Medical Gases.

- 2.1 Medical Gas cylinders are to be checked every day by:
 - 2.1.1 The maintenance staff in the medical gas cylinder storage room.
 - 2.1.2 The nursing staff in the Operation Theatre/Emergency Department/Diagnostic Facilities / Wards.
- 2.2 Regular Inspection of Medical Gas cylinders are done :
 - 2.2.1 To ensure that there is no leakage in the cylinders.
- 2.3 To ensure Cylinders are adequately filled.
- 2.4 Satisfactory mechanical operation and non interchangeability of each terminal outlet.
- 2.5 The medical gas pressure alarm has to be checked by the user end everyday by pressuring the test button.
- 2.6 Any Alarm in the medical gas monitoring system will be informed immediately to the facility technician.

| KIMSDU Karad | | Karad |
|--------------|-------------------------|---------------------------|
| | | Version No: 1.0 |
| | KIMSDU-DOM-BME /SOP/2 | Version Date: 01.01.2014 |
| | | Rev No. : |
| | SOP for Ventilator Care | Rev. Date: |
| | | Effective Date:01.01.2014 |

1. Aim: Ensuring proper servicing of the Life Saving Equipment Ventilator Units.

2. Responsibility:

2.1 Biomedical Engineer.

- 3.1 Get cleaned the ventilator externally.
- 3.2 Keep ventilators for charging when they found ideal / free.
- 3.3 Make sure that ventilator is working on 'mains' supply before connects to the patient.
- 3.4 Please check the ventilators functions by using test lung before connect to the patient.
- 3.5 Tubing circuit compliance needs to be check for every patient.
- 3.6 Every ventilator needs to be used on battery backup for 10-15 minutes, strictly under user's supervision.
- 3.7 Kindly change bacteria / humidifier filter per patient, strictly follow this procedure at the time of nebulization.
- 3.8 For transport ventilator make sure that machine is working on battery.
- 3.9 Backup before use whenever it is ideal keep it for charging.

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| E Transferrer L | | Version No: 1.0 |
| | KIMSDU-DOM-BME /SOP/3 | Version Date: 01.01.2014 |
| | | Rev No. : |
| | SOP for Servicing of the Multiparameter Monitor | Rev. Date: |
| | | Effective Date:01.01.2014 |

1. Aim:

Ensuring proper servicing of the Multiparameter monitor.

2. Responsibility:

Biomedical Engineer.

ECG waveform is coming & respiration waveform is not coming, first go to set up mode & check that respiration is made ON. Then clean all the three leads of ECG Patient cable. Check chest ECG leads. Apply jelly if found dry Reposition them on chest proper.

- 3.1 Proper preparation of patient 7 proper positioning of electrodes needs to be checked before taking ECG / Respiration.
- 3.2 Electrodes need to be replaced periodically after 72 hours.
- 3.3 Take care of ECG / SPO2 /NIBP cables should not trap in the railing of bed.
- 3.4 Insert the connectors of ECG / SPO2 / NIBP cable's connector in the module's slot properly.
- 3.5 While using the NBP cuff:-
 - 3.5.1 Handle the cuff properly, stretched Velcro should not damaged.
 - 3.5.2 Lock & unlock adapter between cuff & extension cable properly, please don't pull forcefully.
- 3.6 For transport monitor make sure that machine is working on battery back up before use, whenever it is ideal keep it on charge.
- 3.7 Connect properly all accessories to the module.
- 3.8 If monitor is connecting to the patient, verify that all parameters are working Ok.

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| KIMSDU Karad | |
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| | Version No: 1.0 |
| KIMSDU-DOM-BME /SOP/4 | Version Date: 01.01.2014 |
| | Rev No. : |
| SOP for Servicing of the Defibrillator | Rev. Date: |
| | Effective Date:01.01.2014 |

- 1. Aim: Ensuring proper servicing of the Defibrillator.
- 2. Responsibility: Biomedical Engineer.

- 3.1 Make sure that ampoules should not drop on top of defibrillator, while removing the paddies.
- 3.2 Check defibrillator by operating it on mains supply & on battery supply.
- 3.3 Make sure that there is printer paper roll inside printer module.
- 3.4 Verify that paddles are cleaned & properly placed.
- 3.5 Avoid open paddle discharge; since high voltage exists on the paddle when defibrillator is discharged.
- 3.6 Avoid touching any metal surfaces on the instrument during discharge.
- 3.7 Disconnect other devices when using defibrillator.
- 3.8 Keep defibrillator for charging.

| | KIMSDU Karad | |
|-----------------------|---------------------------------------|---------------------------|
| Safe OF MEDICAL ICH | | Version No: 1.0 |
| | KIMSDU-DOM-BME /SOP/5 | Version Date: 01.01.2014 |
| NUMERICAL PROPERTY OF | | Rev No. : |
| | SOP for Servicing of the Syringe Pump | Rev. Date: |
| | | Effective Date:01.01.2014 |

- 1. Aim: Ensuring proper servicing of the syringe pump.
- 2. Responsibility: Biomedical Engineer.

- 3.1 If syringe pump & Infusion pumps are free, keep for charging.
- 3.2 Verify that syringe & infusion pumps are properly placed & are cleaned externally.
- 3.3 Kindly make sure that battery backup of pump being used at least once in a week.
- 3.4 First switch off the pump using start/stop buttons & then shut down the mains supply.
- 3.5 Handle the pumps properly, make sure that pumps should not be fallen down.

| | KIMSDU Karad | |
|--------------------|------------------------------------|---------------------------|
| E Transfer shareen | | Version No: 1.0 |
| | KIMSDU-DOM-BME /SOP/6 | Version Date: 01.01.2014 |
| | | Rev No. : |
| | SOP for Servicing of the AVL Blood | Rev. Date: |
| | Gas Analyzer | Effective Date:01.01.2014 |

- 1. Aim: Ensuring proper servicing of the AVL Blood Gas Analyzer Compact -3.
- 2. Responsibility: Biomedical Engineer.

3. Procedure:

3.1 # Daily Checkup:

3.1.1 Fill Port : To cleaned the fill port follow the procedure:-

User programs? = press 'YES' & then up/down arrow key till display is, System test? = press 'YES'

Open the flap & cleaned the fill port. Closed the flap & press 'ESC' two Times to come to ready mode

- 3.1.2 Sample drip tray : To cleaned the sample drip tray follow the procedure:
 - a) Open bottle compartment cover.
 - b) Pull sample drip tray & cleaned it.
 - c) Place sample drip tray & close bottle compartment.
- 3.1.3 Waste bottle :
 - a) Check waste bottle, empty it regularly.
 - b) Checked the entire reagent bottles viz. buffer 1, 2, ph reference, rinse, cleaning solution. If anyone is found empty changed it by new one.
 - c) Close tight all bottles ideally.
- 3.1.4 Gas supply :
 - a) Check the gas cylinders. See the pressure i.e. should be between 3 to 4 bar range (green zone)

3.2 Weekly checkup:

3.2.1 PCO2 & PO2 electrodes:

Check the filling solution in PCO2 & PO2 Electrodes. If electrodes found dry fill them with respective filling solution.

- 1. **PURPOSE**: The appropriate and safe operation of clinical equipment is paramount to the proper functioning of any health care facility. The Biomedical Engineering Services is responsible for testing, repairing, calibration and maintaining in proper and safe operating condition.
- 2. SCOPE: Hospital Wide.
- 3. **RESPONSIBILITY:** Medical Director.

4. COMPLAINT / BREAKDOWN:

- 4.1 In case of breakdown of any biomedical equipment, the user department notifies the In charge of the department.
- 4.2 The in charge enters the details in the Biomedical Equipment Breakdown record book.
- 4.3 The clerk identifies whether the equipment is under annual maintenance contract (AMC) or not.
- 4.4 If the equipment is under AMC the contract agency is informed. Time and date of the same is noted.
- 4.5 The contract agency personnel will report to the clerk who is then escorted to the location of the faulty equipment.
- 4.6 The personnel from the contract agency rectifies the defect. The equipment history record is updated with the required information and is validated by the service engineer.
- 4.7 In case the equipment is not under AMC, the clerk informs the Medical Director.
- 4.8 If the machine cannot be repaired at the hospital and is required to be taken to the service center, a receipt for the equipment is provided by the service center with details of the equipment. The same is recorded by the clerk.
- 4.9 After the fault is rectified and the equipment is brought back to the hospital, the clerk ensures that the equipment is installed at the site of the user department by the service engineers.

5. PREVENTIVE MAINTENANCE:

5.1 Preventive maintenance schedules are prepared based on manufacturers' recommendations review of History Card maintained. The intimation of preventive maintenance is communicated in advance to the various departments for release of equipment.

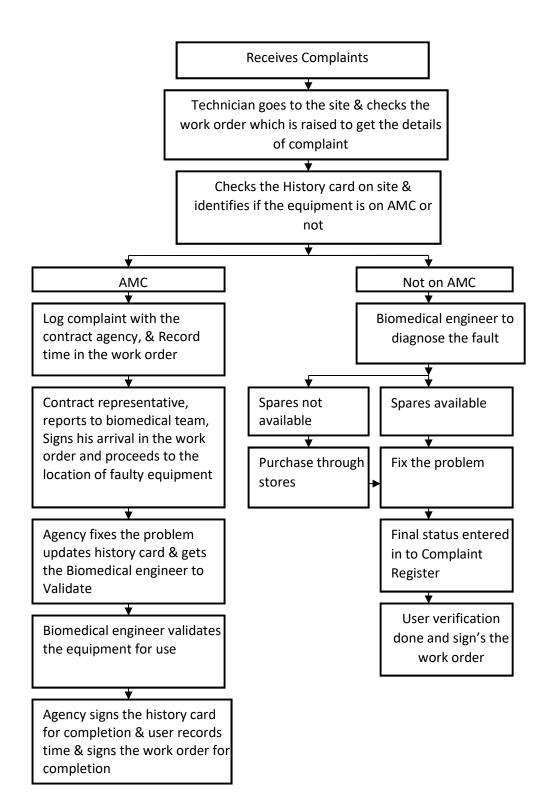
- 5.2 The availability of necessary spares, consumables, tools and necessary materials are ensured through standardization and /or advance planning, through Stores under the guidance of the Medical Superintendent and the concerned user department's head.
- 5.3 Preventive maintenance is carried out as per Maintenance Schedule and Records. The concerned clerk checks the maintenance activities regularly.
- 5.4 After completion of maintenance (whether preventive or breakdown) the O K report is taken from the user department.
- 5.5 All preventive maintenance jobs done are recorded in Equipment History Register maintained for all biomedical equipment.
- 5.6 The following is checked when maintenance is done :
 - 5.6.1 Physical condition of the equipment/ facility.
 - 5.6.2 Maintenance report verification.
 - 5.6.3 Maintenance / Service report to be obtained from service agency and after verification marked as O.K. / Not O.K.

6. ANNUAL MAINTENANCE CONTRACT:

- 6.1 The Equipments on AMC are identified and marked in the History register.
- 6.2 The history record contains the preventive maintenance frequency and calibration requirements and break down maintenance details.
- 6.3 On the basis of the information gathered on the history record, Periodic Preventive Maintenance (PPM) schedule is made.
- 6.4 The clerk follows the PPM schedule in conjunction with the user department on the availability of the machine to conduct the preventive maintenance by the contract agency.
- 6.5 The clerk collects and documents the Service report of the maintenance conducted on the equipment by the AMC contractor.
- 6.6 The break down time is recorded.
- 6.7 All the spares details are recorded.
- 6.8 The response time of the AMC contractor is recorded.
- 6.9 After the Service, the Machine is thoroughly tested by the user department.
- 6.10 The user department signs the service order/ work order request if the service was done on a break down.

7. CALIBRATION:

- 7.1 All the equipments when purchased the manufacturer defined frequency of calibration is taken as frequency of calibration if not recommended the legitimate or the as per the laws of land the frequency of calibration is defined.
- 7.2 The frequency of calibration is entered in the history record.
- 7.3 As per the frequency stipulated the equipments are calibrated internally or through the AMC provider or through the third party agency or through the Government agency.
- 7.4 All the necessary certification is maintained.
- 7.5 Most of the Calibration is done with the periodic Prevention maintenance schedule.
- 7.6 The history record is upgraded with calibration codes.
- 7.7 The next calibration due is also mentioned in the history record.



Working Flow Chart

Calibration Reports

Monitor

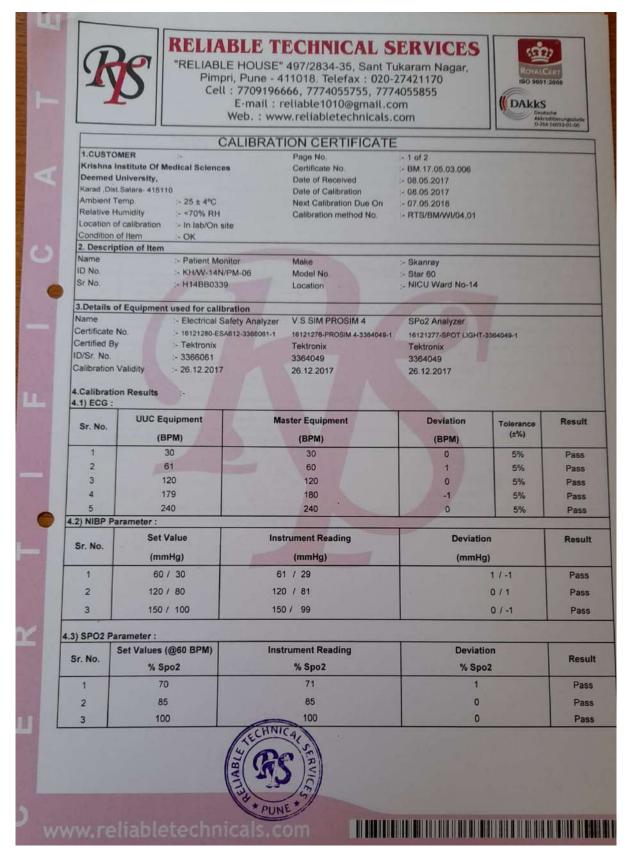
May 2016 – May 2017

| 1.CUSTO | | : www.reliabletechnicals.c | | DAkkS Deutache Akreditierungsaterlie D-7M-16033-01-00 |
|---------------------------|---|---|-----------------------------------|--|
| | C | ALIBRATION CERTIFI | CATE | |
| Krishna Ir | nstitute Of Medical Sciences | Page No. | :- 1 of 2 | |
| Deemed L | University, it.Satara- 415110 | Certificate No. | :- B.16.05.01.174 | |
| Ambient T | emp. (°C) :- 22.8 | Date of Received Date of Calibration | 11.05.2016 11.05.2016 | |
| | umidity (%RH) :- 49 f calibration :- In lab/On site | Next Calibration Due C | On :- 10.05.2017 | (Customer suggested) |
| Condition | | Calibration method No | . :- RTS/BM/WI/04 | |
| | tion of Item | | | |
| Name Id No | Patient Monitor KIMSDU/NICU | TTTTTTTTTTT | :- Skanray | The second second |
| Sr No | - H14BB0339 | Location | :- Star 60 :- NICU(Ward No-14) | |
| | | | | |
| | of Equipment used for calibrati | ion | 1 | |
| Name | :- Electrical Safet | | SPo2 Analyzer | |
| D/Sr. No. | y :- Fluke :- 3366061 | Fluke 3364049 | Fluke 3364049 | |
| Calibration | the second se | 21.12.2016 | 21.12.2016 | |
| .Calibrati | on Results :- | | | |
| C | UUC Equipment | Master Equipment | De | viation |
| Sr. No. | (BPM) | (BPM) | (| BPM) |
| 1 | 30 | 30 | | 0 |
| 2 | 61 | 60 | | 1 |
| 3 | 120 | 120 | | 0 |
| 4 | 180 | 180 | | 0 |
| 5 | 240 | 240 | and the state of the | 0 |
| 2) NIBP F | Parameter : | the second second | | |
| - | Set Value | Instrument Reading | D | eviation |
| Sr. No. | (mmHg) | (mmHg) | | (mmHg) |
| 1 | 120 / 80 | 120 / 81 | | 0/1 |
| 2 | 80 / 50 | 80 / 50 | | 0/0 |
| | | | | |
| | Set Value | Set Reading | C |)beserved |
| | | (mmHg) | | |
| | | (mmmig) | | OK |
| 3) IBP Pa | (mmHg) | 120/81 | | |
| 3) IBP Pa | Artial Wave120/81 | 120/81 | | OK |
| 3) IBP Pa Sr. No. | Artial Wave120/81 Radial Wave120/81 | 121/81 | | ок ОК |
| 3) IBP Pa Sr. No. 1 | Artial Wave120/81 | | | |

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| | | mail : reliable1010@ . : www.reliabletec | gmail.com hnicals.com | Contactae Akirnelitierungsat 0-7/4-160731-01-0 |
|--|---|--|---|--|
| Certificate 4.4) SPO2 | No. B.16.05.01.174 Parameter : | | | Page No. 2 of |
| Sr. No. | Set Values (@60 BPM) | Instrument Readi | ng | Deviation |
| | % Spo2 | % Spo2 | | % Spo2 |
| 1 | 70 | 70 | | 0 |
| 3 | 93 97 | 93 | | 0 |
| 4.5) EST : | | 96 | | 1 |
| Sr. No. | | Tests | | Remarks |
| 1 | | ds, Cables Checking | | Ok |
| 2 | | Socket Checking | | Ok |
| 4 | | nt Type (B, BF, CF) | | в |
| | | ent Class (I, II, III) | | 1 |
| | I-Property Fa | dy Type, BF-Body Float Ty rthed .II-Double Insulation | be,CF-Cardiac Float Type III-With Extra Low Safety Voltage | |
| FUNCTION | AL TEST: | | In-with Extra Low Salety Voltage | |
| Sr.No | Parameters | | Measured Values | Remarks |
| 1 | Voltage between Live and | Neutral (VIn) | 235.80 (210-240V) | OK |
| 2 | Voltage between Live an | d Earth(Vle) | 237.87 (210-240V) | ОК |
| 3 | Voltage between Neutral and | and Earth (Vne) | 2.30 (0-5V) | ОК |
| 4 | | | 0.8 (0-10µA) | OK |
| | Enclosure Curre | ent | | |
| 5 | Leakage Current | .(IL) | 114 (0-500µA) | ОК |
| 6 | Patient Leakage Curr | ent (PL) | 0.6 (BF-0-100µA) (CF-0-10µA) | ОК |
|) Calibration p) This certifica | ioint were selected as per custome te shall not be reproduced, except ned from the Technical Manager of | er specifications. In full unless written permissi | Approved By Quality Manag | ubstract |
| Calibrated By Calibration El Rahul Sable | ngineer | | R.D.Bodhe | |

May 2017 – May 2018



| Y | S "RELIABLE HOUSE" 497/283 Pimpri, Pune - 411018. T Cell : 7709196666, 777 E-mail : reliable1 Web. : www.reliab | Telefax : 020-27 4055755, 77740 010@gmail.com | 7421170 055855 n | DAKKS Deutsche Ablicistinerur D-274-16035 |
|--|---|---|--|--|
| ertificate | No. BM.17.05.03.006 | | | Page No |
| .4) EST : Sr. No. | Tests | | Remark | ks |
| 1 | Power Cords, Cables Checking | | Ok | |
| 2 | Mains Socket Checking | | Ok | |
| 3 ' | Equipment Type (B, BF, CF) | | 8 | |
| 4 | Equipment Class (I, II, III) B-Body Type,BF-Body I-Property Earthed ,II-Double In | Float Type,CF-Cardia solution,III-With Extra | ac Float Type | |
| 20 - CO - CA | NAL TEST: Parameters | Measure | d Values | Remark |
| Sr.No | Voltage between Live and Neutral (Vin) | 236.14 | (210-240V) | OK |
| 1 | Voltage between Live and Earth(Vie) | 237.89 | (210-240V) | OK |
| 2 | Voltage between Neutral and and Earth (Vne) | 1.98 | (0-5V) | OK |
| 3 | Voltage between Neutral and and Caron (Vite) | 0.8 | (0-10µA) | OK |
| 4 | Enclosure Current | 115 | (0-500µA) | OK |
| 5 | Leakage Current (IL) | | (BF-0-100µA) | OK |
| | | 0.3 | (CF-0-10µA) | |
| 2) The calib 3) Calibratio | Patient Leakage Current (PL) ificate refers only to the particular item submitted for calibration pration results reported in the certificate are valid at the time of on point were selected as per customer specifications. ificate shall not be reproduced, except in full unless suffering bitained from the Technical Manager of "Reliast" Tambés Se | mission for the publicatio | on of an approved abstract | |
| Note: 1) This cert 2) The calibration 3) Calibration (4) This cert has been o 5) Instrume Calibrater Calibrater | ificate refers only to the particular item submitted for calibration oration results reported in the certificate are valid at the time of on point were selected as per customer specifications. Inficate shall not be reproduced, except in full unless strengther bitained from the Technical Manager of "Reliable" (AMTA) is Re- init error found withing 5 % tolerance. Hence the time of on Engineer are a strengther to the time of the time of the time of the time of the time of time of the time of the time of time of the time of time of the t | mission for the publicatio | | а ^ї |
| Note: 1) This cert 2) The call 3) Calibratio 4) This cert has been o 5) Instrume Calibrate Calibrate Y. N. Bors | ificate refers only to the particular item submitted for calibration oration results reported in the certificate are valid at the time of on point were selected as per customer specifications. Inficate shall not be reproduced, except in full unless strengther bitained from the Technical Manager of "Reliable" (AMTA) is Re- init error found withing 5 % tolerance. Hence the time of on Engineer are a strengther to the time of the time of the time of the time of the time of time of the time of the time of time of the time of time of the t | mission for the publicatio | Approved abstract Approved By 4 - Bau Quality Manager | 7 |
| Note: 1) This cert 2) The call 3) Calibratio 4) This cert has been o 5) Instrume Calibrate Calibrate Y. N. Bors | ificate refers only to the particular item submitted for calibration oration results reported in the certificate are valid at the time of on point were selected as per customer specifications. Inficate shall not be reproduced, except in full unless strengther bitained from the Technical Manager of "Reliable" (AMTA) is Re- init error found withing 5 % tolerance. Hence the time of on Engineer are a strengther to the time of the time of the time of the time of the time of time of the time of the time of time of the time of time of the t | mission for the publicatio | Approved abstract Approved By 4 - Bau Quality Manager | 7 |

May 2018 – May 2019

| 1.CUSTOM Krishna Ins Deemed Unit Karad .Dist.S Ambient Ter | titute Of Medical Scier | ices | LIBRATION CERTIF | ICATE | | |
|--|--|---|--|--|--|--|
| Karad .Dist S | versity, | Ices | rage No. | | | _ |
| Karad , Dist S | | | Certificate No. | -1 of 3 | | |
| Ambient Ter | alara- 415110 | | Date of Received | - BM.18.05.01.129 - 06.05.2018 | | |
| Relative Hu | np 25±4°C | | Date of Calibration | - 06.05.2018 | | |
| Location of o | | | Next Calibration Due On Calibration method No. | ~ 05.05.2019 | | |
| Condition of | Item : OK | 6 | and the second rep. | - RTS/BM/W/04,01 | | |
| 2. Descripti | on of Item | | | | | |
| | | | Make | | | - |
| Sr No. | | | Model No. | | | - |
| 2011/24 20 1 | - 114860339 | | Location | | | |
| 3.Details of | Equipment used for ca | libration | | | | |
| Name | :- Electrical Sa | fety Analyzer | Vital Signs Simulator | 0.010 | | - |
| |). :- 18444407-ESAI | 812-3386061-1 | | SpO2 Functional Tester 184444011-SPOT LIGHT TESTOR | 6% DMM | |
| | | | Tektronix | Tektronix | | 8 |
| Contraction of the second | alidity - 27 12 2018 | | | 3364049 | | |
| | | AL AL AL | 27.12.2018 | 28.12.2018 | 06.07.2018 | |
| .1) ECG (Be | ats/min) : | | | | | |
| Sr. | Master Reading | 1000 | UUC Reading | Destro | 1 1 | |
| No. | (BPM) | 1. 1. | and the second | and the second | Tolerance (1%) | Result |
| 1 | 30 | | and the second s | | | |
| 2 | 80 | | | | 5% | Pass |
| 3 | 120 | 1 Same | | | | Pass |
| 4 | 180 | and the local division of | | | Sector and | Pass |
| 5 | 270 | 1.1.1 | | | | Pass |
| 2) ECG Amp | litude (mV) : | | | | 076 | Pass |
| Sr. I | Master Reading | | UUC Reading | Deviation | | |
| lo. | (mV) | | (mV) | (mV) | Tolerance (1%) | Result |
| 1 | 0.50 | | 0.50 | | 5% | Pass |
| 2 | 1.00 | | 1.02 | 0.02 | | Pass |
| 3 | 2.00 | | 2.01 | 0.01 | 5% | Pass |
| Respiratio | n Test (Breaths/min): | | | | | |
| 1 | | | UUC Reading | Deviation | | |
| | 1-11-1 | | | (mV) | Tolerance (1%) | Resul |
| | 10000° | | 9 | -1 | 5% | Pass |
| | 10 | | | 0 | 5% | Pass |
| | | | 30 | | | Pass |
| | 30 50 | | 50 | 0 | 5% | |
| | Condition of 2. Description Name ID No. Sr No. 3. Details of I Name Certificate No Certificate No Certified By D/Sr. No. Calibration Vi Calibration Vi Calibratio Vi Calibratio Vi Calibratio V | Condition of Item OK 2. Description of Item OK Name Patient Mon ID No. KH/W-14N/F Sr No. H14BB0339 3. Details of Equipment used for ca Name Electrical Sa Certificate No. 15444407-ESA Calibration Kesults Tektronix D/Sr. No. 3366061 Calibration Results .1) ECG (Beats/min) : Sr. Master Reading No. (BPM) 1 30 2 80 3 120 4 180 5 270 2 0.0 1 0.50 2 1.00 3 2.00 1 0.50 2 1.00 3 2.00 | Condition of Item OK 2. Description of Item Name Name Patient Monitor ID No. KHW-14N/PM-06 Sr No. H14BB0339 3. Details of Equipment used for calibration Name Electrical Safety Analyzer Certificate No. 1844407-ESA812-3366061-1 Certified By Tektronix D/Sr. No. 3366061 Calibration Results - C1) ECG (Beats/min) : - Sr. Master Reading No. (BPM) 1 30 2 80 3 120 4 180 5 270 2) ECG Amplitude (mV) : - 3r. Master Reading 0. (mV) 1 0.50 2 1.00 3 2.00 | Condition of Item OK 2. Description of Item OK Name Patient Monitor Make ID No. KH/W-14N/PM-06 Model No. ID No. H14BB0339 Location 3. Details of Equipment used for calibration Location Name Electrical Safety Analyzer Vital Signs Simulator 10 No. 1844407-ESA812-3388081-1 1844407-ESA812-3388081-1 2. Details of Equipment used for calibration 1844407-ESA812-3388081-1 Name Electrical Safety Analyzer Vital Signs Simulator 12 Certificate No. 1844407-ESA812-3388081-1 1844407-ESA812-3388081-1 2. Calibration Results 3366061 3364049 2. Calibration Results . . | Condition of Item OK 2. Description of Item Name Name - Patient Monitor DI No. - KHW-14N/PM-06 Model No. - Star 60 ST No. - H145B0339 J.Details of Equipment used for calibration Name - Electrical Safety Analyzer Vital Signs Simulator SD2 Functional Tester Tektronix Tektronix Tektronix Tektronix D/Sr. No. - 3366061 2386061 3364049 2386061 3364049 2386061 3364049 2386061 3364049 2386061 3364049 2386061 3364049 2386061 3364049 2386061 3364049 2386061 3364049 2386061 3364049 2386061 3364049 2386061 3364049 2386061 3364049 238607 0 20107 Master Reading VUC Reading Deviation 1 30 30 2 80 60 3 120 121 4 180 179 5 270 269 2< | Condition of Item OK 2. Description of Item Name 2. Description of Item Patient Monitor Make Name - Patient Monitor Make ID No. - KHW-14N/PM-06 Model No. 3.Details of Equipment used for calibration Sp02 Functional Tester Name - Electrical Safety Analyzer Vital Signs Simulator Sp10 1544407-55412-338601-1 Sp02 Functional Tester Condition Validity - Tektronix Tektronix Tektronix Tektronix Tektronix D/Sr. No. - 3366061 3364049 TW00005089 2alibration Validity - 27.12.2018 27.12.2018 28.12.2018 06.07.2018 CG (Beats/min) : - - - - - Sr. Master Reading UUC Reading Deviation 0 5% 1 30 0 5% 5% 5% 2 80 60 0 5% 5% 3 120 121 1 5% |

| Certific | ate No. BM.18.05.01. | 129 | reliabletechnicals. | com | | S, USA SCB-127 |
|--------------|--------------------------------------|--|---------------------|-------------------|----------------|-------------------|
| ər. | G Arrhythmia : | | | | Page | No. 2 of 3 |
| No. | | Observed on UUC | Set on Master | - | | |
| 1 | V Tach 160bpm | Ok | TV Paced 75 bpm | Observed or | n UUC | Result |
| Children () | V Tach 200bpm | Ok | A Fib Coarse | Ok | | Pass |
| Sr. | P Parameter : | | | Ok | | Pass |
| No. | Master Reading | UUC F | Reading | Deviation | | 1 |
| 1 | (mmHg) | (mi | mHg) | (mmHg) | Tolerance (±%) | Result |
| 2 | 60 / 30 | 61 / 30 | | 1/0 | 5% | Pass |
| 3 | 120 / 80 200 / 150 | 120 / 8 | | 0 / 1 | 5% | Pass |
| | | 200 / 1 | 51 | 0 / 1 | 5% | Pass |
| 1 | 02 Parameter : Master Reading @60 | | | The second second | | |
| Sr. No. | BPM | UUCI | Reading | Deviation | Toleran | Resu |
| | % SpO2 | % : | SpO2 | % SpO2 | (±%) | Resu |
| 1 | 70 | 70 | | 0 | | Pass |
| 2 | 85 | | 85 | 0 | 5% | Pas |
| 3 | 100 | | 100 | 0 | 5% | Pas |
| 4.7) Tem | perature : | | | | | |
| Sr. No. | Master Reading | | Reading | Deviation | Tolera (±% | |
| | °C | and the second sec | °C | °C | (1.) | |
| 1 | 25.0 | | 24.8 | -0.2 | 5% | |
| 2 | 30.0 | | 29.2 | -0.8 | 5% | |
| 3 | 40.0 | | 39.3 | -0.7 | 59 | 6 Pa |
| | | | THE TRUNE | RVID | | |



| 2 | Mains Socket Check | Ok | | | | |
|---------|-----------------------------------|-------------------|-----------------|--------------|---------|--|
| FUNCTIO | NAL TEST: | ung | Ok | | | |
| Sr.No | Parameters | | | | | |
| 1 | 20 Million Constant | Туре | Measured Values | Tolerance | Remarks | |
| | Supply Voltage | Live-Neutral | 234.87 | 210 to 240 V | Pass | |
| 2 | Supply Voltage | Live-Earth | 237.56 | 210 to 240 V | Pass | |
| 3 | Supply Voltage | Neutral-Earth | 1.76 | 0 to 5 V | Pass | |
| 4 | Protective Earth Resistance | | 0.606 | < 5 ohm | Pass | |
| 5 | Earth Leakage Current | Normal Close (NC) | 1.3 | < 10 µA | Pass | |
| 6 | Earth Leakage Current | Normal Open (NO) | 2.0 | < 10 µA | Pass | |
| 7 | Enclosure Leakage Current | NCC | 1.7 | < 10 µA | Pass | |
| 8 | Enclosure Leakage Current | NOC | 2.0 | < 10 µA | Pass | |
| 9 | Enclosure Leakage Current | NCO | 1.6 | < 10 µA | Past | |
| 10 | Patient Auxiliary Leakage Current | NCC | 1.6 | < 10 µA | Pase | |
| 11 | Patient Auxiliary Leakage Current | RCC | 1.5 | < 10 µA | Pas | |
| 12 | Patient Sink Leakage Current | NCC | 2.1 | Au 10 > | Pas | |
| 13 | Patient Sink Leakage Current | RCC | 1.4 | < 10 µA | Pas | |

Note:

1) This certificate refers only to the particular item submitted for calibration. UUC stands for Unit Under Calibration.

2) The calibration results reported in the certificate are valid at the time of and under the stated conditions of measurement.

Calibration point were selected as per customer specifications.

4) This certificate shall not be reproduced, except in full unless written permission for the publication of an approved abstract

has been obtained from the Technical Manager of "Reliable Technical Services, Pune".

.) The Standard used are traceable to National / International Standard.

Calibrated By Drord

Calibration Engineer Anand Dalvi.

RF-21, R0

www.reliabletechnicals.com

Approved By

R.D.Bodhe

Bail

Quality Manager

May 2019 – May 2020

| Deem | STOMER | CALIBRATION CERT | IFICATE | | |
|---|--|--|--|---------------------------------|---------|
| | hna Institute Of the | Page No. | :-1 of 3 | | |
| Karad | ed University, 1. Dist. Satara- 415110 | Certificate No. Date of Received | - BM.19.04.20.093 | | |
| AMDI | ent Temp | Date of Calibration | :-22.04.2019 :-22.04.2019 | | |
| Relat | ive Humidity | Next Calibration Due On | -21.04.2020 | | |
| Locat | ion of cal " | Calibration method No. | :- RTS/BM/WI/04,01 | | |
| 2 Do | tion of Item : OK | | | | |
| Name | scription of Item | | and the second | | _ |
| ID No | - Patient Monitor | Make | :- Skanray | | _ |
| Sr No | - H14BB0339 - KH/W-14N/PM-06 | Model No. | :- Star 60 | | |
| | | Location | :- NICU Ward No-14 | | |
| 3.Deta Name | ails of Equipment used for calibration | 1 | the second second | 1 | - |
| | cate No Electrical Safety Ana | | SpO2 Functional Tester | | - |
| Certifie | ed By :- RTS | 18.12.IH.005 | 18.12.IH.007 | | |
| ID/Sr. | | RTS 3364049 | RTS | | |
| Calibra | ation Validity :- 16.12.2019 | 20.12.2019 | 3364049 20.12.2019 | | |
| 4.Calib | bration Results :- | | 20.12.2019 | | _ |
| | CG (Beats/min) : | hard and hard | Start Walter and | | |
| Sr. No. | Master Reading | UUC Reading | Deviation | | |
| NO. | (BPM) | (BPM) | (BPM) | Tolerance (±%) | Resi |
| 1 | 30 | 30 | 0 | 5% | Pas |
| 2 | 80 | 81 | 1 | 5% | Par |
| 3 | 120 | 120 | 0 | 5% | Pa |
| | 180 | 179 | -1 | 5% | Pa |
| 4 | | 269 | -1 | 5% | Pa |
| 5 | 270 | 209 | | | |
| 5 4.2) EC | G Amplitude (mV) : | | | | |
| 5 4.2) EC Sr. | G Amplitude (mV) : Master Reading | UUC Reading | Deviation | Tolerance (±%) | Re |
| 5 4.2) EC Sr. No. | G Amplitude (mV) : Master Reading (mV) | UUC Reading (mV) | (mV) | Tolerance (±%) | Re |
| 5 4.2) EC Sr. No. 1 | G Amplitude (mV) : Master Reading (mV) 0.50 | UUC Reading (mV) 0.51 | (mV) 0.01 | 5% | |
| 5 4.2) EC Sr. No. 1 2 | G Amplitude (mV) : Master Reading (mV) 0.50 1.00 | UUC Reading (mV) 0.51 1.02 | (mV) 0.01 0.02 | 5% | Re P |
| 5 4.2) EC Sr. No. 1 2 3 | G Amplitude (mV) : Master Reading (mV) 0.50 1.00 2.00 | UUC Reading (mV) 0.51 | (mV) 0.01 | 5% | P |
| 5 4.2) EC Sr. No. 1 2 3 | G Amplitude (mV) : Master Reading (mV) 0.50 1.00 2.00 piration Test (Breaths/min): | UUC Reading (mV) 0.51 1.02 2.02 | (mV) 0.01 0.02 0.02 | 5% | P |
| 5 4.2) EC Sr. No. 1 2 3 4.3) Res Sr. | G Amplitude (mV) : Master Reading (mV) 0.50 1.00 2.00 piration Test (Breaths/min): Master Reading | UUC Reading (mV) 0.51 1.02 2.02 UUC Reading | (mV) 0.01 0.02 0.02 Deviation | 5% | PFF |
| 5 4.2) EC Sr. No. 1 2 3 4.3) Res | G Amplitude (mV) : Master Reading (mV) 0.50 1.00 2.00 piration Test (Breaths/min): | UUC Reading (mV) 0.51 1.02 2.02 | (mV) 0.01 0.02 0.02 | 5% 5% 5% | PFF |
| 5 4.2) EC Sr. No. 1 2 3 1.3) Res Sr. | G Amplitude (mV) : Master Reading (mV) 0.50 1.00 2.00 piration Test (Breaths/min): Master Reading | UUC Reading (mV) 0.51 1.02 2.02 UUC Reading | (mV) 0.01 0.02 0.02 Deviation | 5% 5% 5% | PFF |
| 5 4.2) EC Sr. No. 1 2 3 4.3) Res Sr. No. | G Amplitude (mV) : Master Reading (mV) 0.50 1.00 2.00 piration Test (Breaths/min): Master Reading (mV) | UUC Reading (mV) 0.51 1.02 2.02 UUC Reading (mV) | (mV) 0.01 0.02 0.02 Deviation (mV) | 5% 5% 5% Tolerance (±% | PFF |

| Sr. No. | CG Arrhythmia : Set on Master | Observed on UUC | Set on Master | 01 | ed on UUC | No. 2 of 3 | |
|------------|----------------------------------|-----------------|-----------------|-----------|-----------------|--------------|--|
| 1 | V Tach 160bpm | Ok | TV Paced 75 bpm | | Ok | Result | |
| 2 | V Tach 200bpm | Ok | A Fib Coarse | | Ok Ok | Pass Pass | |
| 120 | BP Parameter : | | | | | 1 1 035 | |
| Sr. No. | Master Reading | UUC R | eading | Deviation | Tolerance (±% | Result | |
| 1 | (mmHg) | (mm | Hg) | (mmHg) | Tolerance (1% |) Result | |
| 2 | 60 / 30 120 / 80 | 61 / 29 | | 1 / -1 | 5% | Pass | |
| 3 | 120 / 80 200 / 150 | 121 / 80 | | 1/0 | 5% | Pass | |
| | O2 Parameter : | 199 / 149 | 9 | -1 / -1 | 5% | Pass | |
| Sr. | Master Reading | 1 | | | | | |
| No. | @60 BPM | UUC R | | Deviation | Toleran (±%) | | |
| 1 | % SpO2 70 | % SpO2 | | % SpO2 | | 0 | |
| 2 | 85 | 69 85 | | -1 | | 5% Pa | |
| 3 | 100 | 9 | | -1 | 5% | 1000 | |
| 4.7) Ten | nperature : | | | | | 1 | |
| Sr. No. | Master Reading | UUC R | eading | Deviation | Tolera (±* | | |
| NO. | °C | •(| 11 MIL | °C | | - | |
| 1 | 25.0 | 24 | 120 | 42 -1.0 | | % F | |
| 2 | 30.0 | 29 | | -0.2 | | % | |
| 3 | 40.0 | 39 | 7 | -0.3 | 1 5 | 5% | |
| | | | *PUT | NE | | | |

| acking ng Type Live-Neutral Live-Earth Neutral-Earth | Measured Values 235.78 237.18 1.63 0.876 110 116 | Tolerance 210 to 240 V 210 to 240 V 210 to 5 V < 5 ohm | Remarks Pass Pass |
|--|--|--|--|
| ng Type Live-Neutral Live-Earth Neutral-Earth | Measured Values 235.78 237.18 1.63 0.876 110 116 | Tolerance 210 to 240 V 210 to 240 V 0 to 5 V | Pass |
| ng Type Live-Neutral Live-Earth Neutral-Earth | Measured Values 235.78 237.18 1.63 0.876 110 116 | Tolerance 210 to 240 V 210 to 240 V 0 to 5 V | Pass |
| Type Live-Neutral Live-Earth Neutral-Earth — Normal Close (NC) Normal Open (NO) Normal Open Close (NCC) Normal Open Close (NCC) Normal Close Open (NCO) Normal Close Close (NCC) | Measured Values 235.78 237.18 1.63 0.876 110 116 | Tolerance 210 to 240 V 210 to 240 V 0 to 5 V | Pass |
| Live-Neutral Live-Earth Neutral-Earth | 235.78 237.18 1.63 0.876 110 116 | 210 to 240 V 210 to 240 V 0 to 5 V | Pass |
| Live-Neutral Live-Earth Neutral-Earth | 235.78 237.18 1.63 0.876 110 116 | 210 to 240 V 210 to 240 V 0 to 5 V | Pass |
| Live-Earth Neutral-Earth — Normal Close (NC) Normal Open (NO) Normal Close Close (NCC) Normal Close Open (NCO) Normal Close Close (NCC) | 237.18 1.63 0.876 110 116 | 210 to 240 V 0 to 5 V | Concerned of the |
| Normal Close (NC) Normal Open (NO) Normal Close Close (NCC) Normal Open Close (NOC) Normal Close Open (NCO) Normal Close Close (NCC) | 1.63 0.876 110 116 | 0 to 5 V | Pass |
| Normal Open (NO) Normal Close Close (NCC) Normal Open Close (NOC) Normal Close Open (NCO) Normal Close Close (NCC) | 0.876 110 116 | | Dees |
| Normal Open (NO) Normal Close Close (NCC) Normal Open Close (NOC) Normal Close Open (NCO) Normal Close Close (NCC) | 110 116 | | Pass |
| Normal Open (NO) Normal Close Close (NCC) Normal Open Close (NOC) Normal Close Open (NCO) Normal Close Close (NCC) | 116 | < 500 µA | Pass |
| Normal Open Close (NOC) Normal Close Open (NCO) Normal Close Close (NCC) | | < 500 µA | Pass |
| Normal Close Open (NCO) Normal Close Close (NCC) | 0.7 | < 10 µA | Pass |
| Normal Close Close (NCC) | 0.8 | < 10 µA | Pass |
| | 0.8 | Aµ 10 × | Pass |
| everse Close Close (RCC) | 0.5 | < 10 µA | Pass |
| | 0.4 | < 10 µA | Pass |
| Normal Close Close (NCC) | 0.3 | < 10 µA | Pass |
| ntten permission for the publication nical Services, Pune". Indard H N I Ca | Approved By | | |
| | | | |
| *PUNE * | Quality Manager | | |
| alibr e tim ritten nica | e of and under the stated co n permission for the publication I Services, Pune". | ation. UUC stands for Unit Under Calibration. the of and under the stated conditions of measurement. In permission for the publication of an approved abstract a Services, Pune". In HALL Approved By | ation. UUC stands for Unit Under Calibration. te of and under the stated conditions of measurement. a permission for the publication of an approved abstract a Services, Pune". d. H.N. Approved By f. SM. |

Neonatal Warmer Care

May 2016 – May 2017

| | | | | PH | HOENI |
|---|---|--|---|--------------------------------------|------------------------------------|
| | | | | | |
| | | CERTI | FICATE OF CAL | IBRATION | |
| Certificate No | : PMS/C100 | /16-17 | | Date of Iss | ue: 23.05.2016 |
| This is to certi referred below | ify that the f | ollowing | equipment has b | een calibrated a | as per the details |
| CUSTOMER | | | ; Krishna Instit | ute of Medical S | ciences, Karad |
| Ref: Service R | Report No an | d Date | : 12156, 05.05.20 | 016 | |
| EQUIPMENT | Details: | | | | |
| Equipment | Model | SI. No | Set Temperature | Baby Temp. On Calibrated Probe | Baby Temp. After Calibration |
| Neonatal Warmer Care System | NWC100 | 2278 | 36.6 °C | 36.6 °C | 36.8°C |
| | | | | | |
| Master Fauin | mont Used: | | $\left(\begin{array}{c} \varphi \end{array} \right)$ | 12 | |
| Master Equip | | Phoeni | x SI No. 444532 | X | |
| Carrow Streamer | ated Probe - | | x SI. No. A44532 : Ma¥ 5 th 2016 | X | |
| • Calibra DATE OF CA | ated Probe – LIBRATIO | N | | TH | |
| • Calibra DATE OF CA | ated Probe – LIBRATIO | N | : Ma¥ 5th 2016 | N.D. | |
| • Calibra DATE OF CA CALIBRATIC Remarks: > The rec | ated Probe – LIBRATIO ON NEXT D calibration in | N UE ON | : Ma¥ 5 th 2016 : Ma¥ 4 th 2017 should be determ | | the user's requirement |
| • Calibra DATE OF CA CALIBRATIC Remarks: > The rec | ated Probe – LIBRATIO ON NEXT D calibration in | N UE ON | : Ma¥ 5 th 2016 : Ma¥ 4 th 2017 | | |
| • Calibra DATE OF CA CALIBRATIC Remarks: > The rec | ated Probe – LIBRATIO ON NEXT D calibration in calibration in | N DUE ON nterval : n this ce | : MaY 5 th 2016 : MaY 4 th 2017 should be determ ertificate relate o | | |
| Calibra DATE OF CA CALIBRATIC Remarks: > The res > The res | ated Probe – LIBRATIO ON NEXT D calibration in calibration in | N DUE ON nterval : n this ce | : MaY 5 th 2016 : MaY 4 th 2017 should be determ ertificate relate o | | |
| Calibra DATE OF CA CALIBRATIC Remarks: > The res > The res | ated Probe - LIBRATIO ON NEXT D calibration in sults stated in ledical System D SIGNATIO | N DUE ON nterval : n this ce | : MaY 5 th 2016 : MaY 4 th 2017 should be determ ertificate relate o | | |
| • Calibra DATE OF CA CALIBRATIO Remarks: > The res > The res For Phoenix M | ated Probe - LIBRATIO ON NEXT D calibration in calibration in cali | N DUE ON Interval in in this co | : MaY 5 th 2016 : MaY 4 th 2017 should be determ ertificate relate o | nly to the item o | calibrated. |

June 2017 – June 2018

| | | | | PH | |
|---|--|--|-------------------------------------|-----------------------------|------------------------|
| | CER | TIFICA | TE OF CALIBRA | TION | |
| Certificate No: | PMS/C003/17-1 | 8 | | Date of Issue: | 17.07.2017 |
| | y that the follow | | oment has been ca | | |
| CUSTOMER | | | \bigcirc | C | as Karad |
| Ref: Service Re | Dont No. 1 D | | shna Institute of | Medical Scier | ices, Karao |
| EQUIPMENT | | te : M2 | 809 / 28.06.2017 | | |
| | ortans: | 7 | 5 | 1 11 | |
| Equipment | | B | | Baby Temp. On Calibrated | |
| | re System NWC100 | SI. No 2278 | Set Temperature 36.5 ° C | Probe 36.6 ° C | Calibration 36.5 °C |
| ATE OF CALI | | : 28.0 | 06.2017 | | |
| OATE OF CALI ALIBRATION emarks: ➤ The recali | BRATION NEXT DUE O bration interva | : 28.0 N : 28.0 I should | 6.2017 6.2018 be determined b | | |
| OATE OF CALI ALIBRATION emarks: ➤ The recali | BRATION NEXT DUE O bration interva s stated in this | : 28.0 N : 28.0 I should certificat | 6.2017 6.2018 | | |
| ATE OF CALI ALIBRATION emarks: > The recali > The result r Phoenix Med THORISED S | BRATION NEXT DUE O bration interva s stated in this ical Systems P ICNATORY | : 28.0 N : 28.0 I should certificat | 6.2017 6.2018 be determined b | the item calil | |

May 2018 – May 2019

| | | | | PF | | XIL |
|---------------------------------------|------------------------|------------|---|--------------------------------------|------------------------------------|---------|
| | c | ERTIF | ICATE OF CALL | BRATION | | |
| Certificate No: | | | | | e: 30.05.2018 | |
| This is to certif referred below | y that the fo | llowing | equipment has be | een calibrated as | per the details | |
| CUSTOMER | | | : Krishna Institu | | | |
| Ref: Service Ro | eport No and | Date | : N02356 dt. 25.0 | 05.2018 | iences, Karad | |
| EQUIPMENT | DETAILS | | | | | |
| Equipment | Model | SI. No | Set Temperature | Baby Temp. On Calibrated Probe | Baby Temp. After Calibration | |
| Neonatal Warmer Care | NWC100 | 2278 | 36.5 °C | 36.4 °C | 36.4 °C | |
| DATE OF CAI CALIBRATIO Remarks: | LIBRATION N NEXT DU | JE ON | x Sl. No. A74760 : 25.05.2018 : 25.05.2019 ould be determin ificate relate only | ed based on the | e user's requir librated. | rements |
| For Phoenix M AUTHORISET | | RELW . | Ltd | | | |
| 32/ CIN | 4. Jawaharlal Ne | hru Salai. | dical Systems Ekkattuthangal, P.O.B 3 9144 2225 11 Toll Free No. 1 800 42 1.com • www.phoet | 77, 2225 1178 Fax : | 91 44 2225 0 194 | |
| | sales : sales | @pmsinc | I.com | | | |

May 2019 – May 2020

| | | | PH | |
|--------------------------------|--|--|---|------------------------------------|
| | CERTIF | ICATE OF CALI | BRATION | |
| Certificate No: | PMS/C003/19-20 | | Date | of Issue: 26.04.2019 |
| This is to certify | that the following equips | | ibrated as per the de f Medical Science, K | |
| Ref: Service Re EQUIPMENT I | | 1722 dt. 23.03.201 | |), \ |
| Equipment | Model No | Set Temperature | Baby Temp. On Calibrated Probe | Baby Temp. After Calibration |
| Neonatal Warmer Care | NWC100 2278 | 36.5 °C | 36.4 °C | 36.4 °C |
| Master Instrum • Calibra | nent Used: nted Probe – Phoenix SI. | No. A74760 | K | 20 |
| | JBRATION N NEXT DUE ON | : 23.03.2019 : 22.03.2020 | 5 C | 5 |
| Remarks: | pration interval should b | e determined ba | sed on the user's ro | equirements |
| > The results | s stated in this certificate | e relate only to the | e item calibrated. | |
| X | edical Systems Per Lid | and the second s | | |
| AUTHORISTO | SIGNATOR | ANT | | |
| | Phoenix Med | ical System | s Private Limi | ted |
| | 2/4, Jawaharlal Nehru Salai, IN : U85110TN1987PTC014743 | 14 | | DO 032 INDIA |

Defibrillator

May 2016 – May 2017

| TYS A | LIABLE HOUS Pimpri, Pune Cell : 770919 E-mail Web. : y | 6666, 777 | 34-35, Sant Telefax : 02/ 4055755, 7; 010@gmail. letechnical | 0-27421170 | gar, | 0 9001:2008 |
|--|--|--|--|-----------------------|--|---|
| | C | ALIBRATIC | ON CERTIF | | | Akkreditierungsstel D-7M 16033-01-00 |
| 1.CUSTOMER Krishna Institute Of Medical | :- Sciences | | Page No. | ICATE | | |
| neemed University. | | | | :- 1 | of 1 | |
| Karad ,Dist.Satara- 415110 | | | Certificate No. | | | |
| Ambient Temp. (°C) | :- 23.7 | | Date of Received | 1 - 1 | 3.16.05.01.079 18.05.2016 | |
| Relative Humidity (%RH) Location of calibration | :- 53 :- In lab/On site | | Date of Calibration | on - O | 8.05.2016 | |
| Condition of Item | :- OK | | Calibration meth | | 7.05.2017 | (Customer sugge |
| 2. Description of Item | | | | 50 NO. :- F | TS/BM/WI/05 | Costoner sogge |
| Name | :- Defibrilliator | | | | | |
| Id No | - KIMSDU/CVTS/DF | -01 | Make | :- 2 | Coll | |
| Sr No | : | | Model No. Location | :- 1 | A series | |
| 3.Details of Equipment used t | or calibration | | | 1- 0 | CVTS (Ward No-1) | |
| Name | :- Defibrillator Analyz | ter | | | | |
| Certified By | :- Fluke | | | | | |
| ID/Sr. No. | :- 3387041 | | | | | |
| Calibration Validity | :- 12.01.2017 | | | | | |
| 4.Calibration Results | :- | | | | | |
| 1.ECG Test(with ECG Cable or | with Patient Pads) | | | | Sector Sector | |
| Parameter | Set | Obeserved | Set | Obeserved | Tolomous | |
| | 30 NSR | 30 NSR | | | Tolerance | Result |
| Heart Rate(Beats/min) | 60 NSR | | 120 NSR | 120 NSR | 5% | Pass |
| | 90 NSR | 61 NSR | 180 NSR | 180 NSR | 5% | Pass |
| | 0.5 | 90 NSR | 240 NSR | 241 NSR | 5% | Pass |
| Amplitude(mV) | 1 | 0.5 | 1.5 | 1.3 | 5% | Pass |
| | Bigeminy | ОК | Vent fib | OK | 5% | Pass |
| | Vent tach | OK | Atrl fib | OK | - | Pass |
| ECG Arrythmia | Atrl tach | ОК | Supravent tach | ОК | - | Pass |
| 2.Energy Test(in Joule) | | | | | | 1 000 |
| Set | Obesei | rved | Set | Observed | Tolerance | Result |
| 5.00 | | ar (esta) | 50.00 | 50.00 | 5% | Pass |
| 10.00 | 5.0 | | 70.00 | 70.00 | 5% | Pass |
| CHARGE TIME TEST(in second | | 12 | 10.00 | 10.00 | | |
| Set Energy(joule) | | | Tolerance(%) | Target Time(sec) | Charge Time(sec) | Result |
| | Obeserved Er | | 5% | 3.00 | 3.40 | Pass |
| 200.00 | 200.0 | 100 | 5% | 5.00 | 5.00 | Pass |
| Data: This certificate refers only to the part The calibration results reported in the Calibration point were selected as point This certificate shall not be reproduce a been obtained from the Technical allibrated By | e certificate are valid at the er customer specifications. | libration. UUC sta time of and under tten permission for | the publication of an | | Approved Balling Quality Manager | - |
| bration Engineer | 121 | - 10 13 | Ell. | and the second second | R.D. Bodhe | |
| moration Engineer | litt | 1 25 18 | // | 1 | | |
| N.Borse | 1de | - | / | | and the second s | t tatti bit imit bit ibt mi |

May 2017 – May 2018



RELIABLE TECHNICAL SERVICES

"RELIABLE HOUSE" 497/2834-35, Sant Tukaram Nagar, Pimpri, Pune - 411018. Telefax : 020-27421170 Cell : 7709196666, 7774055755, 7774055855 E-mail : reliable1010@gmail.com Web. : www.reliabletechnicals.com



Akkreditierungsstelle D-7M-16033-01-00

| | CALIE | SRATION C | CERTIFICATE | | | |
|--|--|---------------|--|----------------------|--|--------|
| 1.CUSTOMER Krishna Institute Of Medical Scier Deemed University, Karad, Dist Satara- 415110 Ambient Temp. Relative Humidity Location of calibration Condition of Item | 25 ± 4°C 270% RH In lab/On site OK | | Page No. Certificate No. Date of Received Date of Calibration Next Calibration Due Calibration method f | :- E :- 1 :- 1 | of 2 IM 17.05.03.400 I1.09.2017 I1.09.2017 I0.09.2018 RTS/BM/WI/05,01 | |
| 2. Description of Item | | | | | | - |
| Name ID No. Sr No. | - Defibrillator - KH/W-1/DFB-01 - T12CL8192 | | Make Model No. Location | (+) | Zoll Biphasic CVTS(WNO 1) | |
| 3.Details of Equipment used for ca | | | | 100 | | |
| Name Certificate No. Certified By D/Sr. No. Calibration Validity | Electrical Safety 16121280-ESA6 Tektronix 3366061 26.12.2017 | | Defibrillator Analyze 16121281-IMPULSE Tektronix 3387041 26.12.2017 | r 5 7000DP-3387 | 041-1 | |
| Calibration Results | 9 | | | | | _ |
| .ECG Test(with ECG Cable or with | Patient Pads) | A.1. | | | | |
| Parameter | Set | Obeserved | Set | Obeserved | Tolerance (±%) | Result |
| | 30 NSR | 30 NSR | 120 NSR | 120 NSR | 5% | Pass |
| Heart Rate(Beats/min) | 60 NSR | 60 NSR | 180 NSR | 180 NSR | 5% | Pass |
| | 90 NSR | 90 NSR | 240 NSR | 240 NSR | 5% | Pass |
| | 0.5 | 0.5 | 1.5 | 1.3 | 5% | Pass |
| Amplitude(mV) | 1 | 1 | - | | 5% | Pass |
| | Bigeminy | OK | Vent fib | OK | - | Pass |
| ECG Arrythmia | Vent tach | ОК | Atrl fib | OK | - | Pass |
| | Atri tach | ОК | Supravent tach | ОК | - | Pass |
| Energy Test(in Joule) | | | | | | |
| Set | Obes | erved | Set | Observed | Tolerance (±%) | Resu |
| 5.00 | 5. | 02 | 50.00 | 50.01 | 5% | Pass |
| 10.00 | 10 | .05 | 70.00 | 70.04 | 5% | Pass |
| HARGE TIME TEST(in seconds) | | | | | | |
| Set Energy(joule) | Obeserved E | Energy(joule) | Tolerance (±%) | Target Time(sec) | Charge Time(sec) | Resu |
| 200.00 | 200 | 0.05 | 5% | 3.00 | 3.02 | Pas |
| 150.00 | the second se | 0.13 | 5% | 5.00 | 5.05 | Pas |
| | | | JIABLE TECH | CAL | | |
| | | 1 | The series | 1 | | |

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| | | | Pa | ge No. 2 of |
|-------------------|--|-----------------------|-----------------------------|-------------|
| Certificate No. | BM.17.05.03.400 | fotu | | |
| 4 Test Results | Electrical Sa | lety | | |
| A) Visual Test : | | | Remarks | \$ |
| Sr. No. | Tests | | | |
| 31.110. | Power Cords, Cables Checking | | | |
| | Mains Socket Checking | | | |
| 2 | Equipment Type (B, BF, CF) | | В | |
| 3 | Equipment Class (I, II, III) | | | |
| 4 | P. P. J. Time RE Body Float Type CF-Cardi | ac Float Type | | |
| | I-Properly Earthed ,II-Double Insulation,III-With Extr | ra Low Safety Voltage | | |
| B) FUNCTIONAL TES | | | ed Values | Remarks |
| Sr.No | Parameters | 236.10 | (210-240V) | OK |
| | Voltage between Live and Neutral (Vin) | 230.10 | A | OK |
| - | Voltage between Live and Earth(VIe) | 236.84 | (210-240V) | OK |
| 2 | | 1.02 | (0-5V) | OK |
| 3 | Voltage between Neutral and and Earth (Vne) | 0.6 | (0-10µA) | OK |
| 4 | Enclosure Current | 0.6 | (o-ropro) | |
| | | 122 | (0-500µA) | OK |
| 5 | Leakage Current (IL) | 0.4 | (BF-0-100µA) (CF-0-10µA) | ок |
| 6 | Patient Leakage Current (PL) | | | |

Note: 1) This certificate refers only to the particular item submitted for calibration. UUC stands for Unit Under Calibration. 2) The calibration results reported in the certificate are valid at the time of and under the stated conditions of measurement. 3) Calibration point were selected as per customer specifications. 4) This certificate shall not be reproduced, except in full unless written pechicsion for the publication of an approved abstract has been obtained from the Technical Manager of "Reliable Technical Services, Pupe" the publication of an approved abstract

Calibrated By (plable Calibration Engineer

Rahul Sable RF-21, R0

Approved By Bal Quality Manager R.D.Bodhe

May 2018 – May 2019

| L | Pimpri Cell | HOUSE" 497/2834-3 | 0@gmail.com | RIF CERTIFICATION ISO 9001:201 ACCREDITY IAS, US MICH. | D BY |
|--|---|--|---|--|---|
| | | CALIBRATION | CERTIFICATE | | |
| Deemed Unive Karad ,Dist Sat | itute Of Medical Scienc ersity, tara- 415110 | :05 | Page No. Certificate No. Date of Received Date of Calibration Next Calibration Due On | :- 1 of 3 :- BM.18.05.01.04 :- 01.05.2018 :- 01.05.2018 :- 30.04.2019 | 1 |
| Ambient Tem Relative Hum Location of ca Condition of It | nidity :- <7 alibration :- Or tem :- Of | | Calibration method No. | :- RTS/BM/WI/03 | .01 |
| 2. Descriptio Name ID No Sr No. | :- De :- KH | efibrillator H/W-01/DF-01 12C128192 | Make Model No. Location | :- Zoll :- Biphasic :- CVTS Ward N | 10-01 |
| 3.Details of E Name Certificate No Certified By ID/Sr. No. | р. :- 18 :- Те :- 33 | efibrillator Analyzer 3444405-IMPULSE 7000 ektronix 387041 | DP-3387041-1 18444407- Tektronix 3366061 | Safety Analyzer ESA612-3366061-1 8 | |
| Name Certificate No Certified By | :- De b. :- 18 :- Te :- 33 alidity :- 28 | efibrillator Analyzer 3444405-IMPULSE 7000 ektronix 387041 3.12.2018 | DP-3387041-1 18444407- Tektronix | ESA612-3366061-1 | |
| Name Certificate No Certified By ID/Sr. No. Calibration Va 4.Calibration | :- De b. :- 18 :- Te :- 33 alidity :- 28 | efibrillator Analyzer 3444405-IMPULSE 7000 ektronix 387041 3.12.2018 | DP-3387041-1 18444407- Tektronix 3366061 | ESA612-3366061-1 | |
| Name Certificate No Certified By ID/Sr. No. Calibration Va 4.Calibration 4.1) ECG Hea Sr. No. | :- De . :- 18 :- Te :- 33 alidity :- 28 Results :- art Rate(Beats/min) : Master Reading | efibrillator Analyzer 3444405-IMPULSE 7000 ektronix 387041 3.12.2018 UUC Reading | DP-3387041-1 18444407- Tektronix 3366061 27.12.2011 Deviation | ESA612-3366061-1 8 Tolerance | Resul |
| Name Certificate No Certified By ID/Sr. No. Calibration Va 4.Calibration 4.1) ECG Hea Sr. No. 1 | :- De :- 18 :- Te :- 33 alidity :- 28 Results :- art Rate(Beats/min) : Master Reading (BPM) | efibrillator Analyzer 3444405-IMPULSE 7000 ektronix 387041 3.12.2018 UUC Reading (BPM) | DP-3387041-1 1844407- Tektronix 3366061 27.12.2010 Deviation (BPM) | ESA612-3366061-1 8 Tolerance (±%) | Resul |
| Name Certificate No Certified By ID/Sr. No. Calibration Va 4.Calibration 4.1) ECG Hea Sr. No. 1 2 | :- De :- 18 :- Te :- 33 alidity :- 28 Results :- art Rate(Beats/min) : Master Reading (BPM) 30 81 | efibrillator Analyzer 3444405-IMPULSE 7000 ektronix 387041 3.12.2018 UUC Reading (BPM) 30 | DP-3387041-1 1844407- Tektronix 3366061 27.12.2011 Deviation (BPM) 0 | ESA612-3366061-1 8 Tolerance (±%) 5% | Resul |
| Name Certificate No Certified By ID/Sr. No. Calibration Va 4.Calibration 4.1) ECG Hea Sr. No. 1 2 3 | :- De . :- 18 :- Te :- 33 alidity :- 28 Results :- Art Rate(Beats/min) : Master Reading (BPM) 30 81 119 | efibrillator Analyzer 3444405-IMPULSE 7000 ektronix 387041 3.12.2018 UUC Reading (BPM) 30 80 | DP-3387041-1 1844407- Tektronix 3366061 27.12.2011 Deviation (BPM) 0 -1 | ESA612-3366061-1 8 Tolerance (±%) 5% 5% | Resul Pass Pas Pas |
| Name Certificate No Certified By ID/Sr. No. Calibration Va 4.Calibration 4.1) ECG Hea Sr. No. 1 2 3 4 | :- De :- 18 :- Te :- 33 alidity :- 28 Results :- art Rate(Beats/min) : Master Reading (BPM) 30 81 119 179 | efibrillator Analyzer 3444405-IMPULSE 7000 sktronix 387041 3.12.2018 UUC Reading (BPM) 30 80 120 | DP-3387041-1 1844407- Tektronix 3366061 27.12.2010 Deviation (BPM) 0 -1 1 | ESA612-3366061-1 8 Tolerance (±%) 5% 5% 5% | Resu Pas Pas Pas |
| Name Certificate No Certified By ID/Sr. No. Calibration Va 4.Calibration 4.1) ECG Hea Sr. No. 1 2 3 4 5 | :- De . :- 18 :- Te :- 33 alidity :- 28 Results :- Art Rate(Beats/min) : Master Reading (BPM) 30 81 119 179 269 | efibrillator Analyzer 3444405-IMPULSE 7000 ektronix 387041 3.12.2018 UUC Reading (BPM) 30 80 120 180 | DP-3387041-1 1844407- Tektronix 3366061 27.12.2010 Deviation (BPM) 0 -1 1 1 | ESA612-3366061-1 8 Tolerance (±%) 5% 5% 5% 5% | Resul Pass Pass |
| Name Certificate No Certified By ID/Sr. No. Calibration Va 4.Calibration 4.1) ECG Hea Sr. No. 1 2 3 4 5 4.2) ECG Amp | :- De . :- 18 :- Te :- 33 alidity :- 28 Results :- Art Rate(Beats/min) : Master Reading (BPM) 30 81 119 179 269 plitude (mV) : | efibrillator Analyzer 3444405-IMPULSE 7000 ektronix 387041 3.12.2018 UUC Reading (BPM) 30 80 120 180 | DP-3387041-1 1844407- Tektronix 3366061 27.12.2010 0 (BPM) 0 -1 1 1 1 1 1 1 | ESA612-3366061-1 8 Tolerance (±%) 5% 5% 5% 5% 5% 5% 5% | Resul Pass Pass Pas |
| Name Certificate No Certified By ID/Sr. No. Calibration Va 4.Calibration 4.1) ECG Hea Sr. No. 1 2 3 4 5 | :- De . :- 18 :- Te :- 33 alidity :- 28 Results :- Art Rate(Beats/min) : Master Reading (BPM) 30 81 119 179 269 | efibrillator Analyzer 3444405-IMPULSE 7000 ektronix 387041 3.12.2018 UUC Reading (BPM) 30 80 120 180 270 UUC Reading UUC Reading (mV) | DP-3387041-1 1844407- Tektronix 3366061 27.12.2010 0 (BPM) 0 -1 1 1 1 1 1 1 2 0 0 -1 1 1 1 1 1 1 | ESA612-3366061-1 8 Tolerance (±%) 5% 5% 5% 5% 5% 5% 5% | Resul Pass Pass Pass Pass Pass |
| Name Certificate No Certified By ID/Sr. No. Calibration Va 4.Calibration 4.1) ECG Hea Sr. No. 1 2 3 4 5 4.2) ECG Amp | :- De 18 76 33 34 | efibrillator Analyzer 3444405-IMPULSE 7000 sktronix 387041 3.12.2018 UUC Reading (BPM) 30 80 120 180 270 UUC Reading UUC Reading 0 0 0 0 0 0 0 0 0 0 0 0 0 | DP-3387041-1 1844407- Tektronix 3366061 27.12.2011 0 0 -1 1 1 1 1 1 1 1 2 0 0 -1 1 1 1 1 1 1 2 0 0 0 -1 1 1 1 1 1 1 1 1 0 0 0 -1 1 1 1 | ESA612-3366061-1 8 Tolerance (±%) 5% 5% 5% 5% 5% 5% 5% 5% 5% 5% 5% | Resul Pass Pas Pas Pas |
| Name Certificate No Certified By ID/Sr. No. Calibration Va 4.Calibration 4.1) ECG Hea Sr. No. 1 2 3 4 5 4.2) ECG Amp Sr. No. | :- De 18 76 33 76 33 34 | efibrillator Analyzer 3444405-IMPULSE 7000 ektronix 387041 3.12.2018 UUC Reading (BPM) 30 80 120 180 270 UUC Reading UUC Reading (mV) | DP-3387041-1 1844407- Tektronix 3366061 27.12.2010 0 (BPM) 0 -1 1 1 1 1 1 1 2 0 0 -1 1 1 1 1 1 1 | ESA612-3366061-1 8 Tolerance (±%) 5% 5% 5% 5% 5% 5% 5% | Resu Pas Pas Pas Pas Pas Pas Pas |



RELIABLE TECHNICAL SERVICES

"RELIABLE HOUSE" 497/2834-35, Sant Tukaram Nagar, Pimpri, Pune - 411018. Telefax : 020-27421170 Cell : 7774055755, 7774055855,7774058855 E-mail : reliable1010@gmail.com Web. : www.reliabletechnicals.com



| rtificate No | BM.18.05.01.041 | | | Page | No. 3 of : |
|--------------|-----------------------------------|-------------------|--------------------|--------------|------------|
| NCTIONAL | TEST: | | | | |
| Sr.No | Parameters | Туре | Measured Values | Tolerance | Remarks |
| 1 | Supply Voltage | Live-Neutral | 235.43 | 210 to 240 V | Pass |
| 2 | Supply Voltage | Live-Earth | 236.81 | 210 to 240 V | Pass |
| 3 | Supply Voltage | Neutral-Earth | 1.51 | 0 to 5 V | Pass |
| 4 | Protective Earth Resistance | - | 1.02 | < 5 ohm | Pass |
| 5 | Earth Leakage Current | Normal Close (NC) | 1.7 | < 10 µA | Pass |
| 6 | Earth Leakage Current | Normal Open (NO) | 1.8 | < 10 µA | Pass |
| 7 | Enclosure Leakage Current | NCC | 1.1 | < 10 µA | Pass |
| 8 | Enclosure Leakage Current | NOC | 0.7 | < 10 µA | Pass |
| 9 | Enclosure Leakage Current | NCO | 0.4 | < 10 µA | Pass |
| 10 | Patient Auxiliary Leakage Current | NCC | 1.4 | < 10 µA | Pass |
| 11 | Patient Auxiliary Leakage Current | RCC | 1.5 | < 10 µA | Pass |

Note:

1) This certificate refers only to the particular item submitted for calibration. UUC stands for Unit Under Calibration.

2) The calibration results reported in the certificate are valid at the time of and under the stated conditions of measurement.

3) Calibration point were selected as per customer specifications.

4) This certificate shall not be reproduced, except in full unless written permission for the publication of an approved abstract has been obtained from the Technical Manager of "Reliable Technical Services, Pune".

5) The Standard used are traceable to National / International Standard. . L SE

Calibrated By

Deable

Calibration Engineer

Rahul Sable

RF-21, R0



Approved By

Quality Manager R.D.Bodhe

O REDMI NOTE 8 PRO

May 2019 – May 2020



3

RELIABLE TECHINICAL SERVICES (Division of Reliable Technocare Pvt. Ltd.) "RELIABLE HOUSE" 497/2834-35, Sant Tukaram Nagar, Pimpri, Pune - 411018. MH, India. Telefax : 020-27421170 Cell : 7774055755, 7774055855,7774058855, 7774022900 Email : reliable1010@gmail.com/reliabletechnocare@gmail.com Web : www.reliabletechnicals.com / www.reliable.world Web. : www.reliabletechnicals.com / www.reliable.world



| I.CUSTOME | R : | | N CERTIFICATE Page No. | :- 1 of 3 | |
|---|---|--|---|--|---|
| Krishna Inst | itute Of Medical So | iences | Certificate No. | :- BM.19.04.2 | 00 022 |
| Deemed Unive | | | Date of Received | :- 24.04.2019 | ference and the |
| Karad ,Dist.Sa | tara- 415110 | | Date of Calibration | :- 24.04.2019 | |
| Ambient Tem | ip. :- | 25 ± 4°C | Next Calibration Due On | | |
| Relative Hum | idity :- | <70% RH | Calibration method No. | | |
| Location of c | alibration :- | On site | | | |
| Condition of | tem :- | OK | | | |
| 2. Description | on of Item | | | | |
| Name | | Defibrillator | Make | :- Zoll | |
| | | KH/W-01/DF-01 | Model No. | :- Biphasic | |
| Sr No. :- T12C128192 | | Location | :- CVTS Ward | d No-01 | |
| 3.Details of | Equipment used fo | r calibration | | | |
| Name | | Defibrillator Analyzer | Electrical | Safety Analyzer | |
| Certificate No | Certificate No. :- 18.12.IH.004 | | 18.12.1H.001 | | |
| | | RTS | RTS | | |
| | | 3387041 | 3366061 | | |
| | | | 16.12.2019 | | |
| 4.Calibration | n Results art Rate(Beats/min | A REAL PROPERTY AND A REAL PROPERTY A REAL PROPERTY AND A REAL PROPERTY A REAL PROPERTY A REAL PROPERTY AND A REAL PROPERTY AND A REAL PROPERTY A REAL PROPERTY AND A REAL PROPERTY A REAL PROPERTY AND A REAL PROPERTY A REAL PROPERT | | 9 | |
| 4.Calibration | n Results | * | 16.12.201 Deviation | Tolerance | Resul |
| 4.Calibration 4.1) ECG He | n Results art Rate(Beats/min | | | | Resu |
| 4.Calibration 4.1) ECG He | n Results art Rate(Beats/min Master Reading | :-) : UUC Reading | Deviation | Tolerance | |
| 4.Calibration 4.1) ECG He Sr. No. | n Results art Rate(Beats/min Master Reading (BPM) | :- UUC Reading (BPM) | Deviation (BPM) | Tolerance (±%) | Pass |
| 4.Calibration 4.1) ECG He Sr. No. | n Results art Rate(Beats/min Master Reading (BPM) 30 | :- UUC Reading (BPM) 31 | Deviation (BPM) 1 | Tolerance (±%) 5% | Pass |
| 4.Calibration 4.1) ECG He Sr. No. 1 2 | n Results art Rate(Beats/min Master Reading (BPM) 30 81 | :- UUC Reading (BPM) 31 80 | Deviation (BPM) 1 -1 | Tolerance (±%) 5% 5% | Pass Pass Pass |
| 4.Calibration 4.1) ECG He Sr. No. 1 2 3 | n Results art Rate(Beats/min Master Reading (BPM) 30 81 121 | :- UUC Reading (BPM) 31 80 120 | Deviation (BPM) 1 -1 -1 -1 | Tolerance (±%) 5% 5% 5% | Pass Pass Pass Pass |
| 4.Calibration 4.1) ECG He Sr. No. 1 2 3 4 5 | A Results art Rate(Beats/min Master Reading (BPM) 30 81 121 180 | :- UUC Reading (BPM) 31 80 120 180 | Deviation (BPM) 1 -1 -1 -1 0 | Tolerance (±%) 5% 5% 5% 5% | Pass Pass Pass Pass |
| 4.Calibration 4.1) ECG He Sr. No. 1 2 3 4 5 4.2) ECG Am | n Results art Rate(Beats/min Master Reading (BPM) 30 81 121 121 180 270 | :- UUC Reading (BPM) 31 80 120 180 | Deviation (BPM) 1 -1 -1 -1 0 | Tolerance (±%) 5% 5% 5% 5% 5% 5% | Pass Pass Pass Pass |
| 4.Calibration 4.1) ECG He Sr. No. 1 2 3 4 5 | Results art Rate(Beats/min Master Reading (BPM) 30 81 121 180 270 plitude (mV) : | :- UUC Reading (BPM) 31 80 120 180 270 | Deviation (BPM) 1 -1 -1 -1 0 0 | Tolerance (±%) 5% 5% 5% 5% | Resul Pass Pass Pass Pass Pass Pass |
| 4.Calibration 4.1) ECG He Sr. No. 1 2 3 4 5 4.2) ECG Am | n Results art Rate(Beats/min Master Reading (BPM) 30 81 121 180 270 plitude (mV) : Master Reading (mV) 0.51 | :- UUC Reading (BPM) 31 80 120 180 270 UUC Reading | Deviation (BPM) 1 -1 -1 0 0 0 Deviation | Tolerance (±%) 5% 5% 5% 5% 5% 5% 5% 5% 5% 5% 5% 5% 5% 5% 5% 5% 5% 5% 5% | Pass Pass Pass Pass Pass Resu |
| 4.Calibration 4.1) ECG He Sr. No. 1 2 3 4 5 4.2) ECG Am Sr. No. | n Results art Rate(Beats/min Master Reading (BPM) 30 81 121 180 270 plitude (mV) : Master Reading (mV) | :- UUC Reading (BPM) 31 80 120 180 270 UUC Reading (mV) | Deviation (BPM) 1 -1 -1 0 0 0 0 0 0 0 0 | Tolerance (±%) 5% 5% 5% 5% 5% 5% 5% 5% 5% 5% 5% 5% 5% 5% 5% | Pass Pass Pass Pass Pass Resu Pass |
| 4.Calibration 4.1) ECG He Sr. No. 1 2 3 4 5 4.2) ECG An Sr. No. 1 | n Results art Rate(Beats/min Master Reading (BPM) 30 81 121 180 270 plitude (mV) : Master Reading (mV) 0.51 | :- UUC Reading (BPM) 31 80 120 180 270 UUC Reading (mV) 0.50 | Deviation (BPM) 1 -1 -1 -1 0 0 0 | Tolerance (±%) 5% 5% 5% 5% 5% 5% 5% 5% 5% 5% 5% 5% 5% 5% 5% 5% 5% 5% 5% | Pass Pass Pass Pass Pass Resu |



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(Division of Reliable Technocare Pvt. Ltd.) "RELIABLE HOUSE" 497/2834-35, Sant Tukaram Nagar, Pimpri, Pune - 411018. MH, India. Telefax : 020-27421170 Cell : 7774055755, 7774055855, 7774058855, 7774022900 Email : reliable1010@gmail.com/reliabletechnocare@gmail.com Web. : www.reliabletechnicals.com / www.reliable.world



rtificate No. BM.19.04.20.022 Page No. 2 of 3 3) ECG Arrhythmia : Sr. No. Observed on Set on Master Observed on Set on Master UUC Result UUC 1 V Tach 160bpm Ok TV Paced 75 bpm Ok Pass 2 V Tach 200bpm Ok A Fib Coarse Ok Pass 4.4) Energy Test(in Joule): Sr. No. Observed on **Observed on Master** Set on UUC Tolerance Set on UUC Result Master (±%) 1 50.62 50.00 120.13 120.00 5% Pass 2 99.30 100.00 149.28 150.00 5% Pass 4.5) CHARGE TIME TEST(in seconds): Sr. No. **Observed on Master** Target Charge Set on UUC Tolerance (±%) Result Time(sec) Time(sec) 1 150.05 150.00 5% 3.00 3.7 Pass 2 200.91 200.00 5% 5.00 5.6 Pass 4.6) EST : Sr. No. Tests Remarks Power Cords, Cables Checking 1 Ok 2 Mains Socket Checking Ok



Dialysis Machine

May 2016 – May 2017

| | CAL | LIBRATION CERTIFICA | |
|--|--------------------------|---|--------------------|
| CUSTOMER NAME: | Krishna Hos | A LA | <u>1E</u> |
| EQUIPMENT : | HEMORY | Ital, Karad | DATE: 9/5/16 |
| | HEMODIALYSIS MAC | HINE(Fresenius) | |
| MODEL: | 40085 | | Next Due: 6/5/19 |
| SERIAL NUMBER: | 8VCAKR93 | | |
| HMED | 20164808 calibratian | alidity from 15/06/2015 to 14, alidity from 15/06/2015 to 14 | |
| 90XL Meter | 9x003071 calibration v | alidity from 15/06/2015 to 14, alidity from 15/06/2015 to 14, one the calibration | /06/2016 |
| With the help of HMED & This is to certify this equip | oment is calibrated as p | one the calibration. er manufacturer recommer | /06/2016 |
| | | alibration Parameters | |
| Hydraulic Check | | - arameters | |
| Water Inlet Pressure | | 1.2 par | 1.2 Bar |
| Dialysis Mode | | | LI Z DAY |
| Temperature | | 37°L | 37°C |
| Conductivity Check | | 14.5 ms/cm | 14.0m5/cm |
| Dialysate Flow | | | |
| 800ml/min | | 837m/min | \$37md/min |
| 500ml/min | | 528md/min | 528m1/min |
| 300ml/min | | 837m//min 528m//min 333m//min | 393 mJ/min |
| MP Check | | | 4000 |
| rterial Pressure Check | | | 4000 |
| enus Pressure Check | | | 6000 |
| ood Leak | | 5.0 | 5.0 |
| nal Check | | | |
| Test Performed | | | Test Passed |
| t Distriction | | | Done. |
| | | K | Kunger |
| | | Service | Engineer Signature |

 Regd. Office Delhi :

 S - 21, Second Floor, Star City,

 District Centre, Mayur Place,

 Mayur Vibar Prase 1,

 New Delh, 1100/3,

 Tel., 011, 4552 9500, 4564 3300

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Branch Office Mumbal ; B-307, Everent Grande, Mahakali Cavas Road, Andheri (East), Mumbai - 400 093 Tel.: 022 - 4217 6500 Telefax: 022 - 4217 6501 Branch Office Kolkata : 4th Floor, Akash Tower, 781, Ananchur, EM bypais, Kolkuta - 700107 761, 033 - 3040 9500 Telefax : 033 - 3090 9506 Branch Office Chennai : No. 6.8.7, 3rd Floor, Kasi Arcade, 116.5% Thyagaraya Road, Thyagaraya Rogar, Chennai - 600.017 Tet : 044 - 4396.0900 Flox : 044 - 4396.0915

May 2017 – May 2018

FRESENIUS MEDICAL CARE

THE RENAL COMPANY

CALIBRATION CERTIFICATE

| KRISHNA INSTITUTE MEN |
|---|
| KRISHNA INSTITUTE MEDICAL HOSPITAL, KARAD HEMODIALYSIS MACHINE(Fresenius) |
| 40085 |
| 8VCAKR93 |
| 20204808 calibration validity from 25/07/2016 to 24/07/201 9X003071 calibration validity from 25/07/2016 |
| 9X003071 calibration validity from 25/07/2016 to 24/07/201 & 90XI Meter we have done the |
| |

DATE: 5/5/2017 415/2018

With the new of this equipment is calibrated as per manufacturer recommendation.

| | Calibration Parameter | |
|------------------------|-----------------------|------------------------|
| Hydraulic Check | | 3 |
| Water Inlet Pressure | 1.2 bar | |
| Dialysis Mode | | 1. 1 bord |
| Temperature | 37°C | 2/ 98- |
| Conductivity Check | 14.5 | 36.9% |
| Dialysate Flow | | 1410 |
| 800ml/min | 837 | 828 |
| 500ml/min | 537 | 519 |
| 300ml/min | 330 | 339 |
| MP Check | | Done |
| rterial Pressure Check | | Done |
| enus Pressure Check | | Done |
| ood Leak | 5.0V | 5.0V |
| nal Check | | |
| Test Performed | | Possed |
| tDisinfection | | Done |
| Tour I | | Arrow. |
| Nortes de atory | | ice Engineer Signature |

Fresenius Medical Care India Private Limited

Regd. Office : S-21, Second Floor, Star City, District Centre, Mayur Palace, Mayur Vihar Phase 1, New Delhi 110091 Web: www.fresenius:neclicalcare asia

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 Corporate Office Gurgaon :
 Branch Office Multiple

 14h Floor, SAS Tower-B,
 B-307, Everest Grande,

 The Medicity, Sec-38,
 Mahakali Caves Road,

 Gurgaos, 12201
 NOTE 8 PRO

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 Tel, 022 - 4217 6500

 Set, 0124 - 6547505
 CAMERA

 Telefax: 022 - 4217 6501

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Branch Office Kolkata : 4th Floor, Akash Tower, 781, Anandpur, EM bypass, Kolkata 700107 Tel. 033 3090 9500 Telefax 033 3090 9506

Branch Office Chennai : Branch Onice Chemiai : No. 6.8.7, 3rd Floor, Kasi Arcade, 116, Sir Thyagaraya Road, Thyagaraya Nagar, Chemai - 600 017 Tel : 044 - 4396 0900 Fax : 044 - 4396 0915

May 2018 – May 2019

FRESENIUS **MEDICAL CARE**

THE RENAL COMPANY

CALIBRATION CERTIFICATE

| CUSTOMER NAME: | KRISHNA INSTITUTE MEDICAL HOSPITAL, KARAD |
|----------------|---|
| EQUIPMENT : | HEMODIALYSIS MACHINE (Fresenius) |
| MODEL: | 4008 5 |
| SERIAL NUMBER: | 8VCAKR93 |
| HMED | 26953015 calibration validity from 28/08/2017 to 27/08/2018 |
| 90XL Meter | 9X003071 calibration validity from 28/08/2017 to 27/08/2018 |

CAL DATE: 28.05.2018 DUE DATE: 27.05.2019

This is to certify this equipment is calibrated as per manufacturer recommendation.

| | Calibration Parameters | |
|------------------------|------------------------|----|
| Hydraulic Check | | |
| Water Inlet Pressure | 1.2 bar | |
| Dialysis Mode | | |
| Temperature | 37°C | |
| Conductivity Check | 14.0 ms/cm | |
| Dialysate Flow | | |
| 800ml/min | 816 | |
| 500ml/min | 528 | |
| 300ml/min | 319 | |
| MP Check | | |
| rterial Pressure Check | | |
| enus Pressure Check | | |
| lood Leak | 5.01 | |
| nal Check | | |
| 1 Test Performed | | |
| ot Disinfection | | |
| The way | PHIN | •• |
| uthorized Signatory | Service Engineer Sig | |

Fresenius Medical Care India Private Limited

CIN- U24231DL2006FTC147436

Regd. Office : S-21, Second Floor, Star City, District Centre, Mayur Palace, Mayur Vihar Phase-1, New Dalhi-110091 Web: www.freseniusmedicalcare.asia

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Branch Office Kolkata : 4th Floor, Akash Tower, 781, Anandpur, EM bypass, Kolkata - 700107 Tet. - 033 - 3090 9500 Telefax : 033 - 3090 9506

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May 2019 – May 2020

FRESENIUS MEDICAL CARE CALIBRATION CERTIFICATE CUSTOMER NAME: Krishna Institute of Medical Sciences, HEMODIALYSIS MACHINE(Fresenius) 40005 SVCAKR93 EQUIPMENT : DATE 10/5/2019 +0 MODEL SERIAL NUMBER 020212010 HMED 24222913 calibration validity from 28/05/2018 to 27/05/2019 90XL Meter 3345310105000746 calibration validity from 28/05/2018 to 27/05/2019 With the help of HMED & 90XI Meter we have done the calibration. This is to certify this equipment is calibrated as per manufacturer recommendation. **Calibration Parameters** Hydraulic Check Water Inlet Pressure 1.2 Bar 1.2 Bar **Dialysis Mode** Temperature 37'2 36.9 Conductivity Check 14.0 14.2 **Dialysate Flow** 800ml/min 837 837 500ml/min 528 537 300ml/min 330 330 TMP Check Done Arterial Pressure Check Done Venus Pressure Check Done Blood Leak 5.0V 5.00 **Final Check** T1 Test Performed Done Hot Disinfection Done Vilin . Authorized Signatory Service Engineer Signature

Fresenius Medical Care India Private Limited

CIN- U24231DL2006FTC147436

Regd. Office : S-21, Second Floor, Star City, District Centre, Mayur Palace, Mayur Vihar Phase-1, New Delhi-110091 Web: www.freseniusmedicalcare.asia

Corporate Office Gurgaon : 14th Floor, SAS Tower-B, The Medicity, Sec-38, Gurgaon-122001 Tel.; 0124 - 6642500 Fax: 0:24+ 3642500 A QUAD CAMERA Branch Office Mumbal : B-307, Everest Grande, Mahakall Caves Road, Andheri (East), Mumbal - 400 093 Tel.: 022 - 4217 6500 Telefax: 022 - 4217 6501

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Branch Office Chennai : 2nd Floor (VTB Center), Old No-4, New No-7, South Boag Road, T. Nagar, Chennai - 600 017 Tel : 044 - 4396 0900 Fax : 044 - 4396 0915

Ecg Machine

Mar 2016 - Mar 2017

| Test R | eport on | E.C.G. Mach | |
|--|--|---|--------------------|
| Date of | Calibration | 2-Mar-16 | inter |
| Calibra | tion Due Date | 1-Mar-17 | a for the state of |
| | tion Report No. | bpl/hms/16C02L05 | |
| | | | |
| Name a | and Address of the organisation | Krishna Institute of Medical Science Deemed University Malkapur, Karad, Satara - 415539, | |
| and the second | | Maharashtra | |
| Description of Item | | Electo-Cardiogram Machine Model - CARDIART 9108 Sr.No DUTD4L2854 | |
| Tests De | one | Calibration | |
| Equipm | ents Used for testing: | | |
| lame of | f the equipment | ' Equipment serial no | Due Date |
| Aultipara | a Simulator/ Fluke/ prosim 4 | 3231007 | 11-Aug-16 |
| erform | ance Check : PARAMETER | SPECIFICATION | VALUE |
| 1 | Key operations | OK/NOT OK | OK |
| 2 | Esc front assy tilting | OK / NOT OK | OK |
| 3 | LED Alignment | OK / NOT OK | OK |
| 4 | Line LED indication | OK / NOT OK | OK |
| _ | Battery Trickle Charge check | OK / NOT OK | ОК |
| 5 | Battery Charge voltage at BAT+ | 15.4V - 17.6 V | 15.8V |
| 5 6 | and the second sec | OK / NOT OK | OK |
| - | Lead Off indication at all leads | | |
| 6 | Real Time Clock display & Adjustments | OK / NOT OK | ОК |
| 6 7 | | OK / NOT OK OK / NOT OK | ок ок |
| <u>p</u> | Line LED indication Battery Trickle Charge check | OK / NOT OK OK / NOT OK | OK OK |
| 6 | | OK / NOT OK | OK |
| 6 7 | | OK / NOT OK | OK |
| 6 7 | Real Time Clock display & Adjustments | CONTRACTOR AND | 7-32/ |
| 6 7 8 | Real Time Clock display & Adjustments | CONTRACTOR AND | |

RPI Medical Technologies Private limited

| 11 | PARAMETER | SPECIFICATION | |
|--------|--|-----------------------------|----------|
| 12 | Printing & Display Formats Check | SPECIFICATION | VALUE |
| 13 | Do Onset (At max gain) | OK / NOT OK | OK |
| 14 | Noise at short circuit. | 1 Pixel max 2 Pixels max | ОК |
| 15 | 50Hz Notch Filter operation | 2 Pixels max | 1pix |
| 16 | CMRR | 2 Pixels max | 1pix |
| | GAIN / Sensitivity selections (mm) | | 2pix |
| | 05 mm | +/-1mm | 05 mm |
| | 10 mm | +/-1mm | 10 mm |
| 17 | 20 mm | +/-1mm | 20 mm |
| 17 | Memory Check | OK / NOT OK | OK |
| 18 | Printing Linearity Check | OK / NOT OK | OK |
| 19 | Paper Transportation Speed (mm/sec) | | UN |
| | at 25mm/sec | +/-1mm | 25mm/sec |
| 1.11 | at 50mm/sec | +/-2mm | 50mm/sec |
| 20 | Thermal Head Alignment | OK / NOT. OK | OK |
| 21 | Black Mark Sense testing | OK / NOT OK | OK |
| 22 | HR rate Accuracy check (bpm) | | |
| | 30 BPM | +/-1BPM | 30 BPM |
| | 60 BPM | +/-1BPM | 60 BPM |
| | 120 BPM | +/-1BPM | 120 BPM |
| 23 | LCD contrast check | No fading | ОК |
| 24 | Low Battery Indication | OK / NOT OK | OK |
| 25 | HV Break Down test@ 1.5KV for 1 minute | OK / NOT OK | ОК |
| 26 | DF Discharge check - Sampling for 5 sets | OK / NOT OK | ОК |
| 27 | Reset Recovery within 0.5s after defibrillation | OK / NOT OK | OK |
| 28 | All self tests | OK / NOT OK | OK |
| | | | |
| | User Equipment ID | | |
| | CALIBRATION STATUS | ОК | |
| Edis . | | | |
| | | | |
| | | | |
| | TESTED & CALIBRATED BY | | |
| | SOULS POL | | |
| | C () | | |
| | VI (ALEFPARAE | | |
| | For BP Medical Technologies Pvt.Ltd. | | |
| | and the second s | | |
| | | | |
| | | | |
| | | | |

| Oser Equipment iD | |
|--------------------|----|
| CALIBRATION STATUS | ок |
| | |

Failer

April 2017 - Mar 2018

| Name an | d Address of the organisation | KRISHNA INSTITUTE OF I SCIENCES DEEMED UNIV | MEDICAL VERSITY | |
|-----------------------|---------------------------------------|--|------------------------|--|
| - | | KARAD | 11 1 1 1 1 1 1 1 1 1 1 | |
| | | DIST-SATARA | C TO GO TO THE REAL | |
| Descripti | on of Item | MAHARASHTRA | | |
| and the second second | | Electo-Cardiogram Machine Model - CARDIART 9108 | | |
| | | Sr.No DUTD4L2854 | | |
| Tests Done | | Calibration | Alter and the | |
| | ents Used for testing: | | | |
| | the equipment | Calibration report No. 16121290-Prosim 4- | Due Date | |
| MPM sim | nulator / FLUKE Prosim4 / 2767019 | 2767019-1 | 29-Dec-17 | |
| Dedam | ance Check : | | | |
| SL.NO | PARAMETER | SPECIFICATION | VALUE | |
| 1 | Key operations | OK / NOT OK | OK | |
| 2 | Esc front assy tilting | OK / NOT OK | OK | |
| | LED Alignment | OK / NOT OK | OK | |
| -0- | Line LED indication | OK / NOT OK | OK OK | |
| 5 | Battery Trickle Charge check | OK / NOT OK | 15.8V | |
| 6 | Battery Charge voltage at BAT+ | 15.4V - 17.6 V | OK | |
| 7 | Lead Off indication at all leads | OK / NOT OK | OK | |
| 8 | Real Time Clock display & Adjustments | OK/NOTOK | OK | |
| 9 | Set up menu display and Adjustments | No ambiguities | OK | |
| 10 | Display | OK / NOT OK | OK | |
| 11 | Printing & Display Formats Check | I Pixel max | OK | |
| 12 | DC Offset (At max gain) | 2 Pixels max | 1pix | |
| 13 | Noise at short circuit. | | 1pix | |
| | 50Hz Notch Filter operation | 2 Pixels max | 2pix | |
| 14 | CMRR | 2 Pixels max | | |
| 15 | GAIN / Sensitivity selections (mm) | | 05 mm | |
| 16 | GAIN / Sensitivity selections (may) | +/-1mm | BPL | |

| 10 mm | +/-1mm | 10 mm |
|---|-------------|----------|
| 20 mm | +/-1mm | 20 mm |
| Aemory Check | OK / NOT OK | |
| Printing Linearity Check | OK / NOT OK | OK |
| Paper Transportation Speed (mm/sec) | OKTNOTOK | OK |
| at 25mm/sec | +/-1mm | 25mm/sec |
| at 50mm/sec | +/-2mm | 50mm/sec |
| Thermal Head Alignment | OK / NOT OK | OK |
| Black Mark Sense testing | OK / NOT OK | OK |
| HR rate Accuracy check (bpm) | | |
| 30 BPM | +/-1BPM | 30 BPM |
| 60 BPM | +/-1BPM | 60 BPM |
| 120 BPM | +/-1BPM | 120 BPM |
| LCD contrast check | No fading | OK |
| Low Battery indication | OK / NOT OK | OK |
| HV Break Down test@ 1.5KV for 1 minute | OK / NOT OK | OK |
| DF Discharge check - Sampling for 5 sets | OK / NOT OK | OK |
| Reset Recovery within 0.5s after defibrillation | OK / NOT OK | OK |
| All self tests | OK / NOT OK | OK |

CALIBRATION STATUS

OK

TESTED BY



AJIT PARAB For BPL Medical Technologies Pvt. Ltd

April 2018 - April 2019

| Test Report on Date of Calibration Calibration Due Date Calibration Report No | Hapt | eler Living Everyday |
|---|---|---|
| Calibration Due Date | | |
| Calibration Report No. | | |
| moration Report No | E.C.G. M | Ichine |
| A SALINO, | 2-Apr | 18 |
| | † 1-Apr | 19 |
| Name and | bplmtpl/kh/1 | |
| Name and Address of the organisation | | |
| Description of Item | KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED UNIVERSITY KARAD DIST-SATARA | |
| | MAHARASHTRA Electo-Cardiogr | m Machine |
| ests Done | model - CARDI | ART 9108 |
| | Sr.No DUTI | 04L2854 |
| uipments Used for testing: | Calibration | |
| ame of the equipment | | |
| TAL SIGNS SIMULATOR/ FLUKE/PROSIM4/2767019 | Calibration report No. | Due Date |
| | * | Due Date 09-Jan-19 |
| formance Check : | 1844273-4 PROSIM4- | and the state |
| formance Check : | 1844273-4 PROSIM4- 2767019-1 | 09-Jan-19 |
| formance Check : NO PARAMETER Key operations | 1844273-4 PROSIM4- | and the state |
| formance Check : NO PARAMETER Key operations Esc front assy tilting | 1844273-4 PROSIM4- 2767019-1 SPECIFICATION | 09-Jan-19 VALUE |
| formance Check : NO PARAMETER Key operations Esc front assy tilting LED Alignment | 1844273-ФРКОSIМ4- 2767019-1 SPECIFICATION ОК / NOT ОК | 09-Jan-19 VALUE OK |
| formance Check : NO PARAMETER Key operations Esc front assy tilting LED Alignment Line LED indication | 1844273-4 PROSIM4- 2767019-1 SPECIFICATION OK / NOT OK OK / NOT OK | 09-Jan-19 VALUE OK OK |
| Formance Check : NO PARAMETER Key operations Esc front assy tilting LED Alignment Line LED indication Battery Trickle Charge check | 1844273-4 PROSIM4- 2767019-1 SPECIFICATION OK / NOT OK OK / NOT OK OK / NOT OK | 09-Jan-19 VALUE OK OK OK |
| formance Check : NO PARAMETER Key operations Esc front assy tilting LED Alignment Line LED indication Battery Trickle Charge check Battery Charge voltage at BAT+ | 1844273-4 PROSIM4- 2767019-1 SPECIFICATION OK / NOT OK OK / NOT OK OK / NOT OK OK / NOT OK | 09-Jan-19 VALUE OK OK OK OK |
| formance Check : NO PARAMETER Key operations Esc front assy tilting LED Alignment Line LED indication Battery Trickle Charge check Battery Charge voltage at BAT+ Lead Off indication at all leads | 1844273-PROSIM4- 2767019-1 SPECIFICATION OK / NOT OK | 09-Jan-19 VALUE OK OK OK OK OK |
| formance Check : NO PARAMETER Key operations Esc front assy tilting LED Alignment Line LED indication Battery Trickle Charge check Battery Charge voltage at BAT+ Lead Off indication at all leads Real Time Clock display & Adjustments | 1844273-4 PROSIM4- 2767019-1 SPECIFICATION OK / NOT OK OK / NOT OK | 09-Jan-19 VALUE OK OK OK OK OK OK 15.7V |
| formance Check : NO PARAMETER Key operations Esc front assy tilting LED Alignment Line LED indication Battery Trickle Charge check Battery Charge voltage at BAT+ Lead Off indication at all leads | 1844273-4 PROSIM4- 2767019-1 SPECIFICATION OK / NOT OK | 09-Jan-19 VALUE OK OK OK OK OK 15:7V OK |

May 2019 - May 2020

| | | E | PT |
|---------------------|--|---|-----------------------|
| Test D | | Happie | P |
| Test Rep | ort on | Happier Livii | ng Everyday |
| Calib | Calibration | E.C.G. Machine | |
| atio | DD D. | 15-May-19 | MALLING STREET |
| Hachine | Calibration Report No. | 14-May-20 | and the state of the |
| Nam | esport No. | BMTPL/19-20/CALR/K2616 | Sand Colored States |
| wame an | d Address of the organisation | CALR/K2616 | 05 |
| Description of Item | | KRISHNA CHARITABLE TRUST HOSPITAL Khanapur Road, Agashivnagar,dist. Satara, Malakapur,Maharashtra-415539,INDIA. Electro-Cardiogram Machine Model - 9108 | |
| | | | |
| traine of th | 10 equipment | A DESCRIPTION OF THE OWNER OF THE | Mineral Street Street |
| TTAL SIGNS | STIMULATOR | Calibration report No. | Due Date |
| Performa | nce Check : | 1915868-7-PROSIM 4-2767019-1 | 11-Feb-20 |
| R.NO | PARAMETER | | Stran - De Starten |
| 1 | Key operations | SPECIFICATION | VALUE |
| 2 | LED Alignment | OK / NOT OK | ОК |
| 3 | Line-Battery LED | OK / NOT OK | ОК |
| | indication | OK / NOT OK | ОК |
| 4 | Battery Trickle Charge check | OK / NOT OK | ОК |
| 5 | Lead Off indication at all leads | OK / NOT OK | ок |
| 6 | Real Time Clock display & Adjustments | OK / NOT OK | ок |
| 7 | Set up menu display and Adjustments | OK / NOT OK | ок |
| 8 | Display | No ambiguities | OK |
| 9 | Printing & Display Formats Check | OK / NOT OK | ОК |
| 10 | 50Hz Notch Filter operation | 2 mm max | 1mm |
| 11 | Gain (sensitivity) at 10mm | n Gain at lead II @ speed 25r | nm/sec & 60 bpm |
| | 5mm | +/-1mm | 5 mm |
| | 10mm | +/-1mm | 10 mm |
| | 20mm | +/-1mm | 20 mm |



Happier Living Everyday

| R.NO | PARAMETER | and the second se | |
|--------------------|---|---|------------------|
| | | SPECIFICATION | VALUE |
| 12 | Paper Transportation Speed (mm/sec) @ Gain 10mm/sec | | THEOL |
| | at 25mm/sec | | |
| and the series and | at 50mm/sec | +/-1mm | 25mm/sec |
| | Heart Rate indications @ | +/-2mm | 50mm/sec |
| 13 | 10mm/mv & 25mm/sec 30 BPM | +/-1 BPM | 20 0014 |
| | 60 BPM | +/-1 BPM | 30 BPM 60 BPM |
| 12 2011 | 120 BPM | +/-1 BPM | 120 BPM |
| 14 | Memory Check | OK / NOT OK | OK |
| 15 | Printing Linearity Check | OK / NOT OK | ок |
| 16 | Thermal Head Alignment | OK / NOT OK | ок |
| 17 | Paper Sensor testing | OK / NOT OK | ок |
| | LCD contrast check | No fading | OK |
| 18 | ECD contrast encent | the second | |
| 18 19 | Low Battery indication | OK / NOT OK | OK |

TESTED BY in a

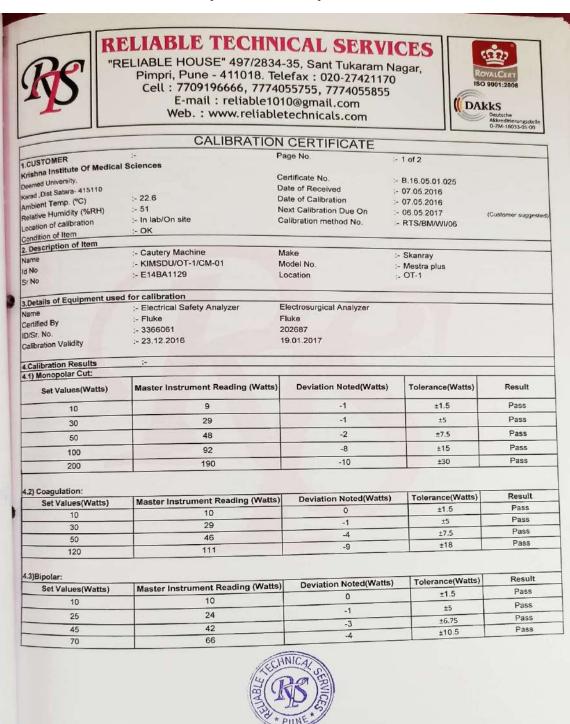
AMIT KHAIRNAR

CALIBRATION STATUS

All Parameters found well within specifications

Cautery Machine

May 2016 - May 2017



EDMI NOTE 8 PRO

| | E-mail : reliable1010@gmai Web. : www.reliabletechnica | als.com | DAkkS |
|---|--|-----------------------------|----------------------------------|
| Certificate No | b. B.16.05.01.025 | | Akkreditierungs D-7M-16033-01 |
| 4.4)A) Visual | Test: Tests | | Page No. 2 o |
| Sr. No. | Power Cords, Cables Checking | | Remarks |
| 2 | Mains Socket Checking | | Ok |
| 3 | Equipment Type (B, BF, CF) | | Ok |
| 4 | Equipment Class (I, II, III) | | B |
| | B-Body Type,BF-Body Float Type,CF-C I-Properly Earthed ,II-Double Insulation,III-With | ardiac Float Type | 1 |
| B) FUNCTION | | Extra Low Safety Voltage | |
| Sr.No | Parameters | Measured Values | |
| 1 | Voltage between Live and Neutral (Vin) | 235.43 (210-2 | - Nemarks |
| 2 | Voltage between Live and Earth(Vie) | 237.10 (210-2 | |
| 3 | Voltage between Neutral and and Earth (Vne) | 1.95 (0-5 | |
| 4 | Enclosure Current | 0.8 (0-10 | |
| 5 | Leakage Current (IL) | 127 (0-500 | |
| 6 | Patient Leakage Current (PL) | 0.6 (BF-0-1 (CF-0-1 | |
| Calibration point This certificate has been obtained | nt were selected as per customer specifications. shall not be reproduced, except in full unless written permission for the publicatio d from the Technical Manager of "Reliable Technical Services, Pune". | in of an approved abstract | By |
| 3) Calibration point 4) This certificate has been obtaine Calibrated By Galibration Eng | shall not be reproduced, except in full unless written permission for the publication d from the Technical Manager of "Reliable Technical Services, Pune". | Approved £ Quality Me | inager |
| 4) This certificate has been obtaine Calibrated By | shall not be reproduced, except in full unless written permission for the publication d from the Technical Manager of "Reliable Technical Services, Pune". | Approved | inager |

| 1.CUSTOMER Krishna Instit | | CALIF | BRATION C | ERTIFIC | ATE | | |
|---|--|---|---|--|---|--|---------------------------------|
| Krishna Instit | | :- | F | Page No. | :- 1 | of 2 | |
| a second s | ute Of Medical Scienc | es | | Certificate No. Date of Receiv | | 3M.17.05.03.315 06.05.2017 | |
| Deemed Univer | | | | Date of Calibra | | 06.05.2017 | |
| Ambient Temp | . (°C) | :- 25 ± 4°C | | Next Calibratio | | 5.05.2018 | |
| Relative Humi | any (voi any | :- <70% RH :- In lab/On site | C | Calibration me | thod No. :- I | RTS/BM/WI/06,01 | |
| Location of ca Condition of It | | - OK | | _ | | | |
| 2. Description | of Item | | 1 | Make | | Skanray | |
| Name Id No | | - Cautery Mach - KH/OT/CM-09 | | Model No. | | Master Plus 100 | |
| Sr No. | | - E14BA1129 | 1 | Location | :- (| т | |
| 2 Dataile of E | guipment used for cal | ibration | | | - | | |
| Name | | :- Electrical Safe | ety Analyzer | Electrosurgica | | | |
| Certificate No. | | :- 16121280-ES | A612-3366061-1 | | ESII-202687-1 | | |
| Certified By | | - Tektronix | | Tektronix 202687 | | | |
| ID/Sr. No. Calibration Va | idity | :- 3366061 :- 26.12.2017 | | 27.12.2017 | | | |
| Calbration va | indity | | | | | | |
| 4.Calibration | | | | | | | |
| 4.1) Power Te | st For Monopolar Cut | | | | land 1 | | - |
| | Pure | 1.77 | ow Obeserved | Set | Obeserved | Tolerance (±%) | Resul |
| Set | Obeserved | Set 10 | 11 | 10 | 11 | 10% | Pass |
| 10 | 51 | 50 | 50 | 50 | 50 | 10% | Pass |
| 50 | 151 | 150 | 151 | 150 | 151 | 10% | Pass |
| 450 | 151 | | | 100 | | | |
| 150 | Salara Cases - an and | |) | | | | |
| | st For Monopolar Co | And the second second | | Spray | | | |
| 4.2) Power Te | st For Monopolar Con resiccate | Fulg | jurate | 2.6 | NUMBER OF | Tolerance (±%) | Resu |
| 4.2) Power Te | | Fulg Set | | Set | Obeserved | | |
| 4.2) Power Te | esiccate | Fulg | jurate | 2.6 | Obeserved 10 | 10% | Resu Pase |
| 4.2) Power Te | Obeserved | Fulg Set 10 50 | Uurate Obeserved 10 50 | Set 10 50 | Obeserved 10 50 | 10% | Pass |
| 4.2) Power Te | Obeserved 11 | Fulg Set 10 | Uurate Obeserved 10 | Set 10 | Obeserved 10 | 10% | Pass |
| 4.2) Power Te 50 100 | Obeserved 11 51 | Fulg Set 10 50 | Uurate Obeserved 10 50 | Set 10 50 | Obeserved 10 50 | 10% | Pas |
| 4.2) Power Te 50 10 4.3) Power Te | Obeserved 11 51 101 | Fulg Set 10 50 100 | Uurate Obeserved 10 50 | Set 10 50 100 | Obeserved 10 50 | 10% 10% 10% | Pas Pas Pas |
| 4.2) Power Te 50 10 50 100 4.3) Power Te | Obeserved 11 51 101 st For Bipolar (Watts) | Fulg Set 10 50 100 | Urate Obeserved 10 50 101 | Set 10 50 100 | Obeserved 10 50 100 | 10% | Pas |
| 4.2) Power Te 50 100 4.3) Power Te | Desiccate Obeserved 11 51 101 st For Bipolar (Watts) Precise | Fulg Set 10 50 100 Star | Urate Obeserved 10 50 101 | Set 10 50 100 | Obeserved 10 50 100 lacro | 10% 10% 10% | Pas Pas Pas |
| 4.2) Power Te 50 10 50 100 4.3) Power Te Set | Obeserved Obeserved 11 51 101 St For Bipolar (Watts) Precise Obeserved | Fulg Set 10 50 100 Star Set | Urate Obeserved 10 50 101 ndard Obeserved | Set 10 50 100 M Set | Obeserved | 10% 10% 10% Tolerance (±%) | Pas Pas Pas Res |
| 4.2) Power Te 50 10 50 100 4.3) Power Te Set 10 | Obeserved 11 51 101 St For Bipolar (Watts) Precise Obeserved 11 | Fulg Set 10 50 100 Star Set 10 | Urate Obeserved 10 50 101 Ndard Obeserved 11 | Set 10 50 100 M Set 10 | Obeserved 10 50 100 | 10% 10% 10% Tolerance (±%) 10% | Pas Pas Pas Res Pa: |

-COMANDUAR CAMERA etechnicals.com

| P | "RELIABLE HOUSE" 497/2034-53, Odint Pimpri, Pune - 411018. Telefax : 020- Cell : 7709196666, 7774055755, 777 E-mail : reliable1010@gmail.c Web. : www.reliabletechnicals. | om | . DAk | Deutsche Akkreditierungsstell D-ZM-15033-01-00 |
|---|--|--------------------------------------|--------------------------------|--|
| tificate No. | BM.17.05.03.315 | | F | Page No. 2 of |
| | Electrical S | afety | | |
| est Results Visual Test : | | T | Remark | s |
| Sr. No. | Tests Power Cords, Cables Checking | | Ok Ok | |
| 2 | Mains Socket Checking | | В | |
| 3 | Equipment Type (B, BF, CF) Equipment Class (I, II, III) | | 1 | |
| 4 | | iac Float Type ra Low Safety Volt | age | |
| | B-Body Type,BF-Body Float Type,CF-Card I-Properly Earthed ,II-Double Insulation,III-With Ext | | ured Values | Remarks |
| FUNCTIONAL T | | 235.50 | (210-240V) | OK |
| 5r.No 1 | Voltage between Live and Neutral (VIn) | 238.15 | (210-240V) | OK |
| 2 | Voltage between Live and Earth(VIe) Voltage between Neutral and and Earth (Vne) | 2.87 | (0-5V) | OK |
| 3 | Enclosure Current | 0.8 | (0-10µA) | OK |
| 4 | Leakage Current (IL) | 116 | (0-500µA) (BF-0-100µA) | |
| 5 | | 0.8 | (CF-0-10µA) | OK |
|) The calibration resu) Calibration point we | Patient Leakage Current (PL) s only to the particular item submitted for calibration. UUC stands for Unit L Its reported in the certificate are valid at the time of and under the stated co re selected as per customer specifications. In the reproduced, except in full unless written permission for the publication in the Technical Manager of "Reliable" reprinces, Pune". | | Approved By | 1 |
| Iote:) This certificate refer) The calibration resu) Calibration point we) This certificate shall as been obtained from Calibrated By Calibrated By Calibration Engine Rahul Sable | s only to the particular item submitted for calibration. UUC stands for Unit L Its reported in the certificate are valid at the time of and under the stated co re selected as per customer specifications. In the reproduced, except in full unless written permission for the publication in the Technical Manager of "Reliable connects services, Pune". | | stract | it - |
| Iote:) This certificate refer) The calibration resu) Calibration point we) This certificate shall as been obtained from Calibrated By Calibrated By Calibration Engine | s only to the particular item submitted for calibration. UUC stands for Unit L Its reported in the certificate are valid at the time of and under the stated co re selected as per customer specifications. In the reproduced, except in full unless written permission for the publication in the Technical Manager of "Reliable connects services, Pune". | | Approved By Quality Manager | -; |
| Iote:) This certificate refer) The calibration resu) Calibration point we) This certificate shall as been obtained from Calibrated By Calibrated By Calibration Engine Rahul Sable | s only to the particular item submitted for calibration. UUC stands for Unit L Its reported in the certificate are valid at the time of and under the stated co re selected as per customer specifications. In the reproduced, except in full unless written permission for the publication in the Technical Manager of "Reliable connects services, Pune". | | Approved By Quality Manager | +1 |
| ote:) This certificate refer) The calibration resu) Calibration point we) This certificate shall as been obtained from Calibrated By Calibrated By Calibration Engine Calibration Engine | s only to the particular item submitted for calibration. UUC stands for Unit L Its reported in the certificate are valid at the time of and under the stated co re selected as per customer specifications. In the reproduced, except in full unless written permission for the publication in the Technical Manager of "Reliable connects services, Pune". | | Approved By Quality Manager | |
| ote:) This certificate refer) The calibration resu) Calibration point we) This certificate shall as been obtained from Calibrated By Calibrated By Calibration Engine Calibration Engine | s only to the particular item submitted for calibration. UUC stands for Unit L Its reported in the certificate are valid at the time of and under the stated co re selected as per customer specifications. In the reproduced, except in full unless written permission for the publication in the Technical Manager of "Reliable connects services, Pune". | | Approved By Quality Manager | +1 |
| ote:) This certificate refer) The calibration resu) Calibration point we) This certificate shall as been obtained from Calibrated By Calibrated By Calibration Engine Calibration Engine | s only to the particular item submitted for calibration. UUC stands for Unit L Its reported in the certificate are valid at the time of and under the stated co re selected as per customer specifications. In the reproduced, except in full unless written permission for the publication in the Technical Manager of "Reliable connects services, Pune". | | Approved By Quality Manager | +1- |

| Z | 101 "RE | LIABLE HOUSE Pimpri, Pune - Cell : 777405 E-mail | TECHNIC " 497/2834-35, 411018. Telefa 55755, 7774055 : reliable1010@ /ww.reliabletec | Sant Tukaram ax : 020-2742 8855,77740588 @gmail.com | n Nagar, 1170 | IAS, | The second s |
|--|---|---|---|--|--|---|--|
| | | CALIB | RATION C | ERTIFICA | TE | | |
| 1.CUSTON | | :- | | Page No. | 1- | 1 of 2 | |
| and the second s | stitute Of Medical | Sciences | | Certificate No. | :- | BM.18.04.29.01 | 19 |
| Deemed Un | | | | Date of Receive | | 29.04.2018 | |
| Ambient Te | Satara- 415110 | :- 25 ± 4°C | | Date of Calibra | | 29.04.2018 | |
| Relative Hu | | 20 ± 4 C | | Next Calibration | | 28.04.2019 | |
| Location of | | :- On site | | Calibration met | 1100 140 | RTS/BM/WI/06 | 5,01 |
| Condition o | | :- OK | | | | | |
| 2. Descript | tion of Item | | | | | | |
| Name | | :- Cautery Ma | chine | Make | ;- | Skanray | |
| ID No | | :- KH/OT/CM- | 09 | Model No. | (1227) | Plus 100 | |
| Sr No. | | :- E14BA1129 |) | Location | :- | ОТ | |
| 3.Details of | f Equipment used | for calibration | | | | | |
| Name | | :- Electrosurge | ery Analyzer | | Electrical Safety | Analyzer | |
| | | | | | | | |
| Certificate N | lo. | :- 18444403-0 | A ESII-202687-1 | | 18444407-ESA6 | 12-3366061-1 | |
| Certificate N Certified By | | :- 18444403-0 :- Tektronix | QA ESII-202687-1 | | 18444407-ESA6 Tektronix | 12-3366061-1 | |
| | | | QA ESII-202687-1 | | | 12-3366061-1 | |
| Certified By | | :- Tektronix | QA ESII-202687-1 | | Tektronix | 12-3366061-1 | |
| Certified By ID/Sr. No. Calibration \ | √alidity | :- Tektronix :- 202687 :- 28.12.2018 | QA ESII-202687-1 | | Tektronix 3366061 | 12-3366061-1 | |
| Certified By ID/Sr. No. Calibration \ 4.Calibratio | /alidity on Results | :- Tektronix :- 202687 :- 28.12.2018 :- | QA ESII-202687-1 | | Tektronix 3366061 | 12-3366061-1 | |
| Certified By ID/Sr. No. Calibration \ 4.Calibratio | /alidity n Results Test For Monopo | :- Tektronix :- 202687 :- 28.12.2018 :- lar Cut(Watts) | 2A ESII-202687-1 | | Tektronix 3366061 | | |
| Certified By ID/Sr. No. Calibration \ 4.Calibratio 4.1) Power | /alidity on Results | :- Tektronix :- 202687 :- 28.12.2018 :- lar Cut(Watts) | | | Tektronix 3366061 27.12.2018 | Tolerance (±%) | Result |
| Certified By ID/Sr. No. Calibration \ 4.Calibratio | Validity on Results Test For Monopo Pure | :- Tektronix :- 202687 :- 28.12.2018 :- lar Cut(Watts) | _ow | | Tektronix 3366061 27.12.2018 | Tolerance | Result |
| Certified By ID/Sr. No. Calibration \ 4.Calibratio 4.1) Power Set 10 | Validity n Results Test For Monopo Pure Obeserved 10.0 | :- Tektronix :- 202687 :- 28.12.2018 :- lar Cut(Watts) L Set | _OW Obeserved | B Set | Tektronix 3366061 27.12.2018 | Tolerance (±%) | Result Pass Pass |
| Certified By ID/Sr. No. Calibration \ 4.Calibratio 4.1) Power 5 Set 10 50 | Validity In Results Test For Monopo Pure Obeserved 10.0 48.9 | :- Tektronix :- 202687 :- 28.12.2018 :- lar Cut(Watts) L Set 10 50 | -ow Obeserved 8.3 48.7 | B Set 10 | Tektronix 3366061 27.12.2018 Ilend Obeserved 9.1 | Tolerance (±%) 10% | Pass |
| Certified By ID/Sr. No. Calibration \ 4.Calibration \ 4.Calibratio 4.1) Power 5 Set 10 50 150 | Validity n Results Test For Monopo Pure Obeserved 10.0 48.9 151.9 | :- Tektronix :- 202687 :- 28.12.2018 :- lar Cut(Watts) L Set 10 50 150 | Obeserved 8.3 48.7 149.2 | B Set 10 50 | Tektronix 3366061 27.12.2018 Blend Obeserved 9.1 51.9 | Tolerance (±%) 10% 10% | Pass Pass |
| Certified By ID/Sr. No. Calibration \ 4.Calibration \ 4.Calibration \ 4.1) Power 1 Set 10 50 150 4.2) Power 1 | Validity in Results Test For Monopo Pure Obeserved 10.0 48.9 151.9 Test For Monopo | :- Tektronix :- 202687 :- 28.12.2018 :- lar Cut(Watts) Set 10 50 150 | Obeserved 8.3 48.7 149.2 n(Watts) | B Set 10 50 150 | Tektronix 3366061 27.12.2018 Ilend Obeserved 9.1 51.9 , 151.2 | Tolerance (±%) 10% 10% | Pass Pass Pass |
| Certified By ID/Sr. No. Calibration \ 4.Calibratio 4.1) Power Set 10 50 150 4.2) Power T De | Validity Test For Monopo Pure Obeserved 10.0 48.9 151.9 Test For Monopo esiccate | :- Tektronix :- 202687 :- 28.12.2018 :- lar Cut(Watts) L Set 10 50 150 Jar Coagulation Ful | Obeserved 8.3 48.7 149.2 | B Set 10 50 150 | Tektronix 3366061 27.12.2018 Blend Obeserved 9.1 51.9 | Tolerance (±%) 10% 10% | Pass Pass Pass |
| Certified By ID/Sr. No. Calibration \ 4.Calibration \ 4.Calibration \ 4.Calibration \ 4.Calibration \ 4.Calibration \ 50 50 150 150 150 4.2) Power T De Set | Validity Test For Monopo Pure Obeserved 10.0 48.9 151.9 Test For Monopo esiccate Obeserved | :- Tektronix :- 202687 :- 28.12.2018 :- lar Cut(Watts) Set 10 50 150 | -ow Obeserved 8.3 48.7 149.2 n(Watts) gurate Obeserved | B Set 10 50 150 | Tektronix 3366061 27.12.2018 Blend Obeserved 9.1 51.9 . 151.2 | Tolerance (±%) 10% 10% 10% Tolerance | Pass Pass Pass Resul |
| Certified By ID/Sr. No. Calibration \ 4.Calibration \ 4.Calibratio 4.1) Power Set 10 50 150 4.2) Power T De Set 10 | Validity Test For Monopo Pure Obeserved 10.0 48.9 151.9 Test For Monopo esiccate Obeserved 12.0 | :- Tektronix :- 202687 :- 28.12.2018 :- lar Cut(Watts) L Set 10 50 150 Dar Coagulation Ful Set | -OW Obeserved 8.3 48.7 149.2 n(Watts) gurate | B Set 10 50 150 Set | Tektronix 3366061 27.12.2018 Ilend Obeserved 9.1 51.9 . 151.2 Spray Obeserved | Tolerance (±%) 10% 10% 10% 10% 10% 10% | Pass Pass |
| Certified By ID/Sr. No. Calibration \ 4.Calibratio 4.1) Power Set 10 50 150 4.2) Power De Set 10 50 | Validity Test For Monopo Pure Obeserved 10.0 48.9 151.9 Test For Monopo esiccate Obeserved 12.0 51.7 | :- Tektronix :- 202687 :- 28.12.2018 :- lar Cut(Watts) | -ow Obeserved 8.3 48.7 149.2 n(Watts) gurate Obeserved 8.2 | B Set 10 50 150 Set 10 | Tektronix 3366061 27.12.2018 Blend Obeserved 9.1 51.9 . 151.2 Spray Obeserved 11.6 | Tolerance (±%) 10% 10% 10% 10% 10% | Pass Pass Pass Resul Pass |
| Certified By ID/Sr. No. Calibration \ 4.Calibration \ 4.Calibration \ 4.Calibration \ 4.Calibration \ 4.Calibration \ 50 10 50 50 10 50 100 | Validity In Results Test For Monopo Pure Obeserved 10.0 48.9 151.9 Test For Monopo esiccate Obeserved 12.0 51.7 98.3 | :- Tektronix :- 202687 :- 28.12.2018 :- lar Cut(Watts) Iar Cut(Watts) Iar Cut(Watts) Iar Coagulation Ibro | Obeserved 8.3 48.7 149.2 n(Watts) gurate Obeserved 8.2 51.7 | B Set 10 50 150 Set 10 50 | Tektronix 3366061 27.12.2018 Iend Obeserved 9.1 51.9 51.9 51.2 Spray Obeserved 11.6 49.1 | Tolerance (±%) 10% 10% 10% 10% 10% | Pass Pass Pass Resul Pass Pass |
| Certified By ID/Sr. No. Calibration \ 4.Calibration \ 4.Calibration \ 4.Calibration \ 5.Calibration \ 50 100 100 100 1.3) Power 1 | Validity Test For Monopo Pure Obeserved 10.0 48.9 151.9 Test For Monopo esiccate Obeserved 12.0 51.7 98.3 Test For Bipolar (| :- Tektronix :- 202687 :- 28.12.2018 :- lar Cut(Watts) Iar Cut(Watts) Iar Coagulation 150 Iar Coagulation Full Set 10 50 100 Watts) | -ow Obeserved 8.3 48.7 149.2 m(Watts) gurate Obeserved 8.2 51.7 100.9 | B Set 10 50 150 Set 10 50 100 | Tektronix 3366061 27.12.2018 Iend Obeserved 9.1 51.9 51.9 51.2 Spray Obeserved 11.6 49.1 | Tolerance (±%) 10% 10% 10% 10% 10% | Pass Pass Pass Resul Pass Pass Pass |
| Certified By ID/Sr. No. Calibration \ 4.Calibration \ 4.Calibration \ 4.Calibration \ 4.Calibration \ 50 10 10 50 10 10 10 10 10 10 10 10 10 10 10 10 10 | Validity In Results Test For Monopo Pure Obeserved 10.0 48.9 151.9 Test For Monopo esiccate Obeserved 12.0 51.7 98.3 Test For Bipolar (Precise | :- Tektronix :- 202687 :- 28.12.2018 :- lar Cut(Watts) Iar Cut(Watts) Iar Coagulation 150 Iar Coagulation Full Set 10 50 100 Watts) | Obeserved 8.3 48.7 149.2 n(Watts) gurate Obeserved 8.2 51.7 | B Set 10 50 150 50 100 50 100 | Tektronix 3366061 27.12.2018 Iend Obeserved 9.1 51.9 . 151.2 Spray Obeserved 11.6 49.1 101.7 | Tolerance (±%) 10% 10% 10% 10% 10% 10% | Pass Pass Pass Resul Pass Pass Pass |
| Certified By ID/Sr. No. Calibration \ 4.Calibration \ 4.Calibration \ 4.Calibration \ 5.Calibration \ 50 100 150 4.2) Power 1 50 100 1.3) Power 1 P Set | Validity Test For Monopo Pure Obeserved 10.0 48.9 151.9 Test For Monopo esiccate Obeserved 12.0 51.7 98.3 Test For Bipolar (Precise Obeserved | :- Tektronix :- 202687 :- 28.12.2018 :- lar Cut(Watts) lar Cut(Watts) 10 50 150 150 150 150 150 150 | -ow Obeserved 8.3 48.7 149.2 n(Watts) gurate Obeserved 8.2 51.7 100.9 | B Set 10 50 150 50 100 50 100 | Tektronix 3366061 27.12.2018 Ilend Obeserved 9.1 51.9 151.2 Spray Obeserved 11.6 49.1 101.7 | Tolerance (±%) 10% 10% 10% 10% 10% 10% 10% 10% Tolerance (±%) 10% 10% 10% 10% Tolerance Tolerance Tolerance | Pass Pass Pass Result Pass Pass Pass Resu |
| Certified By ID/Sr. No. Calibration \ 4.Calibration \ 4.Calibration \ 4.Calibration \ 4.Calibration \ 50 10 10 50 10 10 10 10 10 10 10 10 10 10 10 10 10 | Validity In Results Test For Monopo Pure Obeserved 10.0 48.9 151.9 Test For Monopo esiccate Obeserved 12.0 51.7 98.3 Test For Bipolar (Precise | :- Tektronix :- 202687 :- 28.12.2018 :- lar Cut(Watts) Iar Cut(Watts) Iar Coagulation 150 Iar Coagulation Full Set 10 50 100 Watts) Sta Set | -ow Obeserved 8.3 48.7 149.2 n(Watts) gurate Obeserved 8.2 51.7 100.9 | B Set 10 50 150 50 150 50 100 50 100 | Tektronix 3366061 27.12.2018 Iend Obeserved 9.1 51.9 151.2 Spray Obeserved 11.6 49.1 101.7 Macro Obeserved | Tolerance (±%) 10% 10% 10% 10% 10% 10% Tolerance (±%) 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% | Pass Pass Pass Resul Pass Pass Pass |



RELIABLE TECHNICAL SERVICES

"RELIABLE HOUSE" 497/2834-35, Sant Tukaram Nagar, Pimpri, Pune - 411018. Telefax : 020-27421170 Cell: 7774055755, 7774055855, 7774058855 E-mail : reliable1010@gmail.com Web. : www.reliabletechnicals.com



| Certificate No. | BM.18.04.29.019 | | Page | No. 2 of 2 | |
|-----------------|-----------------------------------|-------------------|--------------------|--------------|---------|
| 4.4) EST : | | | | | |
| Sr. No. | Tests | | Remarks | | |
| 1 | Power Cords, Cables | Checking | | Ok | |
| 2 | Mains Socket Che | ecking | | Ok | |
| FUNCTIONAL | TEST: | | | | |
| Sr.No | Parameters | Туре | Measured Values | Tolerance | Remarks |
| 1 | Supply Voltage | Live-Neutral | 235.53 | 210 to 240 V | Pass |
| | Supply Voltage | Live-Earth | 237.10 | 210 to 240 V | Pass |
| 2 | | Neutral-Earth | 1.80 | 0 to 5 V | Pass |
| 3 | Supply Voltage | | 1.74 | < 5 ohm | Pass |
| 4 | Protective Earth Resistance | Normal Close (NC) | 2.2 | < 10 µA | Pass |
| 5 | Earth Leakage Current | Normal Open (NO) | 1.7 | < 10 µA | Pass |
| 6 | Earth Leakage Current | | 1.3 | < 10 µA | Pass |
| 7 | Enclosure Leakage Current | NCC | 0.8 | < 10 µA | Pass |
| 8 | Enclosure Leakage Current | NOC | | < 10 µA | Pass |
| 9 | Enclosure Leakage Current | NCO | 0.5 | | Pass |
| | Patient Auxiliary Leakage Current | NCC | 1.7 | < 10 µA | |
| 10 | Patient Auxiliary Leakage Current | RCC | 1.9 | < 10 µA | Pass |

2

1) This certificate refers only to the particular item submitted for calibration. UUC stands for Unit Under Calibration.

2) The calibration results reported in the certificate are valid at the time of and under the stated conditions of measurement.

Calibration point were selected as per customer specifications.

4) This certificate shall not be reproduced, except in full unless written permission for the publication of an approved abstract

has been obtained from the Technical Manager of "Reliable Technical Services, Pune".

5) The Standard used are traceable to National / International Standard.

Calibrated By

Calibration Engineer Anand Dalvi

RF-21, R0



Approved By

Quality Manager

R.D.Bodhe

O REDMI NOTE 8 PRO CO AI QUAD CAMERA

| R | S Pir Ce Email | Division of I RELIABLE HOU npri, Pune - 41 ell: 777405575 : reliable10100 | TECHNIC Reliable Tecl SE" 497/2834-35 1018. MH, India 5, 7774055855,7 @gmail.com/reli bletechnicals.co | hnocare Pvt 5, Sant Tukaram . Telefax : 020- 7774058855, 77 | . Ltd.) n Nagar, 27421170 74022900 e@gmail.com | RIP CERTIFICAT | |
|--|---|--|--|--|---|---|---|
| 1 | | CALIE | BRATION C | ERTIFICA | TE | | - |
| 1.CUSTON | 1 | :- | | Page No. | :- | 1 of 2 | |
| Prisna In | stitute Of Medica | Sciences | | Certificate No. | :- | BM.19.04.20.2 | 247 |
| Deemed Un Karad Dist | iversity, Satara- 415110 | | | Date of Receiv | ed :- | 28.04.2019 | |
| Ambient Te | | :- 25 ± 4°C | | Date of Calibra | | 28.04.2019 | |
| Relative Hu | | :- 23 ± 4°C | | Next Calibratio Calibration met | | 27.04.2020 RTS/BM/WI/00 | 6.01 |
| Location of | | :- On site | | Calibration me | | RIS/BIVI/VVI/U | 0,01 |
| Condition o | | :- OK | | | | | |
| | ion of Item | | | | | | |
| Name | | :- Cautery Ma | | Make | | Skanray | |
| ID No Sr No. | | - KH/OT/CM | | Model No. | | Plus 100 OT | |
| SI NO. | | :- E14BA1129 | • | Location | :- | 01 | |
| 3.Details o | f Equipment used | for calibration | | | | | |
| | | Electro even | and Analysis | | Electrical Safety | Analyzer | |
| Name | | :- Electrosurg | ery Analyzer | | Lieutical Salety | Analyzei | |
| Name Certificate N | 10. | :- 18.12.IH.00 | | | 18.12.IH.001 | Analyzei | |
| Certificate N Certified By | | :- 18.12.IH.00 :- RTS | | | 18.12.IH.001 RTS | Analyzer | |
| Certificate N Certified By ID/Sr. No. | | :- 18.12.IH.00 :- RTS :- 202687 | 13 | | 18.12.IH.001 RTS 3366061 | Analyzer | |
| Certificate N Certified By | | :- 18.12.IH.00 :- RTS | 13 | | 18.12.IH.001 RTS | Allayzei | |
| Certificate N Certified By ID/Sr. No. Calibration | /alidity n Results | :- 18.12.IH.00 :- RTS :- 202687 :- 18.12.2019 :- | 13 | | 18.12.IH.001 RTS 3366061 | Aliaiyzei | |
| Certificate N Certified By ID/Sr. No. Calibration | /alidity n Results Test For Monopo | :- 18.12.IH.00 :- RTS :- 202687 :- 18.12.2019 :- lar Cut(Watts) | 13 | | 18.12.IH.001 RTS 3366061 16.12.2019 | | |
| Certificate N Certified By ID/Sr. No. Calibration 1 4.Calibratio 4.1) Power | /alidity n Results Test For Monopo Pure | :- 18.12.IH.00 :- RTS :- 202687 :- 18.12.2019 :- lar Cut(Watts) | Low | | 18.12.IH.001 RTS 3366061 16.12.2019 | Tolerance | Resul |
| Certificate N Certified By ID/Sr. No. Calibration N 4.Calibration 4.1) Power Set | Validity n Results Test For Monopo Pure Obeserved | :- 18.12.IH.00 :- RTS :- 202687 :- 18.12.2019 :- lar Cut(Watts) | Low Obeserved | Set | 18.12.IH.001 RTS 3366061 16.12.2019 lend Obeserved | _ Tolerance (±%) | |
| Certificate N Certified By ID/Sr. No. Calibration N 4.Calibration 4.1) Power Set 10 | Validity n Results Test For Monopo Pure Obeserved 11 | :- 18.12.IH.00 :- RTS :- 202687 :- 18.12.2019 :- lar Cut(Watts) Set 10 | Low Obeserved 10 | Set 10 | 18.12.IH.001 RTS 3366061 16.12.2019 lend Obeserved 12 | Tolerance (±%) 10% | Pass |
| Certificate N Certified By ID/Sr. No. Calibration N 4.Calibration 4.1) Power Set 10 50 | Validity In Results Test For Monopo Pure Obeserved 11 50 | :- 18.12.IH.00 :- RTS :- 202687 :- 18.12.2019 :- lar Cut(Watts) Set 10 50 | Deserved 10 51 | Set 10 50 | 18.12.IH.001 RTS 3366061 16.12.2019 Iend Obeserved 12 51 | Tolerance (±%) 10% 10% | Pass |
| Certificate N Certified By ID/Sr. No. Calibration N 4.Calibration 4.1) Power Set 10 50 150 | Validity n Results Test For Monopo Pure Obeserved 11 50 150 | :- 18.12.IH.00 :- RTS :- 202687 :- 18.12.2019 :- lar Cut(Watts) I Set 10 50 150 | 23 Low Obeserved 10 51 152 | Set 10 | 18.12.IH.001 RTS 3366061 16.12.2019 lend Obeserved 12 | Tolerance (±%) 10% | Pass |
| Certificate N Certified By ID/Sr. No. Calibration N 4.Calibration 4.1) Power Set 10 50 150 4.2) Power T | Validity Test For Monopo Pure Obeserved 11 50 150 Test For Monopo | :- 18.12.IH.00 :- RTS :- 202687 :- 18.12.2019 :- lar Cut(Watts) Set 10 50 150 lar Coagulation | 2 Low Obeserved 10 51 152 n(Watts) | Set 10 50 150 | 18.12.IH.001 RTS 3366061 16.12.2019 Iend Obeserved 12 51 152 | Tolerance (±%) 10% 10% 10% | Pass |
| Certificate N Certified By ID/Sr. No. Calibration N 4.Calibration N 4.Calibration N 4.Calibration N 4.Calibration N 4.Calibration N 50 10 50 150 4.2) Power T De | Validity In Results Test For Monopo Pure Obeserved 11 50 Test For Monopo Siccate | :- 18.12.IH.00 :- RTS :- 202687 :- 18.12.2019 :- lar Cut(Watts) Set 10 50 150 lar Coagulation Ful | Deserved 10 51 152 n(Watts) gurate | Set 10 50 150 | 18.12.IH.001 RTS 3366061 16.12.2019 lend Obeserved 12 51 152 pray | Tolerance (±%) 10% 10% 10% | Pass Pass Pass |
| Certificate N Certified By ID/Sr. No. Calibration N 4.Calibration N 4.Calibration N 4.Calibration N 4.Calibration N 4.Calibration N 50 10 50 150 4.2) Power T De Set | Validity Test For Monopo Pure Obeserved 11 50 150 Test For Monopo esiccate Obeserved | :- 18.12.IH.00 :- RTS :- 202687 :- 18.12.2019 :- lar Cut(Watts) 10 50 150 lar Coagulation Full Set | A Constant of the served of th | Set 10 50 150 S Set | 18.12.IH.001 RTS 3366061 16.12.2019 lend Obeserved 12 51 152 pray Obeserved | Tolerance (±%) 10% 10% 10% Tolerance (±%) | Pass Pass Pass Resu |
| Certificate N Certified By ID/Sr. No. Calibration N 4.Calibration N 4.Calibration N 4.Calibration N 4.Calibration N 4.1) Power Set 10 50 150 4.2) Power D 50 50 150 4.2) Power D 50 150 4.2) Power D | Validity Test For Monopo Pure Obeserved 11 50 150 Test For Monopo resiccate Obeserved 10 | :- 18.12.IH.00 :- RTS :- 202687 :- 18.12.2019 :- lar Cut(Watts) Set 10 50 150 lar Coagulation Full Set 10 | A State Stat | Set 10 50 150 Set 10 | 18.12.IH.001 RTS 3366061 16.12.2019 lend 0beserved 12 51 152 pray 0beserved 12 | Tolerance (±%) 10% 10% 10% 10% 10% | Result Pass Pass Pass Resu Pass |
| Certificate N Certified By ID/Sr. No. Calibration N 4.Calibration N 4.Calibration N 4.Calibration N 4.Calibration N 4.1) Power Set 10 50 50 50 | Validity In Results Test For Monopo Pure Obeserved 11 50 Test For Monopo esiccate Obeserved 10 51 | :- 18.12.IH.00 :- RTS :- 202687 :- 18.12.2019 :- lar Cut(Watts) 10 50 150 lar Coagulation Full Set 10 50 | 23 Low Obeserved 10 51 152 n(Watts) gurate Obeserved 12 51 | Set 10 50 150 Set 10 50 50 | 18.12.IH.001 RTS 3366061 16.12.2019 lend Obeserved 12 51 152 pray Obeserved 12 51 152 | Tolerance (±%) 10% 10% 10% 10% 10% | Pass Pass Pass Resu Pass Pas |
| Certificate N Certified By ID/Sr. No. Calibration N 4.Calibration N 4.Calibration N 4.Calibration N 4.1) Power Set 10 50 50 100 50 100 | Validity Test For Monopo Pure Obeserved 11 50 150 Test For Monopo esiccate Obeserved 10 51 106 | :- 18.12.IH.00 :- RTS :- 202687 :- 18.12.2019 :- lar Cut(Watts) 10 50 150 lar Coagulation Full Set 10 50 100 | A State Stat | Set 10 50 150 Set 10 | 18.12.IH.001 RTS 3366061 16.12.2019 lend 0beserved 12 51 152 pray 0beserved 12 | Tolerance (±%) 10% 10% 10% 10% 10% | Pass Pass Pass Resu Pas Pas |
| Certificate N Certified By ID/Sr. No. Calibration N 4.Calibration N 4.Calibration N 4.Calibration N 4.1) Power Set 10 50 150 4.2) Power T 50 100 50 100 | Validity Test For Monopo Pure Obeserved 11 50 150 Test For Monopo siccate Obeserved 10 51 106 est For Bipolar (N | :- 18.12.IH.00 :- RTS :- 202687 :- 18.12.2019 :- lar Cut(Watts) Set 10 50 150 lar Coagulation Full Set 10 50 100 Vatts) | Observed 10 51 152 n(Watts) gurate Obeserved 12 51 10 | Set 10 50 150 Set 10 50 100 | 18.12.IH.001 RTS 3366061 16.12.2019 lend 0beserved 12 51 152 pray 0beserved 12 51 152 | Tolerance (±%) 10% 10% 10% 10% 10% 10% | Pass Pass Pass Pass Pas Pas |
| Certificate N Certified By ID/Sr. No. Calibration N 4.Calibration N 4.Calibration N 4.Calibration N 4.1) Power Set 10 50 150 4.2) Power T 50 100 50 100 | Validity Test For Monopo Pure Obeserved 11 50 150 Test For Monopo esiccate Obeserved 10 51 106 | :- 18.12.IH.00 :- RTS :- 202687 :- 18.12.2019 :- lar Cut(Watts) Set 10 50 150 lar Coagulation Full Set 10 50 100 Vatts) | 23 Low Obeserved 10 51 152 n(Watts) gurate Obeserved 12 51 | Set 10 50 150 Set 10 50 100 | 18.12.IH.001 RTS 3366061 16.12.2019 lend 0beserved 12 51 152 pray 0beserved 12 51 152 152 | Tolerance (±%) 10% 10% 10% 10% 10% 10% 10% 10% Tolerance (±%) 10% 10% 10% 10% Tolerance Tolerance Tolerance Tolerance Tolerance Tolerance Tolerance Tolerance Tolerance Tolerance | Pass Pass Pass Pass Pas Pas |
| Certificate N Certified By ID/Sr. No. Calibration N 4.Calibration N 4.Calibration N 4.Calibration N 4.1) Power Set 10 50 150 4.2) Power T De Set 10 50 100 50 100 2.3) Power T P | Validity Test For Monopo Pure Obeserved 11 50 Test For Monopo esiccate Obeserved 10 51 106 test For Bipolar (V recise | :- 18.12.IH.00 :- RTS :- 202687 :- 18.12.2019 :- lar Cut(Watts) Isonn Ison I | A Deserved 10 51 152 n(Watts) gurate Obeserved 12 51 102 ndard | Set 10 50 150 Set 10 50 100 N Set 10 0 100 | 18.12.IH.001 RTS 3366061 16.12.2019 lend 0beserved 12 51 152 pray 0beserved 12 51 102 lacro | Tolerance (±%) 10% 10% 10% 10% 10% 10% 10% 10% Tolerance (±%) 10% 10% 10% 10% Tolerance Tolerance Tolerance Tolerance Tolerance Tolerance Tolerance Tolerance Tolerance Tolerance | Pass Pass Pass Pass Pas Pas Pas |
| Certificate N Certified By ID/Sr. No. Calibration N 4.Calibration N 4.Calibration N 4.Calibration N 4.1) Power 50 100 4.2) Power T 50 100 50 100 | Validity Test For Monopo Pure Obeserved 11 50 150 Test For Monopo esiccate Obeserved 10 51 106 est For Bipolar (V recise Obeserved | :- 18.12.IH.00 :- RTS :- 202687 :- 18.12.2019 :- lar Cut(Watts) Set 10 50 150 lar Coagulation Full Set 10 50 100 Vatts) Sta Set | 3 Comparison of the served of | Set 10 50 150 Set 10 50 100 | 18.12.IH.001 RTS 3366061 16.12.2019 lend 0beserved 12 51 152 pray 0beserved 12 51 152 152 | Tolerance (±%) 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% | Pass Pass Pass Resu Pas Pas Pas |



RELIABLE TECHNICAL SERVICES

(Division of Reliable Technocare Pvt. Ltd.) "RELIABLE HOUSE" 497/2834-35, Sant Tukaram Nagar, Pimpri, Pune - 411018. MH, India. Telefax : 020-27421170 Cell : 7774055755, 7774055855,7774058855, 7774022900 Email : reliable1010@gmail.com/reliabletechnocare@gmail.com Web. : www.reliabletechnicals.com / www.reliable.world



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| rtificate No. | BM.19.04.20.247 | Page No. 2 of 2 | | | |
|---------------|------------------------------|-----------------|--|--|--|
| 4) EST : | | | | | |
| Sr. No. | Tests | Remarks | | | |
| 1 | Power Cords, Cables Checking | Ok | | | |
| 2 | Mains Socket Checking | Ok | | | |

| Sr.No | Parameters | Туре | Measured Values | Tolerance | Remarks |
|-------|-----------------------------|--------------------------|--------------------|--------------|---------|
| 1 | Supply Voltage | Live-Neutral | 235.32 | 210 to 240 V | Pass |
| 2 | Supply Voltage | Live-Earth | 236.91 | 210 to 240 V | Pass |
| 3 | Supply Voltage | Neutral-Earth | 1.84 | 0 to 5 V | Pass |
| 4 | Protective Earth Resistance | - | 1.83 | < 5 ohm | Pass |
| 5 | Earth Leakage Current | Normal Close (NC) | 168.4 | < 500 µA | Pass |
| 6 | Earth Leakage Current | Normal Open (NO) | 192.2 | < 500 µA | Pass |
| 7 | Enclosure Leakage Current | Normal Close Close (NCC) | 1.0 | < 10 µA | Pass |
| 8 | Enclosure Leakage Current | Normal Open Close (NOC) | 0.8 | < 10 µA | Pass |
| 9 | Enclosure Leakage Current | Normal Close Open (NCO) | 0.6 | < 10 µA | Pass |

Note:

1) This certificate refers only to the particular item submitted for calibration. UUC stands for Unit Under Calibration.

2) The calibration results reported in the certificate are valid at the time of and under the stated conditions of measurement.

3) Calibration point were selected as per customer specifications.

1) This certificate shall not be reproduced, except in full unless written permission for the publication of an approved abstract

as been obtained from the Technical Manager of "Reliable Technical Services, Pune".

i) The Standard used are traceable to National / International Standard.

calibrated By

Cable

.sst. Technical Manager ahul Sable F-21, R0

Approved By

f <u>S</u><u>M</u>. Quality Manager R.D.Bodhe

CO REDMI NOTE 8 PRO als. CON CO ALQUAD CAMERA

Anaesthesia Machine

Feb 2016 - Feb 2017

TRUDCAL

TRUCAL Authorised Service Provider For Ovronics Level 1 - #11, Bectronic Co-op, Estate, Pune-Satara Road, Pune - 411 009. INDIA Contact: 020 2420 8200

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Calibration Report

| pital | Krishna Hospital,Karad | Certificate No. | AM-07 | | |
|--------|------------------------|-----------------|-------------------|-------------------|-------------------------|
| duct | Anesthesia Machine | Manufacturer | GE (Datex Ohmeda) | Model | Aespire View |
| No. | APHR00827 | CalDate | 4/2/2016 | Humidity % <70 | Temperature ° C 25±4 |
| et No. | NA | Due Date | 3/2/2017 | Department | Cardiac OT |

1) VISUAL TEST

ELECTRICAL SAFTY

| Sr. No. | Tests | Remarks |
|---------|------------------------------|---------|
| 1 | Power Cords, Cables Checking | ОК |
| 2 | Mains Socket Checking | ок |
| 3 | Equipment Type (B,BF,CF) | В |
| 4 | Equipment Class(I,II,III) | I |

2) FUNCTIONAL TEST

| Sr. No. | Parameters Measured Values | | /alues | Remarks |
|---------|---|--------|-------------------------------|---------|
| 1 | Voltage between Live and Neutral (VIn) | 229.20 | (210 - 240 V) | ОК |
| 2 | Voltage between Live and Earth (Vle) | 229.10 | (210 - 240 V) | OK |
| 3 | Voltage between Neutral and Earth (Vnc) | 1.20 | (0-5V) | ОК |
| 4 | Enclosure Current | 0.4 | (0-10 µA) | ок |
| 5 | Leakage Current (IL) | 48.1 | (0-500 µA) | OK |
| 6 | Patient Leakage Current (PL) | 0.3 | (BF-0-100 µA) (CF-0-10 µA) | ОК |

| Tested By - TRUCAL | | Certified By - TRUCAL | | |
|---------------------------|---------------------|-----------------------|-------|--|
| Name: Prakash Gaikwad | in hank water | Authorised Signatory | 126× | |
| and a state of the second | Consider the second | (Adh | Ht Su | |
| Date: 4/2/2016 | - needer | Date: 8/2/2016 | PU | |

O REDMI NOTE 8 PRO



Certificate of Traceable Calibration

| Hospital | Krishna Hospital,Karad | Spanis and | Gardina Charles | Certificate No. | AM-07 |
|-----------|------------------------|--------------|-------------------|-------------------|---------------------------|
| Product | Anesthesia Machine | Manufacturer | GE (Datex Ohmeda) | Model | Aespire View |
| Sr. No. | APHR00827 | Cal Date | 04/02/2016 | Humidity % <70 | Temperature ° C 25 ± 4 |
| Asset No. | NA | Due Date | 03/02/2017 | Department | Cardiac OT |

RUCAL recommended Call interval: 12 Months * The due date may be established (by the customer) by adding the "Recommended Cal Interval" to the "Date Placed is Service"

Instrument Condition:

Received: In working condition Returned: Post Calibration

TRUCAL certifies above instruments meets published measurement specifications and has been calibrated using standard traceable to the PRC National Institute of Metrology (NIM) and /or other National Metrology Institute (NIST, NPL, PTB) that are linked to international systems of units (SI). The policies & procedures used at this facility are based on IEC62353. The certificate shall not be reproduced except in full, without the writte approval of the calibration faculty.

Instrument Procedure

- TSI Incorporated USA, Certifier FA Plus Ventilator Test System for Gas Flow Analysis. Gossen Metrawatt, GmBH-Performance Verification Procedure as per Manufacturer Manual 1
- 2

Instrument / Equipment Used

| Sr. No. | Manufacturer | Model | Model Description | ID No. | Due Date |
|---------|------------------|-------------|----------------------------|--------------|------------|
| 1 | TSI USA | 4081 | High Flow Module | 40811530008 | 05/08/2016 |
| 2 | Gossen Metrawatt | Seculife ST | Electrical safety Analyzer | K94627270001 | 30/06/2016 |
| | | | | | |

| Test Result | an appendix | Pass |
|-----------------------|------------------------|----------------------|
| Date Issued | 8/2/2016 | Authorised Signatory |
| ●O REDMI ◯◯ AI QUA | NOTE 8 PRO D CAMERA | |

| | | | ls.com | | D-2 | 5 nscha reditierungsste M-16033-01-00 |
|---|--|---|--|--|--|--|
| | LIBRATIC | ON CERTI | | | | |
| 1.CUSTOMER Krishna Institute Of Medical Sciences Deemed University, Karad ,Dist.Satara-415110 Ambient Temp. Relative Humidity Location of calibration Condition of Item | - 25 ± 4°C - <70% RH - In lab/On s :- OK | | | o. :- I eived :- (| | |
| 2. Description of Item Name ID No Sr No. | - Anesthesia - KH/W-01/0 - APHR008 | OT-1/AM-01 M | lake lodel No. ocation | 5- | GE Datex Omed OT-1 (Ward No | o-01) |
| Certified By ID/Sr. No. Calibration Validity 4.Calibration Results 4.1) Ventilation Mode | :- Tektronix :- 3366061 :- 26.12.201 | | | Tektronix 3392002 28.12.2017 | | |
| IDDW//Inemired Desitive Pressure Ventilatio | | CMV/Cont I | Mandatory | Ventilation) | BIPAP (Bi-L | evel Pos |
| IPPV(Inspired Positive Pressure Ventilation) PSV (Pressure Support Ventilation) | (n) YES | | VC/PC | Ventilation) y Ventilation) | CPAP(Cont.P | ressure |
| | | HFV (High | VC/PC | y Ventilation) | Airway F CPAP(Cont.P | Pressure Positive A Isure) |
| PSV (Pressure Support Ventilation) | | HFV (High | VC/PC | y Ventilation) | Airway F CPAP(Cont.P Pres (Assist Contro | Pressure Positive A Isure) |
| PSV (Pressure Support Ventilation) SIMV(Synch.Intermittent Manda | | HFV (High | VC/PC | y Ventilation) | Airway F CPAP(Cont.P Pres | Pressure Positive A ssure) Illed) |
| PSV (Pressure Support Ventilation) SIMV(Synch.Intermittent Manda 4.2) Testing On Patient Mode | tory Ventilation | HFV (High | VC/PC Frequency | y Ventilation) | Airway F CPAP(Cont.P Pres (Assist Contro | Pressure ositive A ssure) illed) Resu |
| PSV (Pressure Support Ventilation) SIMV(Synch.Intermittent Manda 4.2) Testing On Patient Mode Parameter | tory Ventilation Set | HFV (High | VC/PC Frequency Set | v Ventilation) AC | Airway F CPAP(Cont.P Pres (Assist Contro Tolerance (±%) | Pressure Positive A ssure) Ulled) Resu Pas Pas |
| PSV (Pressure Support Ventilation) SIMV(Synch.Intermittent Manda 4.2) Testing On Patient Mode Parameter Inspiratory Tidal Volume (Vti)(ml) | Set 100 | HFV (High n) Obeserved 101.0 | VC/PC Frequency Set 350 | Ventilation) AC Obeserved 351.0 | Airway F CPAP(Cont.P Pres (Assist Contro Tolerance (±%) 5% | Pressure Positive A Isure) |
| PSV (Pressure Support Ventilation) SIMV(Synch.Intermittent Manda 4.2) Testing On Patient Mode Parameter Inspiratory Tidal Volume (Vti)(ml) Expiratory Tidal Volume (Vte)(ml) Frequency(f)(bpm) | tory Ventilation Set 100 100 | HFV (High n) Obeserved 101.0 100.0 | VC/PC Frequency Set 350 350 | Ventilation) AC Obeserved 351.0 349.0 | Airway F CPAP(Cont.P Pres (Assist Contro Tolerance (±%) 5% 5% | Pressure lositive A isure) illed) Resu Pas Pas |
| PSV (Pressure Support Ventilation) SIMV(Synch.Intermittent Manda 4.2) Testing On Patient Mode Parameter Inspiratory Tidal Volume (Vti)(ml) Expiratory Tidal Volume (Vti)(ml) Frequency(f)(bpm) Peak Inspiratory Pressure(PIP)(cmH2O) Positive End-Expiratory | set 100 12 | HFV (High n) Obeserved 101.0 100.0 12 | VC/PC Frequency Set 350 350 14 | Ventilation) AC Obeserved 351.0 349.0 14.0 | Airway F CPAP(Cont.P Pres (Assist Contro Tolerance (±%) 5% 5% 5% | Pressure Positive A sure) olled) Resu Pas Pas |
| PSV (Pressure Support Ventilation) SIMV(Synch.Intermittent Manda 4.2) Testing On Patient Mode Parameter Inspiratory Tidal Volume (Vti)(ml) Expiratory Tidal Volume (Vti)(ml) Frequency(f)(bpm) Peak Inspiratory Pressure(PIP)(cmH2O) Positive End-Expiratory Pressure(PEEP)(cmH2O) | Set 100 100 12 11 | HFV (High) Obeserved 101.0 100.0 12 11.0 | VC/PC Frequency Set 350 350 14 23 | Ventilation) AC Obeserved 351.0 349.0 14.0 23.0 | Airway F CPAP(Cont.P Pres (Assist Contro Tolerance (±%) 5% 5% 5% 5% 5% | Pressure lositive A ssure) illed) Resu Pas Pas Pas |
| PSV (Pressure Support Ventilation) SIMV(Synch.Intermittent Manda 4.2) Testing On Patient Mode Parameter Inspiratory Tidal Volume (Vti)(ml) Expiratory Tidal Volume (Vti)(ml) Expiratory Tidal Volume(Vte)(ml) Frequency(f)(bpm) Peak Inspiratory Pressure(PIP)(cmH2O) Positive End-Expiratory Pressure(PEEP)(cmH2O) I:E Ratio | tory Ventilation Set 100 100 12 11 5 1:2 | HFV (High n) Obeserved 101.0 100.0 12 11.0 5.0 1:1.8 | VC/PC Frequency Set 350 350 14 23 4 1:2 | Ventilation) AC Obeserved 351.0 349.0 14.0 23.0 4.0 1:2.3 | Airway F CPAP(Cont.P Pres (Assist Contro Tolerance (±%) 5% 5% 5% 5% 5% 5% 5% | Pressure ositive A ssure) illed) Pas Pas Pas Pas Pas Pas Pas |
| PSV (Pressure Support Ventilation) SIMV(Synch.Intermittent Manda 4.2) Testing On Patient Mode Parameter Inspiratory Tidal Volume (Vti)(ml) Expiratory Tidal Volume (Vti)(ml) Expiratory Tidal Volume(Vte)(ml) Frequency(f)(bpm) Peak Inspiratory Pressure(PIP)(cmH2O) Positive End-Expiratory Pressure(PEEP)(cmH2O) I:E Ratio Inspiratory Time (Ti) (Sec) | tory Ventilation Set 100 100 12 11 5 1:2 2.1 | HFV (High n) Obeserved 101.0 100.0 12 11.0 5.0 1:1.8 2.10 | VC/PC Frequency Set 350 350 14 23 4 1:2 3 | Ventilation) AC Obeserved 351.0 349.0 14.0 23.0 4.0 1:2.3 2.97 | Airway F CPAP(Cont.P Press (Assist Control Tolerance (±%) 5% 5% 5% 5% 5% 5% 5% 5% 5% 5% 5% 5% | Pressure ositive A sure) illed) Resu Pas Pas Pas Pas |
| PSV (Pressure Support Ventilation) SIMV(Synch.Intermittent Manda 4.2) Testing On Patient Mode Parameter Inspiratory Tidal Volume (Vti)(ml) Expiratory Tidal Volume(Vte)(ml) Frequency(f)(bpm) Peak Inspiratory Pressure(PIP)(cmH2O) Positive End-Expiratory Pressure(PEEP)(cmH2O) I:E Ratio Inspiratory Time (Ti) (Sec) Expiratory Time (Te) (Sec) | tory Ventilation Set 100 100 12 11 5 1:2 | HFV (High n) Obeserved 101.0 100.0 12 11.0 5.0 1:1.8 | VC/PC Frequency Set 350 350 14 23 4 1:2 | Ventilation) AC Obeserved 351.0 349.0 14.0 23.0 4.0 1:2.3 | Airway F CPAP(Cont.P Pres (Assist Contro Tolerance (±%) 5% 5% 5% 5% 5% 5% 5% | Pressure ositive A ssure) Illed) Pas Pas Pas Pas Pas Pas Pas Pas Pas Pas |
| PSV (Pressure Support Ventilation) SIMV(Synch.Intermittent Manda 4.2) Testing On Patient Mode Parameter Inspiratory Tidal Volume (Vti)(ml) Expiratory Tidal Volume (Vti)(ml) Expiratory Tidal Volume(Vte)(ml) Frequency(f)(bpm) Peak Inspiratory Pressure(PIP)(cmH2O) Positive End-Expiratory Pressure(PEEP)(cmH2O) I:E Ratio Inspiratory Time (Ti) (Sec) | tory Ventilation Set 100 100 12 11 5 1:2 2.1 0.5 7 | HFV (High h) Obeserved 101.0 100.0 12 11.0 5.0 1:1.8 2.10 0.5 7 | VC/PC Frequency Set 350 350 14 23 4 1:2 3 0.5 14 | v Ventilation) AC Obeserved 351.0 349.0 14.0 23.0 4.0 1:2.3 2.97 0.5 14 | Airway F CPAP(Cont.P Press (Assist Control Tolerance (±%) 5% | Pressure lositive A ssure) Illed) Pas Pas Pas Pas Pas Pas Pas Pas Pas Pas |
| PSV (Pressure Support Ventilation) SIMV(Synch.Intermittent Manda 4.2) Testing On Patient Mode Parameter Inspiratory Tidal Volume (Vti)(ml) Expiratory Tidal Volume(Vte)(ml) Frequency(f)(bpm) Peak Inspiratory Pressure(PIP)(cmH2O) Positive End-Expiratory Pressure(PEEP)(cmH2O) I:E Ratio Inspiratory Time (Ti) (Sec) Expiratory Time (Te) (Sec) Peak Flow Rate(L/min) | tory Ventilation Set 100 100 12 11 5 1:2 2.1 0.5 7 21 | HFV (High h) Obeserved 101.0 100.0 12 11.0 5.0 1:1.8 2.10 0.5 7 21.00 | VC/PC Frequency Set 350 350 14 23 4 1:2 3 0.5 14 - | v Ventilation) AC Obeserved 351.0 349.0 14.0 23.0 4.0 1:2.3 2.97 0.5 14 | Airway F CPAP(Cont.P Pres (Assist Contro Tolerance (±%) 5% 5% 5% 5% 5% 5% 5% 5% 5% 5% 5% 5% 5% | Pressure ositive A ssure) illed) Pas Pas Pas Pas Pas Pas Pas Pas Pas Pas |
| PSV (Pressure Support Ventilation) SIMV(Synch.Intermittent Manda 4.2) Testing On Patient Mode Parameter Inspiratory Tidal Volume (Vti)(ml) Expiratory Tidal Volume(Vte)(ml) Frequency(f)(bpm) Peak Inspiratory Pressure(PIP)(cmH2O) Positive End-Expiratory Pressure(PEEP)(cmH2O) I:E Ratio Inspiratory Time (Ti) (Sec) Expiratory Time (Te) (Sec) | tory Ventilation Set 100 100 12 11 5 1:2 2.1 0.5 7 | HFV (High h) Obeserved 101.0 100.0 12 11.0 5.0 1:1.8 2.10 0.5 7 | VC/PC Frequency Set 350 350 14 23 4 1:2 3 0.5 14 | v Ventilation) AC Obeserved 351.0 349.0 14.0 23.0 4.0 1:2.3 2.97 0.5 14 | Airway F CPAP(Cont.P Press (Assist Control Tolerance (±%) 5% | Pressure ositive / ssure) illed) Pa Pa Pa Pa Pa Pa Pa Pa |

| Ø | RELIABLE TECHNICAL SER "RELIABLE HOUSE" 497/2834-35, Sant Tukara Pimpri, Pune - 411018. Telefax : 020-2742 Cell : 7709196666, 7774055755, 7774055 E-mail : reliable1010@gmail.com Web. : www.reliabletechnicals.com | am Nagar, 1170 8855 | ROVALCE ISO 9001:2 DAKKS DEUIS Aktres D-24 | |
|--|--|--|---|--------------|
| ificate No. | BM.17.05.03.082 | Safety | Pag | e No. 2 of 2 |
| st Results Isual Test : | | | Remark | ke |
| r. No. | Tests Power Cords, Cables Checking | | Ok | ~ ~ |
| 1 | Mains Socket Checking | | Ok B | |
| 2 | Equipment Type (B, BF, CF) Equipment Class (I, II, III) | | B 1 | |
| 4 | TER L Fleet Tupo CE Cardiac | Float Type | | |
| | I-Properly Earthed ,II-Double Insulation,III-With Extra L | ow obioty rolling. | | |
| FUNCTIONAL | TEST: Parameters | | d Values | Remarks |
| Sr.No | Voltage between Live and Neutral (VIn) | 236.08 | (210-240V) | OK |
| 1 | Voltage between Live and Earth(VIe) | 236.92 | (210-240V) | OK |
| 2 | Voltage between Neutral and and Earth (Vne) | 0.96 | (0-5V) | OK |
| 3 | | 0.5 | (0-10µA) | OK |
| 4 | Enclosure Current | 113 | (0-500µA) | OK |
| 5 | Leakage Current (IL) Patient Leakage Current (PL) | 0.8 | (BF-0- , 100µA) (CF-0- 10µA) | ок |
| The sting | refers only to the particular item submitted for calibration. UUC stands for Unit Un results reported in the certificate are valid at the time of and under the stated cond | | tract | |
| 2) The calibration | nt were selected as per customer specifications. shall not be reproduced, except in full unless written permission for the publication d from the Technical Manager of "Reliable Report Provider Services, Pune". | t of an approved app | Approved B Quality/Ma R.D.Bodhe | Bach |
| 2) The calibration poin 3) Calibration poin 4) This cartificate has been obtaine Calibrated By Calibrated By Calibration En Rahul Sable | nt were selected as per customer specifications. shall not be reproduced, except in full unless written permission for the publication d from the Technical Manager of "Reliable Report Provider Services, Pune". | t of an approved ap | Approved B Quality Ma | Bach |

| | E" 497/28 - 411018 055755, 7 l : reliable | 34-35, Sant . Telefax : 0 | : Tukaran)20-2742 7774058 il.com | n Nagar, 1170 | | FICATION 01:2015 ACCREDITED IAS, USA MSCR-127 |
|---|--|--|--|-------------------------------|-----------------------------------|--|
| 1.CUSTOMER | LIBRAT | ION CER | TIFICA | TE | | |
| Krishna Institute Of Medical Sciences Deemed University, Karad "Dist.Satara- 415110 Ambient Temp. Relative Humidity Location of calibration Condition of Item | :- 25 ± 4°C :- <70% RH :- In lab/On :- OK | 4 | | No. :- ceived :- | | |
| 2. Description of Item Name ID No Sr No. | - Anesthes - KH/W-01 - APHR00 | /OT-1/AM-01 | Make Model No. Location | | GE Datex Omeda CVTS OT-1 (V | Vard No-0 |
| Calibration Validity 4.Calibration Results 4.1) Ventilation Mode IPPV(Inspired Positive Pressure Ventilation | :- 27.12.20 :- | | | 25.12.2018 y Ventilation) | BIPAP (Bi-L | |
| PSV (Pressure Support Ventilation) | | HFV (High | VC/PC Frequenc | y Ventilation) | CPAP(Cont.F | Pressure) Positive A Isure) |
| SIMV(Synch.Intermittent Mandato | ry Ventilatio | n) | | AC | (Assist Contro | |
| 4.2) Testing On Patient Mode | | | | | | |
| Parameter | Set | Obeserved | Set | Obeserved | Tolerance (±%) | Resul |
| Inspiratory Tidal Volume (Vti)(ml) | 100 | 99.3 | 350 | 349.3 | 5% | Pass |
| Expiratory Tidal Volume(Vte)(ml) | 100 | 101.6 | 350 | 349.7 | 5% | Pass |
| Frequency(f)(bpm) | 12 | 12.1 | 14 | 14.9 | 5% | Pass |
| | 11 | 11.2 | 23 | 23.5 | 5% | Pass |
| Peak Inspiratory Pressure(PIP)(cmH2O) | 1.1 | | | 4.0 | 5% | Pass |
| Positive End-Expiratory | 5 | 5.0 | 4 | | | |
| | | 5.0 | 4 | 1:2.2 | 5% | Pass |
| Positive End-Expiratory Pressure(PEEP)(cmH2O) I:E Ratio | 5 1:2 | 1:1.8 | 1:2 | 1:2.2 | | Pass |
| Positive End-Expiratory Pressure(PEEP)(cmH2O) I:E Ratio Inspiratory Time (Ti) (Sec) | 5 1:2 2.1 | 1:1.8 | 1:2 | 1:2.2 | 5% | Pass |
| Positive End-Expiratory Pressure(PEEP)(cmH2O) I:E Ratio | 5 1:2 | 1:1.8 | 1:2 | 1:2.2 | | Pass Pass |
| Positive End-Expiratory Pressure(PEEP)(cmH2O) I:E Ratio Inspiratory Time (Ti) (Sec) Expiratory Time (Te) (Sec) Peak Flow Rate(L/min) | 5 1:2 2.1 0.5 | 1:1.8 2.16 0.5 | 1:2 3 0.5 | 1:2.2 2.99 0.5 | 5% 5% | Pass Pass Pass |
| Positive End-Expiratory Pressure(PEEP)(cmH2O) I:E Ratio Inspiratory Time (Ti) (Sec) Expiratory Time (Te) (Sec) | 5 1:2 2.1 0.5 7 21 100 | 1:1.8 2.16 0.5 7 21.00 100.00 | 1:2 3 0.5 | 1:2.2 2.99 0.5 14 | 5% 5% 5% | Pass Pass Pass Pass |
| Positive End-Expiratory Pressure(PEEP)(cmH2O) I:E Ratio Inspiratory Time (Ti) (Sec) Expiratory Time (Te) (Sec) Peak Flow Rate(L/min) | 5 1:2 2.1 0.5 7 21 | 1:1.8 2.16 0.5 7 21.00 | 1:2 3 0.5 | 1:2.2 2.99 0.5 14 | 5% 5% 5% 5% | Pass Pass Pass Pass Pass Pass Pass Pass |

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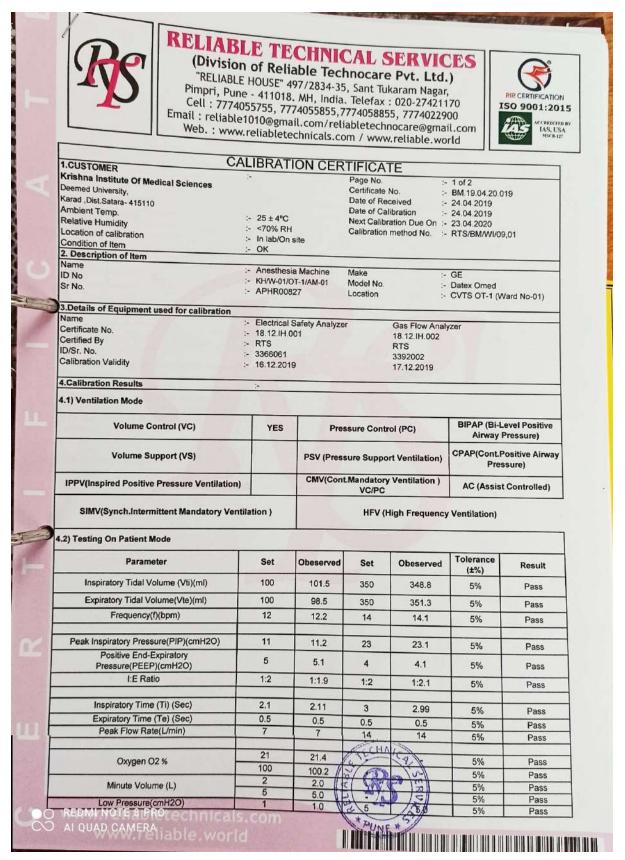
"RELIABLE HOUSE" 497/2834-35, Sant Tukaram Nagar, Pimpri, Pune - 411018. Telefax : 020-27421170 Cell : 7774055755, 7774055855,7774058855 E-mail : reliable1010@gmail.com Web : www.reliabletechnicals.com



| ertificate No. | BM.18.05.01 | .038 | | | age No. 2 of | |
|---|--|-------------------------------------|----------|------------------------------|---------------|--|
| 4) EST : | Tasis | | | Remarks | | |
| Sr. No. | Tests Power Cords, Cables Chec | king | | Ok | | |
| 1 | Power Cords, Cables Checking Mains Socket Checking | 1 | Ok | | | |
| 2 | | 3 | | | | |
| JNCTIONAL TE | ESI: | Туре | Measured | Tolerance | Remarks | |
| Sr.No | Parameters Supply Voltage | Live-Neutral | 235.40 | 210 to 240 V | Pass | |
| 1 | Supply Voltage | Live-Earth | 237.15 | 210 to 240 V | Pass | |
| 2 | Supply Voltage | Neutral-Earth | 1.88 | 0 to 5 V | Pass | |
| 3 | Supply Voltage | | 1.14 | < 5 ohm | Pass | |
| 4 | Protective Earth Resistance | Normal Close (NC) | 2.1 | < 10 µA | Pass | |
| 5 | Earth Leakage Current | Normal Open (NO) | 2.0 | < 10 µA | Pass | |
| 6 | Earth Leakage Current | Normal Open (NO) | 0.5 | < 10 µA | Pass | |
| 7 | Enclosure Leakage Current | NOC | 0.9 | < 10 µA | Pass | |
| 8 | Enclosure Leakage Current | NCO | 1.2 | < 10 µA | Pass | |
| 9 | Enclosure Leakage Current | NCO | 2.2 | < 10 µA | Pass | |
| 10 | Patient Auxiliary Leakage Current | RCC | 2.1 | < 10 µA | Pass | |
| 11 | Patient Auxiliary Leakage Current | RUU | | 1 | | |
| The calibration r Calibration point This certificate s | efers only to the particular item submitted for calibrati results reported in the certificate are valid at the time of twere selected as per customer specifications. shall not be reproduced, except in full unless written p from the Technical Manager of "Reliable Technical S ed are traceable to National / International Standard. | permission for the publication of a | | ent. stract Approved B | sy andy. | |
| The calibration r Calibration point This certificate s tas been obtained The Standard use Calibrated By | results reported in the certificate are valid at the time t were selected as per customer specifications. shall not be reproduced, except in full unless written p from the Technical Manager of "Reliable Technical S ed are traceable to National / International Standard. | permission for the publication of a | | Approved B | nager | |
| calibration for the calibration of the calibration point of calibration point of the calibration point of the calibratic calibrate calibrate calibrate calibrate calibrate calibration English and the calibratis and the calib | results reported in the certificate are valid at the time t were selected as per customer specifications. shall not be reproduced, except in full unless written p from the Technical Manager of "Reliable Technical S ed are traceable to National / International Standard. | permission for the publication of a | | | nager | |
| The calibration r Calibration point This certificate s tas been obtained The Standard use Calibrated By | results reported in the certificate are valid at the time t were selected as per customer specifications. shall not be reproduced, except in full unless written p from the Technical Manager of "Reliable Technical S ed are traceable to National / International Standard. | permission for the publication of a | | Approved B | nager | |
|) The calibration r) Calibration point) This certificate s as been obtained () The Standard use Calibrated By Calibrated By Calibration Enginand Dalvi. | results reported in the certificate are valid at the time t were selected as per customer specifications. shall not be reproduced, except in full unless written p from the Technical Manager of "Reliable Technical S ed are traceable to National / International Standard. | permission for the publication of a | | Approved B | nager | |
| The calibration r Calibration point This certificates as been obtained The Standard use alibrated By alibrated By alibration Enginand Dalvi. | results reported in the certificate are valid at the time t were selected as per customer specifications. shall not be reproduced, except in full unless written p from the Technical Manager of "Reliable Technical S ed are traceable to National / International Standard. | permission for the publication of a | | Approved B | nager | |
| The calibration of Calibration point This certificates as been obtained The Standard use alibrated By alibration Enginand Dalvi. | results reported in the certificate are valid at the time t were selected as per customer specifications. shall not be reproduced, except in full unless written p from the Technical Manager of "Reliable Technical S ed are traceable to National / International Standard. | permission for the publication of a | | Approved B | ady: | |
| The calibration of Calibration point This certificates as the standard use alibrated By alibration Enginand Dalvi. | results reported in the certificate are valid at the time t were selected as per customer specifications. shall not be reproduced, except in full unless written p from the Technical Manager of "Reliable Technical S ed are traceable to National / International Standard. | permission for the publication of a | | Approved B | auf. nager | |
| The calibration of Calibration point This certificates as the standard use alibrated By alibration Enginand Dalvi. | results reported in the certificate are valid at the time t were selected as per customer specifications. shall not be reproduced, except in full unless written p from the Technical Manager of "Reliable Technical S ed are traceable to National / International Standard. | permission for the publication of a | | Approved B | auf. nager | |
| The calibration of Calibration point This certificates is been obtained The Standard use alibrated By Action Engle and Dalvi. | results reported in the certificate are valid at the time t were selected as per customer specifications. shall not be reproduced, except in full unless written p from the Technical Manager of "Reliable Technical S ed are traceable to National / International Standard. | permission for the publication of a | | Approved B | auf. nager | |
| The calibration of Calibration point This certificates as the standard use alibrated By alibration Enginand Dalvi. | results reported in the certificate are valid at the time t were selected as per customer specifications. shall not be reproduced, except in full unless written p from the Technical Manager of "Reliable Technical S ed are traceable to National / International Standard. | permission for the publication of a | | Approved B | ady: | |

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| tificate No. | BM.19.04.3 | 20.019 | | | Page No. 2 of |
|--|---|--|--------------------------------|-----------------------------|---------------|
|) EST : | Tasta | | - | Remarks | |
| Sr. No. | Tests Power Cords, Cables Ch | ecking | | Ok | |
| 1 | Mains Socket Checki | | | Ok | |
| Z INCTIONAL | | | | | |
| Sr.No | Parameters | Туре | Measured | Tolerance | Remarks |
| 1 | Supply Voltage | Live-Neutral | 235.40 | 210 to 240 V | Pass |
| 2 | Supply Voltage | Live-Earth | 236.94 | 210 to 240 V | Pass |
| 3 | Supply Voltage | Neutral-Earth | 1.83 | 0 to 5 V | Pass |
| 4 | Protective Earth Resistance | | 1.24 | < 5 ohm < 500 µA | Pass |
| 5 | Earth Leakage Current | Normal Close (NC) | 170.2 205.6 | < 500 µA < 500 µA | Pass |
| 6 | Earth Leakage Current | Normal Open (NO) | 0.4 | < 10 µA | Pass |
| 7 | Enclosure Leakage Current | Normal Close Close Normal Open Close | 1.3 | < 10 µA | Pass |
| | Enclosure Leakage Current | Normal Open Close | 1.0 | | |
|) This certificate) The calibration) Calibration poi) This certificate has been obtained) The Standard u | Enclosure Leakage Current refers only to the particular item submitted for calibra results reported in the certificate are valid at the time in were selected as per customer specifications. Is shall not be reproduced, except in full unless written of from the Technical Manager of "Reliable," conficted issed are traceable to National / International Standard | e of and under the stated condition | s or measureme | Approved By | |
| 9 Note:) This certificate 2) The calibration 3) Calibration poi 4) This certificate has been obtained 5) The Standard u Calibrated By | Enclosure Leakage Current refers only to the particular item submitted for calibra nesults reported in the certificate are valid at the time nt were selected as per customer specifications. I shall not be reproduced, except in full unless written bd from the Technical Manager of "Reliable, robnickal used are traceable to National / International Standard | ation. UUC stands for Unit Under C e of and under the stated condition: | Calibration. s of measureme | nt. tract Approved By | |

AI QUAD CAMERA

Manman Drill Machine

May 2016 - May 2017

| CALIBRA | ATION CERTIFI Page No. | CATE | Akkreditierungsstelle D-214-16033-01-00 |
|--|---|--|--|
| ے۔ Medical Sciences | Page No. | CATE | |
| incurcar sciences | | :- 1 of 1 | |
| | - | | |
| 15110 | Certificate No. | - B.16.05.01.028 | |
| :- 23.1 | Date of Received | - 07.05.2016 | |
| and the second | Next Calibration Due | - 07.05.2016 | - |
| and off one | Calibration method N | 0. :- RTS/BM/WI/01 | (Customer suggested) |
| | | | |
| | | | |
| | | :- Manman | |
| : | | | |
| nent used for calibration | | 3= N074 | |
| :- Electrical Safety Analyzer | and the second second | | |
| :- Fluke | | | |
| | | | |
| :- 23.12.2016 | | | |
| te. | Electrical Safety | | |
| | | | |
| | | | |
| | | | |
| Mains Socket Che | ecking | | lk |
| Equipment Type (B, | BF, CF) | | 3 |
| A REAL PROPERTY AND A REAL | 2010201041112701 | | I |
| | | | |
| I-Properly Earthed ,II-Dou | ble Insulation, III-With Ext | ra Low Safety Voltage | |
| EST: | | | |
| No 7500 (Weight Schwarzscher Sc | | | Remarks |
| Voltage between Live and Neutra | al (Vin) | 235.07 (210-240V) | ок |
| Voltage between Live and Earth | (Vle) | 237.50 (210-240V) | OK |
| | | 2.71 (0-5V) | ОК |
| | | | ок |
| Enclosure Current | | | |
| Leakage Current (IL) | | 118 (0-500µA) | ОК |
| Patient Leakage Current (PL | and the second se | 0.6 (BF-0-100µA) | ОК |
| | %RH) :- 54 on :- In lab/On site :- OK em :- Nero Manman Drill :- KIMSDU/OT-4/DM-01 : nent used for calibration :- Electrical Safety Analyzer :- Fluke :- 3366061 :- 23.12.2016 :- Tests Power Cords, Cables Mains Socket Chee Equipment Type (B, Equipment Class (I B-Body Type,BF-F I-Properly Earthed ,II-Dou EST: Parameters Voltage between Live and Neutre Voltage between Live and Earth ottage between Neutral and and Earth Dottage between Neutral and and Earth | 23.1 Date of Calibration /eRH) :- 54 Next Calibration Due on :- In lab/On site Calibration method N :- OK Calibration method N em :- Nero Manman Drill Make :- Nero Manman Drill Make :- Nero Manman Drill Make :- Sr.No nent used for calibration :- Electrical Safety Analyzer :- Fluke :- 3366061 :- 23.12.2016 :- Electrical Safety Mains Socket Checking Mains Socket Checking Equipment Type (B, BF, CF) Equipment Class (I, II, III) B-Body Type, BF-Body Float Type, CF-Card I-Properly Earthed ,II-Double Insulation, III-With Ext EST: Parameters Voltage between Live and Neutral (VIn) Voltage between Live and Earth(Vle) ohtage between Neutral and and Earth (Vne) Enclosure Current | ARH): - 23.1 Date of Calibration - 07.05.2016 Next Calibration Due On - 06.05.2017 Calibration Due On - 06.05.2017 Calibration method No. - RTS/BM/W//01 - RTS/BM/W//01 em - OK - OT-4 - OT-4 - Sr.No - KIMSDU/OT-4/DM-01 Location - OT-4 - Sr.No - K574 - K574 nent used for calibration - OT-4 - OT-4 - OT-4 Sr.No - K574 - K574 nent used for calibration - Sr.No - K574 i Sr.No - K574 i Sr.No - K574 i |

| Y | RELIABLE TECHN "RELIABLE HOUSE" 497/2834 Pimpri, Pune - 411018. Te Cell : 7709196666, 7774 E-mail : reliable10 Web. : www.reliable | 4-35, Sant Tuka elefax : 020-27 055755, 77740 010@gmail.com | aram Nagar, 421170 55855 | ROYALCER ISO 9001:20 (DAKKS Deutsche Akirediti D-ZM-160 |
|---|--|---|---|--|
| | CALIBRATION | CERTIFICATI | E | |
| Deemed Unive Karad ,Dist.Satar Ambient Temp. Relative Humid Location of cali Condition of Ite | rsity, Date a-415110 Date :- 25 ± 4℃ Next (ity :- <70% RH Calibr pration :- In lab/On site m :- OK | icate No. of Received of Calibration Calibration Due On | - 1 of 1 - BM.17.05.03.160 - 04.05.2017 - 04.05.2017 - 03.05.2018 - RTS/BM/WI/01 | |
| 2. Description Name ID No Sr No. | of Item - Manman Driving Unit Make - KH/OT-07/MDU-01 Mode - K574 Locat | al No. | :- Manman : :- OT-07 | |
| Certified By ID/Sr. No. Calibration Vali 4.Test Results A) Visual Test | :- Elect | trical Safety | | |
| Sr. No. | Tests | | Remar | ks |
| 1, | Power Cords, Cables Checking | | Ok | |
| 2 | Mains Socket Checking Equipment Type (B, BF, CF) | | B | |
| | | | | |
| 3 | Equipment Class (I, II, III) | | 1 | |
| | Equipment Class (I, II, III) B-Body Type, BF-Body Float | | at Type | |
| 3 4 | Equipment Class (I, II, III) B-Body Type,BF-Body Float I-Property Earthed ,II-Double Insulation | | at Type | |
| 3 4 B) FUNCTION | Equipment Class (I, II, III) B-Body Type,BF-Body Float I-Property Earthed ,II-Double Insulation | on,III-With Extra Low | at Type | Remarks |
| 3 4 | Equipment Class (I, II, III) B-Body Type,BF-Body Float I-Properly Earthed ,II-Double Insulation | on,III-With Extra Low | at Type Safety Voltage | Remarks |
| 3 4 B) FUNCTION/ Sr.No | Equipment Class (I, II, III) B-Body Type,BF-Body Float I-Properly Earthed ,II-Double Insulation AL TEST: Parameters | on,III-With Extra Low Me | at Type Safety Voltage easured Values | 100000000000000000000000000000000000000 |
| 3 4 B) FUNCTION/ Sr.No 1 | Equipment Class (I, II, III) B-Body Type,BF-Body Float I-Properly Earthed ,II-Double Insulation AL TEST: Parameters Voltage between Live and Neutral (VIn) | on,III-With Extra Low Me 236.10 | at Type Safety Voltage easured Values (210-240V) | ок |
| 3 4 B) FUNCTION/ Sr.No 1 2 | Equipment Class (I, II, III) B-Body Type,BF-Body Float I-Properly Earthed ,II-Double Insulation AL TEST: Parameters Voltage between Live and Neutral (VIn) Voltage between Live and Earth(VIe) | Me 236.10 237.25 | at Type Safety Voltage easured Values (210-240V) (210-240V) | ок ок |
| 3 4 B) FUNCTION/ Sr.No 1 2 3 | Equipment Class (I, II, III) B-Body Type,BF-Body Float I-Properly Earthed ,II-Double Insulation AL TEST: Parameters Voltage between Live and Neutral (VIn) Voltage between Live and Earth(VIe) Voltage between Neutral and and Earth (Vne) | on,III-With Extra Low Me 236.10 237.25 1.35 | at Type Safety Voltage (210-240V) (210-240V) (0-5V) (0-500μA) | ОК ОК ОК |
| 3 4 B) FUNCTION/ Sr.No 1 2 3 4 4 4 4 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 | Equipment Class (I, II, III) B-Body Type,BF-Body Float I-Properly Earthed ,II-Double Insulation AL TEST: Parameters Voltage between Live and Neutral (VIn) Voltage between Live and Earth(VIe) Voltage between Neutral and and Earth (Vne) Enclosure Current | on,III-With Extra Low 236.10 237.25 1.35 0.7 | at Type Safety Voltage (210-240V) (210-240V) (0-5V) (0-10μA) | ОК ОК ОК |
| 3 4 B) FUNCTION/ Sr.No 1 2 3 4 5 6 Note: - 1) This certificate (2) The calibration (| Equipment Class (I, II, III) B-Body Type,BF-Body Float I-Properly Earthed ,II-Double Insulation LTEST: Parameters Voltage between Live and Neutral (VIn) Voltage between Live and Earth (VIe) Voltage between Neutral and and Earth (VIe) Enclosure Current Leakage Current (IL) Patient Leakage Current (PL) effers only to the particular item submitted for calibration. UUC esuits reported in the certificate are valid at the time of and un were selected as per customer specifications. In the Technical Manager of "Reliable" of the particular the time of the technical Manager of "Reliable" of techn | on,III-With Extra Low Me 236.10 237.25 1.35 0.7 118 0.4 stands for Unit Under Ca der the stated conditions | alibration. of measurement. | ОК ОК ОК ОК |

April 2018 - April 2019

| 1 | Cell : 77740 E-mail | 497/2834-35, Sar - 411018. Telefax : 55755, 7774055855 : reliable1010@gm. vww.reliabletechnic | nt Tukaram Nagar, 020-27421170 ,7774058855 ail.com | RIR CERT | IFICATION 01:2015 ACCREDITED BY IAS, USA MSCB-127 |
|---|--|---|--|---|---|
| 1.01107 | CALIE | BRATION CER | TIFICATE | | |
| Deemed U Karad ,Dis Ambient ⁻ Relative H Location of Condition | Institute Of Medical Sciences University, at Satara-415110 Temp. :- 25 ± 4°C Humidity :- <70% RH of calibration :- On site | Pag Cer Dat Dat Nex | tificate No. e of Received e of Calibration tt Calibration Due On bration method No. | :- 1 of 1 :- BM.18.04.29. :- 28.04.2018 :- 28.04.2018 :- 27.04.2019 :- RTS/BM/WI/(| |
| Name | :- Manman Driv | ing Unit Mak | | | |
| ID No | :- KH/OT-07/ME | | lel No. | :- Manman : | |
| Sr No. | :- K574 | | ation | - OT-07 | |
| 3 Details | of Equipment used for calibration | | | | |
| | on Results :- | EST : | | | |
| Sr. No. | Tests | | | Remarks | |
| 1 | Power Cords, Cables | | | Ok | |
| FUNCTION | Mains Socket Ch AL TEST: | ecking | | Ok | |
| Sr.No | Parameters | Туре | Measured Values | Tolerance | Remark |
| 1 | Supply Voltage | Live-Neutral | 235.84 | 210 to 240 V | Pass |
| 2 | Supply Voltage | Live-Earth | 236.81 | 210 to 240 V | Pass |
| 3 | Supply Voltage | Neutral-Earth | 1.19 | 0 to 5 V | Pass |
| 5 | Protective Earth Resistance Earth Leakage Current | | 0.76 | < 5 ohm | Pass |
| 6 | Earth Leakage Current | Normal Close (NC) Normal Open (NO) | 2.1 | < 10 µA | Pass |
| 7 | Enclosure Leakage Current | NCC | 1.3 | < 10 μA < 10 μA | Pass Pass |
| 8 | Enclosure Leakage Current | NOC | 0.5 | < 10 µA | Pass |
| 9 | Enclosure Leakage Current | NCO | 0.9 | < 10 µA | Pass |
| 10 | Patient Auxiliary Leakage Current | NCC | 0.8 | < 10 µA | Pass |
| 11 Note: | Patient Auxiliary Leakage Current | RCC | 0.7 | < 10 µA | Pass |
| 2) The calibration 3) Calibration point 4) This certificat 4) This certificat 4) as been obtain | te refers only to the particular item submittee on results reported in the certificate are valid point were selected as per customer specifica e shall not be reproduced, except in full unle ed from the Technical Manager of "Reliable I used are traceable to National / Internation | I at the time of and under th ations. ess written permission for th Technical Services, Pune' | ne stated conditions of me he publication of an appro | asurement. ved abstract Approved By J. Bauly | |
| | igineer (2) | 100 | | Quality Manager R.D.Bodhe | |
| .N.Borse. | | | | | |

April 2019 - April 2020

| Sr. No. Tests Remarks 1 Power Cords, Cables Checking Ok 2 Mains Socket Checking Ok FUNCTIONAL TEST: Ok Sr.No Parameters Type Measured Values Tolerance Remarks 1 Supply Voltage Live-Neutral 235.29 210 to 240 V Pass 2 Supply Voltage Live-Earth 237.81 210 to 240 V Pass 3 Supply Voltage Neutral-Earth 236.66 0 to 5 V Pass 4 Protective Earth Resistance - 1.13 < 5 ohm Pass 5 Earth Leakage Current Normal Close (NC) 167.2 < 500 µA Pass 6 Earth Leakage Current Normal Close Close 1.0 < 10 µA Pass 9 Enclosure Leakage Current Normal Open Close 0.5 < 10 µA Pass 9 Enclosure Leakage Current Normal Close Open 1.1 < 10 µA Pass 9 Enclosure Leakage Current Normal Close Open 1.1 < 10 µA Pass 9 Enclos | R | (Division of "RELIABLE HO Pimpri, Pune - 4 Cell : 77740557 Email : reliable1010 | TECHNICA Reliable Technor USE" 497/2834-35, 5a 411018. MH, India. Te 55, 7774055855,7774 D@gmail.com/reliable iabletechnicals.com/ | ocare Pvt. Ltd.) ant Tukaram Nagar, lefax : 020-2742117 058855, 777402290 etechnocare@gmail | 70 ISO S 0 .com | ERTIFICATION DOO1:201 ACCREDITED ACCREDITED ASCISLIZI |
|--|--|--|---|---|---|--|
| Krishna Institute Of Medical Sciences Page NO. := Diff Demend University. := BM.19.04.20.300 Amad. Dist Statza - 415110 Date of Received := 27.04.2019 Ambient Temp := 25 ± 4°C Next Calibration Due On := 26.04.2020 Relative Humidity := 70% 6 RH Calibration Due On := 26.04.2020 Location of calibration := OK Next Calibration Due On := 26.04.2020 Z. Description of Item := OK Next Calibration method No. := RTS/BM/WI/01 Z. Description of Item := OK Name := Manman Driving Unit Make := Manman Name := Manman Driving Unit Make := Manman := Manman ID No := KKY0T-07/MDU-01 Location := OT-07 3.Details of Equipment used for calibration Name := Manman Name := EST: :: :: Sr. No. Tests Remarks : 1 Power Cords, Cables Checking Ok :: 2 Supply Voltage Live-Neutral 235.29 : : Sr. No. Tests Remarks < | 1 CUSTO | CALI | BRATION CER | TIFICATE | | |
| Name : Manman Driving Unit Make : Manman ID No : KS74 Model No. :- :- Sr No. : KH/OT-07/MDU-01 Location :- OT-07 3.Details of Equipment used for calibration Name :- OT-07 Sr No. : Electrical Safety Analyzer OT-07 Certificate No. : 1812 IH 001 OT-07 Calibration Results : EST : Sr. No. Tosts Remarks 1 Power Cords, Cables Checking Ok 2 Mains Socket Checking Ok 2 Supply Voltage Live-Neutral 235.29 210 to 240 V Pass 3 Supply Voltage Neural-Earth 2.66 0 to 5 V Pass 4 Protective Earth Resistance - 1.13 < 5 ohm Pass 5 Earth Leakage Current Normal Close (NC) 167.2 | Krishna Ir Deemed Un Karad , Dist Ambient Te Relative Hu Location of Condition o | stitute Of Medical Sciences liversity. Satara- 415110 emp. :- 25 ± 4°C umidity :- <70% RH calibration :- On site filem :- OK | Cert Date Date Next | ificate No. e of Received e of Calibration t Calibration Due On | :- BM.19.04.20 :- 27.04.2019 :- 27.04.2019 :- 26.04.2020 | |
| ID No ⇒ K574 Model No. ⇒ standard Sr No. ⇒ KH/OT-07/MDU-01 Location ⇒ OT-07 3.Details of Equipment used for calibration Name ⇒ Electrical Safety Analyzer Certificate No. ⇒ 18.12.1H.001 Certificate Safety Analyzer Certificate No. ⇒ 18.12.1H.001 Certificate Safety Analyzer Calibration Validity ⇒ 16.12.2019 EST : Sr. No. Tests Remarks 1 Power Cords, Cables Checking Ok 2 Mains Socket Checking Ok FUNCTIONAL TEST: Sr.No Parameters Type Sr.No Parameters Type Measured Values Tolerance 2 Supply Voltage Live-Neutral 235.29 210 to 240 V Pass 3 Supply Voltage Neutral-Earth 2.66 0 to 5 V Pass 4 Protective Earth Resistance - 1.13 < 5 ohm | | | iving Linit Make | | | |
| Sr No. :- KH/OT-07/MDU-01 Location :- OT-07 3.Details of Equipment used for calibration Name :- Electrical Safety Analyzer Certificate No. :- 18.12.IH.001 Certificate No. :- 18.12.IH.001 Certificate No. :- 3366061 Calibration Results :- EST : Sr. No. Tests Remarks 1 Power Cords, Cables Checking Ok 2 Mains Socket Checking Ok 2 Supply Voltage Live-Neutral 236.29 210 to 240 V Pass 3 Supply Voltage Live-Earth 237.81 210 to 240 V Pass 4 Protective Earth Resistance - 1.113 <5 ohm Pass 5 Earth Leakage Current Normal Close (NC) 174.7 <500 µA Pass 6 Earth Leakage Current Normal Close Close 1.0 <10 µA Pass 8 Enclosure Leakage Current Normal Close Close 1.0 <10 µA Pass 9 Enclosure Leakage Current Normal Close Close 0.5 <10 µA Pass 9 Enclosure Leakage Current Normal Close Close 0.5 <10 µA Pass 9 Enclosure Leakage Current Normal Close Close 0.5 <10 µA Pass 9 Enclosure Leakage Current Normal Close Close 0.5 <10 µA Pass 9 Enclosure Leakage Current Normal Close Close 0.5 <10 µA Pass 9 Enclosure Leakage Current Normal Close Close 0.5 <10 µA Pass 9 Enclosure Leakage Current Normal Close Close 0.5 <10 µA Pass 9 Enclosure Leakage Current Normal Close Close 0.5 <10 µA Pass 9 Enclosure Leakage Current Normal Close Close 0.5 <10 µA Pass 9 Enclosure Leakage Current Normal Close Close 0.5 <10 µA Pass 10 Heat the theorematic the stated conditions of measurement. Calibration point were selected as per customer specification. UUC stands for Unit Under Calibration. 11 Ecolosure Leakage Current Normal Close Close 0.5 <10 µA Pass 9 Enclosure Leakage Current Normal Close Close 0.5 <10 µA Pass 9 Enclosure Leakage Current Normal Close Close 0.5 <10 µA Pass 11 Ecolosure Leakage Current Normal Close Close 0.5 <10 µA Pass 9 Enclosure Leakage Current Normal Close Close 0.5 <10 µA Pass 9 Enclosure Leakage Current Normal Close Close 0.5 <10 µA Pass 12 Cloredote Close 0.5 <10 µA Pass 9 Enclosure Leakage Current Normal | | | | | | |
| Name := Electrical Safety Analyzer Certificate No. := 18.12.IH.001 Certificate No. := 18.12.IH.001 Certificate No. := 3366061 Calibration Validity := 16.12.2019 4.Calibration Results := EST : Sr. No. Tests Remarks 1 Power Cords, Cables Checking Ok 2 Mains Socket Checking Ok 2 Mains Socket Checking Ok 5r.No Parameters Type Measured Values Tolerance Remark 1 Supply Voltage Live-Neutral 235.29 210 to 240 V Pass 2 Supply Voltage Live-Reath 237.81 210 to 240 V Pass 3 Supply Voltage Neutral-Earth 2.66 0 to 5 V Pass 4 Protective Earth Resistance - 1.13 < 5 ohm Pass 5 Earth Leakage Current Normal Close (NC) 167.2 < 500 µA Pass 6 Earth Leakage Current Normal Close (NC) 167.2 < 500 µA Pass 8 Enclosure Leakage Current Normal Close Close 1.0 < 10 µA Pass 9 Enclosure Leakage Current Normal Close Open 1.1 < 10 µA Pass 9 Enclosure Leakage Current Normal Close Open 1.1 < 10 µA Pass 9 Enclosure Leakage Current Normal Close Open 1.1 < 10 µA Pass 9 Enclosure Leakage Current Normal Close Open 1.1 < 10 µA Pass 9 Enclosure Leakage Current Normal Close Open 1.1 < 10 µA Pass 9 Enclosure Leakage Current Normal Close Open 1.1 < 10 µA Pass 9 Enclosure Leakage Current Normal Close Open 1.1 < 10 µA Pass 9 Enclosure Leakage Current Normal Close Open 1.1 < 10 µA Pass 9 Enclosure Leakage Current Normal Close Open 1.1 < 10 µA Pass 9 Enclosure Leakage Current Normal Close Open 1.1 < 10 µA Pass 9 Enclosure Leakage Current Normal Close Open 1.1 < 10 µA Pass 9 Enclosure Leakage Current Normal Close Open 1.1 < 10 µA Pass 9 Enclosure Leakage Current Normal Close Open 1.1 < 0 µA Pass 9 Enclosure Leakage Current Normal Close Open 1.1 < 0 µA Pass 9 Enclosure Leakage Current Normal Close Open 1.1 < 0 µA Pass 9 Enclosure Leakage Current Normal Close Open 1.1 < 0 µA Pass 9 Enclosure Leakage Current Normal Close Open 1.1 < 0 µA Pass 9 Enclosure Leakage Current Normal Close Open 1.1 < 0 µA Pass 9 Enclosure Leakage Current Normal Close Open 1.1 < 0 µA Pass 9 Enclosure Device Close As per customer specifications. 9 Enclose Close As per customer specifications | Sr No. | :- KH/OT-07/M | A CONTRACTOR OF | | A REAL PROPERTY AND A REAL PROPERTY AND | |
| 1 Power Cords, Cables Checking Ok 2 Mains Socket Checking Ok 2 Mains Socket Checking Ok Sr.No Parameters Type Measured Values Tolerance Remarks 1 Supply Voltage Live-Neutral 235.29 210 to 240 V Pass 2 Supply Voltage Live-Earth 237.81 210 to 240 V Pass 3 Supply Voltage Neutral-Earth 237.81 210 to 240 V Pass 4 Protective Earth Resistance - 1.13 < 5 ohm Pass 5 Earth Leakage Current Normal Close (NC) 167.2 < 500 µA Pass 6 Earth Leakage Current Normal Open (NO) 174.7 < 500 µA Pass 7 Enclosure Leakage Current Normal Open Close 0.5 < 10 µA Pass 8 Enclosure Leakage Current Normal Close Open 1.1 < 10 µA Pass 9 Enclosure Leakage Current Normal Close Open 1.1 < 10 µA Pass 7 Enclosure Leakage Current Normal Close Open 1.1 < 10 µA Pass 8 Enclosure Leakage Current Normal Close Open 1.1 | Calibration \ 4.Calibratio | /alidity :- 16.12.2019 n Results :- | EST : | | | |
| 2 Mains Socket Checking Ok UNCTIONAL TEST: Ok Sr.No Parameters Type Measured Values Tolerance Remark 1 Supply Voltage Live-Neutral 235.29 210 to 240 V Pass 2 Supply Voltage Live-Earth 237.81 210 to 240 V Pass 3 Supply Voltage Neutral-Earth 2.66 0 to 5 V Pass 4 Protective Earth Resistance - 1.13 < 5 ohm | and the second second | | | | Remarks | |
| UNCTIONAL TEST: Type Measured Values Tolerance Remark 1 Supply Voltage Live-Neutral 235.29 210 to 240 V Pass 2 Supply Voltage Live-Earth 237.81 210 to 240 V Pass 3 Supply Voltage Neutral-Earth 2.66 0 to 5 V Pass 4 Protective Earth Resistance - 1.13 < 5 ohm | | | | | | |
| 1 Supply Voltage Live-Neutral 235.29 210 to 240 V Pass 2 Supply Voltage Live-Earth 237.81 210 to 240 V Pass 3 Supply Voltage Live-Earth 237.81 210 to 240 V Pass 4 Protective Earth Resistance - 1.13 < 5 ohm | UNCTIONA | L TEST: | lecking | | Ok | |
| 1 Supply Voltage Live-Neutral 235.29 210 to 240 V Pass 2 Supply Voltage Live-Earth 237.81 210 to 240 V Pass 3 Supply Voltage Neutral-Earth 2.66 0 to 5 V Pass 4 Protective Earth Resistance - 1.13 < 5 ohm | | | Туре | Measured Values | Tolerance | Remark |
| 3 Supply Voltage Neutral-Earth 237.81 210 to 240 V Pass 3 Supply Voltage Neutral-Earth 2.66 0 to 5 V Pass 4 Protective Earth Resistance - 1.13 < 5 ohm | | | | 235.29 | 210 to 240 V | |
| 4 Protective Earth Resistance - 1.13 < 5 ohm | | | 2011/01/01/01/01/01/01 | | 210 to 240 V | Pass |
| 5 Earth Leakage Current Normal Close (NC) 167.2 < 5 ohm | | | Neutral-Earth | | | Pass |
| 6 Earth Leakage Current Normal Open (NO) 174.7 < 500 μA Pass 7 Enclosure Leakage Current Normal Close Close 1.0 < 10 μA | 5 | | Normal Close (NC) | TITUMOR | | |
| 7 Enclosure Leakage Current Normal Close Close 1.0 < 10 μA Pass 8 Enclosure Leakage Current Normal Open Close 0.5 < 10 μA | 11775 | | Normal Open (NO) | | | 21120.27 |
| c Linclosure Leakage Current Normal Open Close 0.5 < 10 μA Pass 9 Enclosure Leakage Current Normal Close Open 1.1 < 10 μA | | | | 1 | | and the second s |
| te: 1.1 < 10 μA | | | | 0.5 | | 101 101 101 |
| This certificate refers only to the particular item submitted for calibration. UUC stands for Unit Under Calibration. The calibration results reported in the certificate are valid at the time of and under the stated conditions of measurement. Calibration point were selected as per customer specifications. This certificate shall not be reproduced, except in full unless written permission for the publication of an approved abstract been obtained from the Technical Manager of "Reliable Technical Services, Pune". The Standard used are traceable to National / International Standard ibrated By Early Technical Manager USAble Cuality Manager | te: | | | | < 10 µA | |
| | ins ceruficate | nt were selected as per customer specific shall not be reproduced, except in full up | at the time of and under the ations. | ne stated conditions of m | easurement. | |

OT Light

May 2016 – May 2017

| | | Akkreditlerungsstelle D-2M-16033-01-00 |
|--|--|--|
| CALIBRATION | CERTIFICATE | |
| -27 | Page No. | - 1 of 1 |
| | Certificate No | D to or other |
| | Date of Received | - B.16.05.01.030 - 07.05.2016 |
| - 52 | Date of Calibration | - 07 05 2016 |
| :- In lab/On site | Calibration method No | - 06.05.2017 (Customer suggested) |
| :- OK | | - RTS/BM/WI/08 |
| | | |
| :- OT Light | Make | :- Technomed |
| - KIMSDU/OT-4/OTL-2 | Model No. | : |
| · · | Location | :- OT Store |
| | | |
| on | | |
| :- LUX METER | | |
| :- HI-TECH | | |
| :- RTS-LX-01 | | |
| - 04.05.2017 | | |
| 40000 | 40000 | 48400 |
| re valid at the time of and under pecifications. full unless written permission fo Reliable Technical Services, Pur | r the publication of an approved a | |
| 12/2/01 | | |
| * PUNE | | |
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| | | |
| | CALIBRATION (CALIBRATION (CALIBR | Certificate No. Date of Received Date of Calibration Next Calibration Due On Calibration method No. - OK - OT Light - KIMSDU/OT-4/OTL-2 - Make Model No. Location - LUX METER - HI-TECH - RTS-LX-01 - 04.05.2017 |

| | | CALIBRATION | CERTIFICATE | |
|----------------------|--|---------------------------------|-------------------------------------|-----------------------------------|
| | 1.CUSTOMER Krishna Institute Of Medical Scier | - | Page No. | :- 1 of 1 |
| | Deemed University, | ices | Certificate No. Date of Received | - BM.17.05.03.149 - 04.05.2017 |
| | Karad .Dist Satara- 415110 | | Date of Calibration | - 04.05.2017 |
| | Ambient Temp. | :- 25 ± 4°C | Next Calibration Due On | |
| | Relative Humidity Location of calibration | :- <70% RH :- In lab/On site | Calibration method No. | :- RTS/BM/WI/08 |
| | Condition of Item | :- OK | | |
| | 2. Description of Item | | | |
| | Name | :- OT Light | Make | :- Technomed |
| | ID No. Sr No. | :- KH/OT-04/OL-02 | Model No. | i |
| | Si No. | - 150666 | Location | :- OT-04 |
| Ē | 3.Details of Equipment used for call | bration | and the states | |
| 1 | Name | :- LUX METER | | |
| 12 | Certificate No. | :- SM/XIX - 2677 | | |
| 10.5 | ertified By | :- S.M. Engineers | | |
| | D/Sr. No. | :- RTS-LX-01 | | |
| 10 | alibration Validity | :- 21.08.2018 | | |
| | Distance From Light Source(cm | | 100 | |
| | Intensity (LUX) | 48526 | 49436 | 18464 |
| Note: | | and the second second | | 48464 |
| Cali This s be | s certificate refers only to the particular ite calibration results reported in the certific bration point were selected as per custon certificate shall not be reproduced, except an obtained from the Technical Manager ated By | of "Reliable Technical Service" | under the stated conditions of m | easurement. |
| - | tion Engineer | | | 2 Karly |
| ibra | able. | | | Quality Manager |
| ibra iul S 21, | able R0 | Prove * | or | R.D.Bodhe |

| -D | Pimpri, Pune - 411018. Cell : 7774055755, 77 E-mail : reliable Web. : www.reliat | 74055855,7774058855 1010@gmail.com | RIP CERTIFICATION ISO 9001:201 |
|---|--|--|---|
| | CALIBRATION | N CERTIFICATE | |
| 1.CUSTOMER | 3- | Page No. | :- 1 of 1 |
| Krishna Institute Of Medic | al Sciences | Certificate No. | :- BM.18.04.29.048 |
| Deemed University, | | Date of Received | :- 29.04.2018 |
| Karad ,Dist.Satara- 415110 Ambient Temp. | | Date of Calibration | :- 29.04.2018 |
| Relative Humidity | :- 25 ± 4°C :- <70% RH | Next Calibration Due On | :- 28.04.2019 |
| Location of calibration | :- On site | Calibration method No. | :- RTS/BM/WI/08 |
| Condition of Item | :- OK | | |
| 2. Description of Item | | | |
| Name | :- OT Light | Make | :- Technomed |
| ID No | :- KH/OT-04/OTL-02 | Model No. | · · · |
| Sr No. | :- 150666 | Location | _ OT-04 |
| | | | |
| 3.Details of Equipment use | ed for calibration | | |
| Name | :- LUX METER | | |
| Certificate No. | :- SM/XIX - 2677 | | |
| Certified By | :- S.M. Engineers | | |
| ID/Sr. No. | :- RTS-LX-01 | | |
| Calibration Validity | :- 21.08.2018 | | |
| 4.Calibration Results | 3 4 | - | |
| Distance From Linkt | | 100 | |
| Distance From Light Source(cm) | | 49343 | 49345 |
| | 48429 | 49545 | |
| Source(cm) | 48429 | 40040 | |
| Source(cm) Intensity (LUX) Note: | | ation. UUC stands for Unit Under Calib | pration. |
| Source(cm) Intensity (LUX) Note: I) This certificate refers only to the | e particular item submitted for calibr | | |
| Source(cm) Intensity (LUX) Note: 1) This certificate refers only to the 2) The calibration results reported 3) Calibration point were selected | e particular item submitted for calibr in the certificate are valid at the tim as per customer specifications. | ation. UUC stands for Unit Under Calib e of and under the stated conditions of | measurement. |
| Source(cm) Intensity (LUX) Note: 1) This certificate refers only to the 2) The calibration results reported 3) Calibration point were selected 4) This certificate shall not be repr | e particular item submitted for calibrin in the certificate are valid at the time as per customer specifications. oduced, except in full unless written | ation. UUC stands for Unit Under Calit e of and under the stated conditions of permission for the publication of an ap | measurement. |
| Source(cm) Intensity (LUX) Note: 1) This certificate refers only to the 2) The calibration results reported 3) Calibration point were selected 4) This certificate shall not be repr has been obtained from the Techn | e particular item submitted for calibr in the certificate are valid at the tim as per customer specifications. oduced, except in full unless written ical Manager of "Reliable Technical | ation. UUC stands for Unit Under Calib e of and under the stated conditions of permission for the publication of an ap Services, Pune". | measurement. |
| Source(cm) Intensity (LUX) Note: 1) This certificate refers only to the 2) The calibration results reported 3) Calibration point were selected 4) This certificate shall not be repr has been obtained from the Techn | a particular item submitted for calibr in the certificate are valid at the tim as per customer specifications. oduced, except in full unless written ical Manager of "Reliable Technical to to National Unternational Standar | ation. UUC stands for Unit Under Calib e of and under the stated conditions of permission for the publication of an ap Services, Pune". | measurement. |
| Source(cm) Intensity (LUX) Note: 1) This certificate refers only to the 2) The calibration results reported 3) Calibration point were selected 4) This certificate shall not be repri- has been obtained from the Techn 5) The Standard used are traceabl | a particular item submitted for calibr in the certificate are valid at the tim as per customer specifications. oduced, except in full unless written ical Manager of "Reliable Technical to to National Unternational Standar | ation. UUC stands for Unit Under Calib e of and under the stated conditions of permission for the publication of an ap Services, Pune". | measurement. proved abstract |
| Source(cm) Intensity (LUX) Note: 1) This certificate refers only to the 2) The calibration results reported 3) Calibration point were selected 4) This certificate shall not be repri- has been obtained from the Techn 5) The Standard used are traceabl Calibrated By | a particular item submitted for calibr in the certificate are valid at the tim as per customer specifications. oduced, except in full unless written ical Manager of "Reliable Technical to to National Unternational Standar | ation. UUC stands for Unit Under Calib e of and under the stated conditions of permission for the publication of an ap Services, Pune". | measurement. |
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| Source(cm) Intensity (LUX) Note: 1) This certificate refers only to the 2) The calibration results reported 3) Calibration point were selected 4) This certificate shall not be repri- has been obtained from the Techn 5) The Standard used are traceabl Calibrated By Calibrated By | a particular item submitted for calibr in the certificate are valid at the tim as per customer specifications. oduced, except in full unless written ical Manager of "Reliable Technical to to National Unternational Standar | ation. UUC stands for Unit Under Calib e of and under the stated conditions of permission for the publication of an ap Services, Pune". | Measurement. proved abstract Approved By Quality Manager |
| Source(cm) Intensity (LUX) Note: 1) This certificate refers only to the 2) The calibration results reported 3) Calibration point were selected 4) This certificate shall not be repri- has been obtained from the Techn 5) The Standard used are traceabl Calibrated By | a particular item submitted for calibr in the certificate are valid at the tim as per customer specifications. oduced, except in full unless written ical Manager of "Reliable Technical to to National Unternational Standar | ation. UUC stands for Unit Under Calib e of and under the stated conditions of permission for the publication of an ap Services, Pune". | measurement. proved abstract Approved By |

| La reseaución de la companya de la c | CALIBRATION | NCERTIFICATE | |
|--|---|---|------------------------------|
| 1.CUSTOMER | 34 (Sec. 19) | Page No. | :- 1 of 1 BM 19.04.20.277 |
| Krishna Institute Of Medical Deemed University, | Sciences | Certificate No. | :- 28.04.2019 |
| Karad ,Dist.Satara- 415110 | | Date of Received Date of Calibration | :- 28.04.2019 |
| Ambient Temp. | :- 25 ± 4°C | Next Calibration Due On | :- 27.04.2020 |
| Relative Humidity | :- <70% RH | Calibration method No. | :- RTS/BM/WI/08 |
| Location of calibration | :- On site | Galibration method mo. | |
| Condition of Item | :- OK | | |
| 2. Description of Item | | | |
| Name | :- OT Light | Make | :- Technomed |
| ID No | :- KH/OT-04/OTL-02 | Model No. | : |
| Sr No. | :- 150666 | Location | ;- OT-04 |
| 3.Details of Equipment used | for calibration | | |
| Name | :- LUX METER | | |
| Certificate No. | :- IH.17.05.01.001 | | |
| Certified By | :- RTS | | |
| ID/Sr. No. | :- RTS-LX-02 | | |
| Calibration Validity | :- 01.05.2019 | | |
| | | | |
| 4.Calibration Results | ÷- | | |
| 4.Calibration Results Distance From Light Source(cm) | ;+ | 100 | |
| Source(cm) Intensity (LUX) | :- 48531 | 100 49446 | 48520 |
| Distance From Light Source(cm) Intensity (LUX) Note:) This certificate refers only to the part) The calibration results reported in the) Calibration point were selected as p | 48531 rticular item submitted for calibra ne certificate are valid at the time er customer specifications. ced, except in full unless written Manager of "Reliable Technical | 49446 ation. UUC stands for Unit Under Calib e of and under the stated conditions of permission for the publication of an ap Services, Pune". | pration. measurement. |

Phaco Machine

May 2016 - May 2017

| 22.4 49 In lab/On site OK Faco Machine | ATION CER Page No. Certificate No. Date of Receiv Date of Calibra Next Calibratio Calibration me | :- 1 of 1 :- B.16.05.01.038 red :- 07.05.2016 | (Customer suggested) |
|--|--|---|--|
| 22.4 49 In lab/On site OK Faco Machine | Page No. Certificate No. Date of Receiv Date of Calibra Next Calibratic | :- 1 of 1 :- B.16.05.01.038 red :- 07.05.2016 ttion :- 07.05.2016 n Due On :- 06.05.2017 | (Customer suacested) |
| 22.4 49 In lab/On site OK Faco Machine | Date of Receiv Date of Calibra Next Calibratio | :- B.16.05.01.038 red :- 07.05.2016 tition :- 07.05.2016 n Due On :- 06.05.2017 | (Customer suacested) |
| 49 In lab/On site OK Faco Machine | Date of Receiv Date of Calibra Next Calibratio | red :- 07.05.2016 ation :- 07.05.2016 n Due On :- 06.05.2017 | (Customer suggested) |
| 49 In lab/On site OK Faco Machine | Date of Calibration | n Due On :- 06.05.2017 | (Customer suggested) |
| In lab/On site OK Faco Machine | Next Calibratio | n Due On :- 06.05.2017 | (Customer suggested) |
| OK Faco Machine | Calibration me | thed No DTO/DUMNING | (Customer suddestean |
| Faco Machine | | HOO NO RIS/BIVI/VVI/01 | |
| | | | |
| | | | |
| KIMSDU/OT-3/PM-2 | Make Location | :- Biomedix - OT-3 | |
| - | Sr.No | - 0308172 | |
| ed for calibration | | | |
| Fluke 3366061 | | | |
| ÷ | Electrical Saf | ety | |
| Test | | | Bamarka |
| | Checking | | Remarks Ok |
| a the manufacture of the second states are | | | Ok |
| | | | В |
| | | and the second | 1 |
| | | -Cardiac Float Type | |
| | | | |
| I-Fropeny Landed , I-Doc | | an Ende Lon Guildy Transfe | |
| Parameters | | Measured Values | Remarks |
| e between Live and Neutr | al (Vin) | 235.46 (210-240V) | ОК |
| | and the second sec | 237.27 (210-240V) | ОК |
| WERE PREVAILANT AND A COMPANY | | | ОК |
| | aiui (viie) | | ОК |
| Enclosure Current | | | |
| Leakage Current (IL) | | | ОК |
| Patient Leakage Current (PL) 0 | | (BE-0-100UA) | ОК |
| | Electrical Safety Analyzer Fluke 3366061 23.12.2016 :- Tests Power Cords, Cables Mains Socket Chu Equipment Type (B, Equipment Class (B-Body Type,BF-I I-Properly Earthed ,II-Dou Parameters ge between Live and Neutra age between Live and Neutra age between Live and Neutra Enclosure Current Leakage Current (IL) | Electrical Safety Analyzer Fluke 3366061 23.12.2016 Tests Power Cords, Cables Checking Mains Socket Checking Equipment Type (B, BF, CF) Equipment Class (I, II, III) B-Body Type,BF-Body Float Type,CF I-Properly Earthed ,II-Double Insulation,III-W Parameters ge between Live and Neutral (VIn) age between Live and Earth(VIe) between Neutral and and Earth (Vne) Enclosure Current Leakage Current (IL) | Electrical Safety Analyzer Fluke 3366061 23.12.2016 Tests Electrical Safety Power Cords, Cables Checking Mains Socket Checking Equipment Type (B, BF, CF) Equipment Class (I, II, III) B-Body Type,BF-Body Float Type,CF-Cardiac Float Type I-Properly Earthed ,II-Double Insulation,III-With Extra Low Safety Voltage Parameters Measured Values ge between Live and Neutral (VIn) 235.46 (210-240V) age between Live and Earth(Vie) 237.27 (210-240V) age between Live and Earth(Vie) 1.99 (0-5V) Enclosure Current 0.7 (0-10µA) Leakage Current (IL) (BF-0-100µA) |

| Y | Pimpri, Pune - 4110 Cell : 7709196666, E-mail : relia Web. : www.re | 18. Telefax : 020- 7774055755, 777 ble1010@gmail.c liabletechnicals. | 4055855 om | ISO 9001:2008 |
|--|--|---|------------------------------|---------------|
| | CALIBRATI | ON CERTIFICA | TE | |
| 1.CUSTOMER Krishna Instit Deemed Univ Karad ,Dist Sa Ambient Temp Relative Humi Location of ca | ute Of Medical Sciences ersity, tara- 415110 | Page No. Certificate No. Date of Received Date of Calibration Next Calibration Due Or Calibration method No. | | |
| Condition of It 2. Description Name ID No Sr No. | | Make Model No. Location | :- Biomedix : :- OT-03 | |
| Name Certificate No Certified By ID/Sr. No. Calibration Va | :- Tektronix :- 3366061 | | 21 | |
| 4.Test Result A) Visual Tes | | Electrical Safety | | |
| Sr. No. | Tests | 4 | Rem | |
| 1 | Power Cords, Cables Che | 110 | C | 344) |
| 2 | Mains Socket Checki | | 1 | 1k 3 |
| 3 | Equipment Type (B, BF | | | 1 |
| 4 | Equipment Class (I, II, B-Body Type BE-Body | Float Type,CF-Cardiac | | |
| | I-Properly Earthed ,II-Double | nsulation,III-With Extra L | ow Safety Voltage | |
| B) FUNCTION | | 1 - Carlos - Carlos | | |
| Sr.No | Parameters | | Measured Values | Remarks |
| 1 | Voltage between Live and Neutral (V | | | ОК |
| 2 | Voltage between Live and Earth(Vie | 238. | 18 (210-240V) | OK |
| 3 | Voltage between Neutral and and Earth | (Vne) 2.6 | 1 (0-5V) | ОК |
| 4 | Enclosure Current | 0.9 |) (0-10µA) | ОК |
| 5 | Leakage Current (IL) | 11 | | OK |
| 6 | Patient Leakage Current (PL) | 0.4 | (BF-0-100µА (CF-0-10µА) | ОК |
| 2) The calibration | refers only to the particular item submitted for calibration results reported in the certificate are valid at the time of nt were selected as per customer specifications. shall not be reproduced, except in full unless unitary of from the Technical Manager of "Reliable" services to the service of the technical formation of technical formation of the technical formation of technical | | | .L. |

April 2018 – April 2019

| S "RELIABLE HOUSE" Pimpri, Pune Cell : 777405 E-mail : | 497/2834-35, San 411018. Telefax : 5755, 7774055855 reliable1010@gm | 020-27421170 ,7774058855 ail.com | RIRCE | ACCREDITED ACCREDITED IAS, USA MSCB 127 |
|--|---|---|---|--|
| CALIBR | ATION CERT | IFICATE | | |
| R :- itute Of Medical Sciences ersity, tara-415110 pp. :- 25 ± 4°C idity :- <70% RH alibration :- On site item :- OK | Page Certifi Date Date Next (| No. icate No. of Received of Calibration Calibration Due On | :- 1 of 1 :- BM.18.04.29.1 :- 29.04.2018 :- 29.04.2018 :- 28.04.2019 :- RTS/BM/WI/0 | |
| | | | | |
| | 01 Mode | l No. | :- Biomedix : :- OT-03 | |
| :- Electrical Safet | | | | |
| :- Tektronix :- 3366061 alidity :- 27.12.2018 | | | | |
| Results :- | EST : | | | |
| Tests | | | Remarks | |
| | | | 7.1.1 | |
| | cking | | UK | |
| | Туре | Measured Values | Tolerance | Remark |
| Supply Voltage | Live-Neutral | 235.80 | 210 to 240 V | Pass |
| Supply Voltage | Live-Earth | 238.17 | 210 to 240 V | Pass |
| Supply Voltage | Neutral-Earth | 2.60 | 0 to 5 V | Pass |
| Protective Earth Resistance | - | 0.88 | < 5 ohm | Pass |
| Earth Leakage Current | | 1.7 | | Pass |
| Earth Leakage Current | | | | Pass |
| Enclosure Leakage Current | | | 1. 10.1 (10.10) (10.10) | Pass Pass |
| | | | | Pass |
| | Contraction of the second | Contraction of the second s | | Pass |
| | | | | Pass |
| on results reported in the certificate are valid pint were selected as per customer specifica te shall not be reproduced, except in full unl ned from the Technical Manager of "Reliable | d at the time of and under ations. less written permission for e Technical Services, Pun | the publication of an app | neasurement. | r, |
| ngineer | | | occounty interimination | |
| | Simple | Simplify and the second sec | Second | Sign TRELIABLE HOUSE" 497/2834-35, Sant Tukaram Nagar, Pimpri, Pume - 411018. Telefax: 020-27421170 Cell: 7774055755, 7774055855, 7774058855 E-mail: reliable10100@gmail.com Web.: www.reliabletechnicals.com CALIBRATION CERTIFICATE R Page No. : 1 of 1 Carlificate No. : 9 Mage No. : 1 of 1 Certificate No. : 9 Mage No. : 1 of 1 R Page No. : 1 of 1 Certificate No. : 9 Mage No. : 20 A2018 Date of Received - 29 0.04 2018 Date of Received - 29 0.04 2018 Date of Calibration Diou On - 28 0.04 2018 Date of Calibration Diou On - 28 0.04 2018 In of item : 9 Phace Machine Make : Biomedix · 0 K mod televalues O -0.3 Calibration method No. : 8 Tis Mage No. · 0 K mod televalues O -0.03 Image No. : 1 of 1 : 25 ± 4°C No Mage No. · 0 No : 10 Mage No. : 10 Mage No. : 10 Mage No. : 10 Mage No. |

April 2019 - April 2020

| | ute Of Medical Sciences | RATION CERTI Page N Certifici Date of | o. ate No | - 1 of 1 - BM, 19.04.20.27 - 28.04.2019 | 4 |
|---|---|--|----------------------------|--|--------------|
| Deemed Univers Kerad Dist Sata Ambient Temp Relative Humik Location of cal | ara-415110 25±4°C dity - <70% RH libration - On site | Date of Next C | Calibration | - 28.04.2019 - 27.04.2020 - RTS/BM/WI/01 | |
| Condition of Ite 2. Description Name D No Sr No. | Color of the second | Model | No. | - Biomedix - OT-03 | |
| Details of E Name Certificate No. Certified By D/Sr. No. Calibration Va | :- RTS :- 3366061 | ely Analyzer | | | |
| 4.Calibration | | EST : | | Remarks | |
| Sr. No. 1 | Power Cords, Cables Mains Socket Ch | | | Ok Ok | |
| 2 FUNCTIONAL | TEST: | | Measured Values | Tolerance | Remarks |
| Sr.No | Parametérs Supply Voltage | Type Live-Neutral | 235.67 | 210 to 240 V | Pass |
| 1 2 | Supply Voltage | Live-Earth | 237.26 | 210 to 240 V 0 to 5 V | Pass Pass |
| 3 | Supply Voltage | Neutral-Earth | 1.71 | < 5 ohm | Pass |
| 4 | Protective Earth Resistance | Normal Close (NC) | 170.3 | < 500 µA | Pass |
| 6 | Earth Leakage Current Earth Leakage Current | Normal Open (NO) | 179.8 | < 500 µA | Pass |
| 6 | Enclosure Leakage Current | Normal Close Close | 1,1 | < 10 µA | Pass |
| 8 | Enclosure Leakage Current | Normal Open Close | | < 10 µA | Pass |
| 9 | Enclosure Leakage Current | Normal Close Open | 1.1 | Aبر 10 × A | Pass |
| 2) The calibration 3) Galibration point 4) This certificate | e refers only to the particular item submin in results reported in the certificate are v init were existenced as per customer spec e shall not be reproduced, except in full efforts the "echnical Manager of "Relic tused are traceable to National / interna al Manager | and at the time of and under incations unless written permission for able Technical Services, Pur | at the publication of an a | | |
| | DTE 5 PRO CAMERA | l | | | |