

Certificate Of Work Done

Date: 8/1/13 Location: Karad.

Bldg Name: BDS Common Hostel

Machine No. / U7816 Contract No. FU7816 Route No. K013

Any work has been carried out on above mentioned elevators

Preventive Maintenance	<input checked="" type="checkbox"/>	Complaint Number	
Break Down Call	<input type="checkbox"/>	Departure Time	
Actual Time		T Execution	<input type="checkbox"/>
Repairs	<input checked="" type="checkbox"/>	Date Completed	
Date Started			

Vault Type: Changeable Non-Changeable

Major repairs / Call back / Examination details mentioned below

MR. OPERATION GALL LOCKS, CULT.
NOT BOLTS, CAR DOOR OPERATOR
check

Examined by: [Signature]
S. No. / C. R. No. 1443

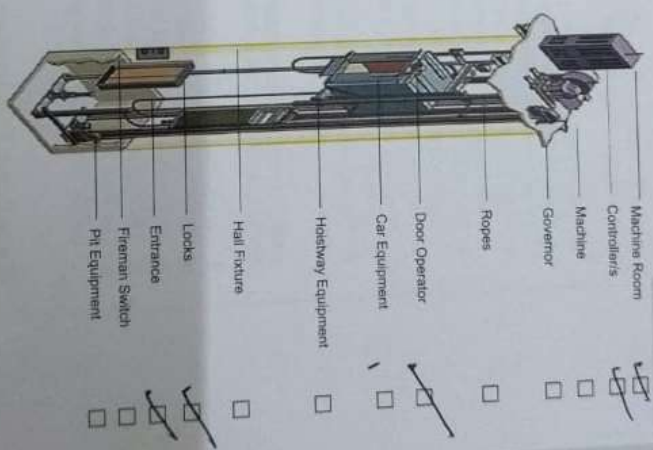
Customer / Representative: [Signature]

Customer's remarks (if any):

SPEED • EXPERTISE • CONCERN

V-21 to 28

Serial No.: **121255**



- Machine Room Controller's
- Machine
- Governor
- Ropes
- Door Operator
- Car Equipment
- Hallway Equipment
- Hall Fixture
- Locks
- Entrance
- Fireman Switch
- Pit Equipment

Otis the world's word for safety

PTO

Certificate Of Work Done

Date: 17/10/19

Bldg Name: Knightsbridge Hospital Location: Kensel.

Contract No.: 55588 Contract No.: 55588 Route No: K013

Following work has been carried out on above mentioned elevators:

Preventive Maintenance	<input checked="" type="checkbox"/>	Complaint Number	
Break Down Call	<input type="checkbox"/>	Arrival Time	<u>12:30</u>
Repairs	<input type="checkbox"/>	Departure Time	<u>02:40.</u>
Date Started		T. Execution	<input type="checkbox"/>
		Date Completed	

Visit Type: Chargeable Non-Chargeable

Major repairs / Call back / Examination details mentioned below:

745 month BP (PN) visit DONE
also check BP (ARD, Entocem, Alacem
Working properly m/c Room Door NDK loose
Property/Pls need to locking arrangement
Already
Thank you.

Examined by: [Signature] Engineer

C. R. No. 1443

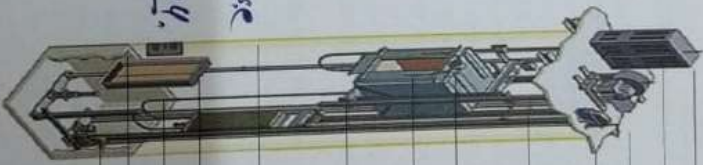
Client's Representative: [Signature]

Customer's remarks (if any):

Serial No.:

120516

OTIS
CARE



- Machine Room
- Controller's
- Machine
- Governor
- Ropes
- Door Operator
- Car Equipment
- Hoistway Equipment
- Hall Fixture
- Locks
- Entrance
- Fireman Switch
- Pit Equipment

SPEED • EXPERTISE • CONCERN

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P.T.O.

Certificate Of Work Done

Date: 11/10/12

Customer: Homsey, BDS

Bigg Name: Kashyap Hospital

Location: Karwad

Job No: U7816

Contract No: 7816

Trade No: K013

Following work has been carried out on above mentioned elevators:

Preventive Maintenance:

Break Down Call:

Complaint Number:

Arrival Time: 11:30

Departure Time: 12:30

Hours:

T. Execution:

Date Started:

Date Completed:

Year Type: Changeable Non-Changeable

Major groups: Call back / Expiration details mentioned below

This month preventive maintenance

Done (visit) inside found pigeon eggs

also pigeon sawed any damage part

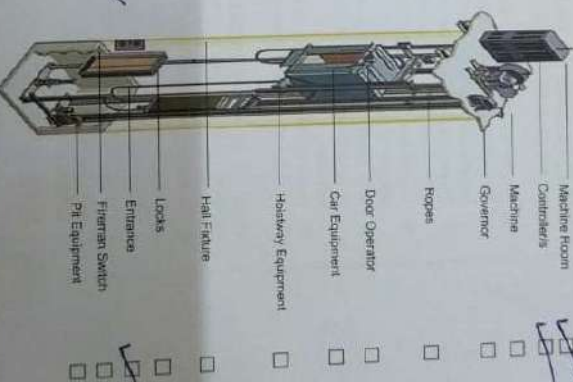
in 2 door Door gap need to adjust on

gap. Repair door

Customer's remarks (if any):

SPEED • EXPERTISE • CONCERN

Serial No: **120515**



- Machine Room
- Controllers
- Machine
- Governor
- Ropes
- Door Operator
- Car Equipment
- Hoistway Equipment
- Hall Fixture
- Locks
- Entrances
- Fireman Switch
- Pit Equipment

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P.T.O.

Certificate Of Work Done

Date: 30/10/17

Shop Name: KIMS DDU (Karnal) Location: Karnal

Work No.: 07815 Contract No.: FU7815 Roll No.: K013

Following work has been carried out on above mentioned elevator

Preventive Maintenance:

Break Down Call: Complaint Number:

Arrival Time: Departure Time:

Repairs: T. Execution:

Date Started: Date Completed:

Work Type: Overhaul Non-Compliable

Major repairs / Call back / Examination details mentioned below

This month's preventive maintenance done
doors adjusted, R.R.D. & Alarm
door closed properly

Signature: [Signature] Date: 30/10/17

Customer / Reported to: [Signature]

Customer's remarks (if any):

SPEED • EXPERTISE • CONCERN

Serial No.: **120538**



Machine Room:

Controller:

Machine:

Governor:

Ropes:

Door Operator:

Car Equipment:

Hoistway Equipment:

Hall Feature:

Locks:

Entrance:

Fireman Switch:

Flat Equipment:

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P.T.O.

Certificate Of Work Done

Date: 21/08/17 Location: Karad

Blgd Name: Krishna Hospital Contract No: S5580 Route No: KALB

Machine No./s: 55580 Any work has been carried out on above mentioned elevators.

Preventive Maintenance	<input checked="" type="checkbox"/>	Complaint Number	
Break Down Call	<input type="checkbox"/>	Departure Time	<u>03:30 PM</u>
Arrival Time	<u>2:00 PM</u>	T Execution	<input type="checkbox"/>
Repairs	<input type="checkbox"/>	Date Completed	
Date Started			

Visit Type: Changeable Non-Changeable

Major repairs / Call back / Examination details mentioned below

This month preventive maintenance done. W.C. adjusted, A.R.D. Alarm, emergency light working normal.

Examined by / Service Engineer: Amun

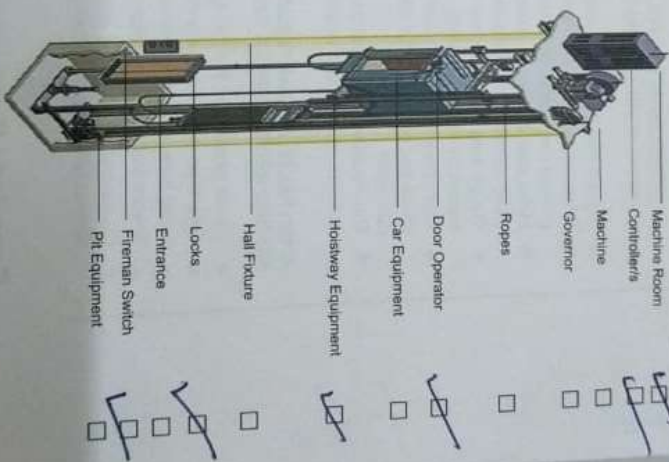
Customer / C. No: 14432

Customer Representative: KINDO HATTA

Customer's remarks (if any):

SPEED • EXPERTISE • CONCERN

Serial No.: 120220



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P.T.O.

Certificate of Work Done

Date: 10/07/17 Location: Kanad

Bldg Name: Krishna Hospital Machine No.: 5580 Contract No.: 5580 Trade No.: Ko/s

Working work has been carried out on above mentioned elevators

Preventive Maintenance	<input checked="" type="checkbox"/>	Complain Number	<u>2658739</u>
Break Down Call	<input checked="" type="checkbox"/>	Departure Time	<u>DS 1:00 PM</u>
Arrival Time	<u>3:00 PM</u>	T Execution	<input type="checkbox"/>
Request	<input type="checkbox"/>	Date Started	<input type="checkbox"/>
Date Stated	<input type="checkbox"/>	Date Completed	<input type="checkbox"/>

Visit Type: Changeable Non-Changeable
 Major repairs / Call back / Examination details mentioned below

Grease found working normal
Check locks guided shoe. Door
operative found OK
Preventive maintenance done.

Executed by: Arun
 Service Engineer
 Date: 10/07/17
 Authorized Representative

C / C R No: 1443
 Customer's remarks (if any):

SPEED • EXPERTISE • CONCERN

Serial No.: 23644



Machine Room	<input checked="" type="checkbox"/>
Cerifiers	<input type="checkbox"/>
Machin	<input type="checkbox"/>
Governor	<input type="checkbox"/>
Ropes	<input type="checkbox"/>
Door Operator	<input checked="" type="checkbox"/>
Car Equipment	<input type="checkbox"/>
Hosway Equipment	<input type="checkbox"/>
Hall Fixture	<input type="checkbox"/>
Locks	<input checked="" type="checkbox"/>
Entrance	<input type="checkbox"/>
Fireman Switch	<input type="checkbox"/>
Flg Equipment	<input type="checkbox"/>

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Certificate Of Work Done

Date: 19/07/17

Build Name: Krishna Hospital Location: Kareed

Machine No./s: S-5580 Contract No: 115580 Route No: K013

Heavy work has been carried out on above mentioned elevators

Preventive Maintenance

Break Down Call Complaint Number: 2667/2-3

Arrival Time: 10:35 Departure Time: 02:30

Repairs T Execution

Date Started Date Completed

Visit Type: Chargeable Non-Chargeable

Major repairs / Call back / Examination details mentioned below

Car travelling cabler found broken.
 Broken winding rope on hall door.
 D locking create working properly
 with key opening across front panel
 new lift started for A.R.D. of working

Examined By: S. Subramanian

Customer Representative: [Signature]

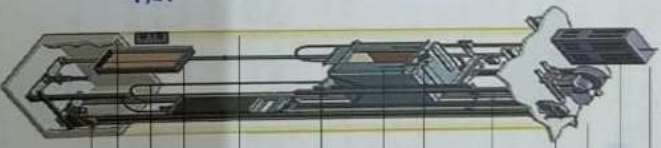
Work / C.R. No. 14492

Customer Remarks (if any):

lift can't working
 condition, pl. take fire Action
 SPEED • EXPERTISE • CONCERN V. URGENT

Serial No.:

134062



- Machine Room
- Controller/s
- Machine
- Governor
- Ropes
- Door Operator
- Car Equipment
- Hoistway Equipment
- Hall Fixture
- Locks
- Entrance
- Fireman Switch
- PIE Equipment

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PTO.

Certificate of Work Done

Date: 19/03/17
 Site Name: R. Krishna Hospital Location: Kanad
 Machine No.: S-5580 Control No: A15580 Hoist No: K013

Heavy work has been completed or repair completed successfully

Preventive Maintenance

Break Down Call: Complaint Number: 2657123

Arrival Time: 10:35 Departure Time: 02:30

Remarks: T. Execution:

Date Started: Date Completed:

Work Type: Overhaulable Non-Overhaulable

Major repairs / Car loads / Emergency repairs mentioned below
Car travelling above found broken.
Broken wire reformed call door
Door closing check starting problem
with key opening operation finished
now lift started for A.R.D. not working

Estimate No: 14432

Customer Signature: *[Signature]*

Operator (if any): Prakash
condition, do take fire Action
SPEED • EXPERTISE • CONCERN V. URGENT

Serial No. 134062



- Machine Room
- Control Panel
- Machinery
- Governor
- Hoops
- Door Operator
- Car Equipment
- Hoistway Equipment
- Half Fixture
- Locks
- Entrance
- Fireman Switch
- Pit Equipment

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P.T.O.

Certificate Of Work Done

Job No: 20100117

Eng name: Kashima Hospital Location: Kand

Machine No. N: 55580 Contract No.: 55580 Model No.: K013

(Please mark the boxes covered and or done / maintenance performed)

Preventive Maintenance

Basic Overhaul Complaint Number: 2667123

Arrive Time: 2:00PM Departure Time: 8:30PM

Region: T Execution:

Date Started: Date Completed:

User Type: Onsite Non-Onsite

Major repairs / Call back / Examination being performed below

ARD SPBC Pils replaced with Toshiba ARD now and started lift stuck down. SOS tripping fault.

Examined By: [Signature]

Contract Reference: [Signature]

Customer's remarks (if any):

[Signature] [Signature] [Signature]

SPEED • EXPERTISE • CONCERN

Serial No: 134067



- Machine Room
- Control
- Machine
- Governor
- Ropes
- Door Operator
- Car Equipment
- Hoisting Equipment
- Hall Fixture
- Locks
- Entrance
- Fireman Switch
- PL Equipment

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P.T.O

Certificate Of Work Done

Serial No.:

134068



Date: 24/07-17

Bldg Name: Kaishm Hospital Location: Karad.

Machine No./s: S-5580 Contract No.: 5580 Route No.: K013

Working week has been carried out on above mentioned elevator/s

Preventive Maintenance	<input type="checkbox"/>	Complaint Number	
Break Down Call	<input type="checkbox"/>	Departure Time	<u>01:20 PM</u>
Arrival Time	<u>11:30</u>	T Execution	<input type="checkbox"/>
Repairs	<input checked="" type="checkbox"/>	Date Completed	

Visit Type: Chargeable Non-Chargeable

Major repairs / Call back / Examination details mentioned below

SOS (safety springs) New replaced. also APDS SOS tripping fault cleared. Both are working normal. LIFT started

Examiner's Signature: Abhishek

Customer's Signature: [Signature]

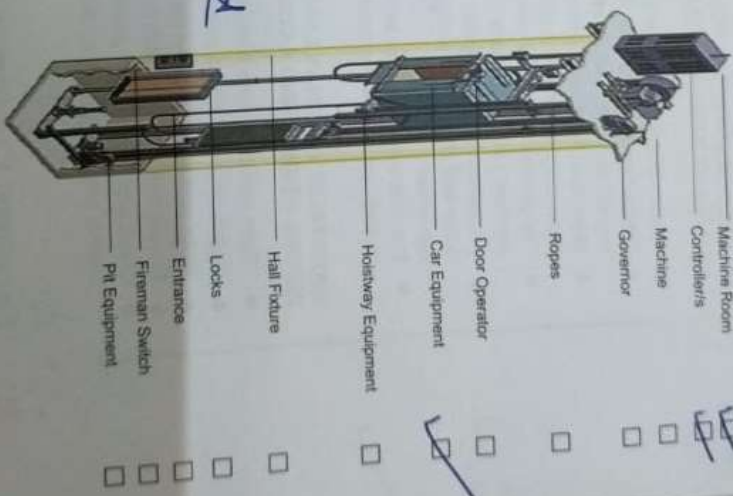
Examiner's Name: Abhishek

Customer's Name: [Signature]

Customer's remarks (if any):

Testing done by Brambura

SPEED • EXPERTISE • CONCERN



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PTO

Certificate Of Work Done

On: 8/10/17 Location: Kovid

By: Krishna Hospital Contact No: 35580 House No: P-57

Job No: MASS80 Contract No: 35580 House No: P-57

Following work has been carried out for above mentioned premises:

Preventive Maintenance

Blind Door Call

Arrival Time 11:35 AM Departure Time 02:30 PM

Height T Excavator

Date Started Date Completed

Work Type: Demolition Non-Demolition

Major systems: Call Jacks / Excavator drives Hydraulic lines

This month preventive maintenance

Done. Alarm clock

ABD battery recharging but does not

open with code.

Prakash Prakash

EIC: Prakash Prakash

7 No. (C.O. No. 14133)

Customer's remarks if any: Reported over his previous work and
 in use of fire alarm and problem on
 coding on panel. ~~also~~ ~~problem~~ ~~on~~ ~~work~~

SPEED • EXPERTISE • CONCERN

Serial No. 48522



- Machine Room
- Control
- Machine
- Doorway
- Ropes
- Door Operator
- Car Equipment
- Hoisting Equipment
- Head Fixture
- Locks
- Emergency
- Fireman Switch
- Ho Equipment

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P.T.O.

Certificate Of Work Done

Date: 25/01/2017

Reg. Name: Karisma Hospital Location: Kaarel

Machine No. S-5580 Contract No. MS5580 Rate No. W015

Following work has been carried out on above mentioned elevator:

Preventive Maintenance	<input type="checkbox"/>	House Keeping	<input type="checkbox"/>
Break Down Call	<input checked="" type="checkbox"/>	Complaint Number	
Arrival Time	<u>11:00</u>	Departure Time	<u>1:10</u>
Repairs	<input type="checkbox"/>	T Execution	<input type="checkbox"/>
Date Started		Date Completed	

Visit Type: Chargeable Non-Chargeable

Major repairs / Call back / Examination details mentioned below

2nd floor door frame out of
substance.

OTIS Authorized Service

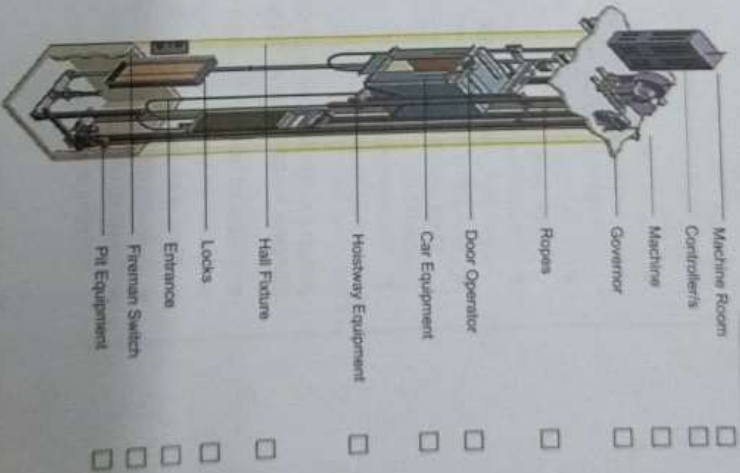
Customer Representative

Customer's remarks (if any):

Plz take N/A.
or early on possible.

SPEED • EXPERTISE • CONCERN

Serial No.: 20059



OTIS the world's word for safety

P.T.O.

Certificate Of Work Done

Date: 23/01/2017

Job Name: WINDING WINDING Location: WARRICK

Reference No: S 0550 Customer No: NS 5464 No. KE13

Applying for the form - either set or other maintenance details

Preventive Maintenance	<input checked="" type="checkbox"/>	Minor Workings	<input type="checkbox"/>
Major Overhaul	<input type="checkbox"/>	Compressor Service	<input type="checkbox"/>
Annual Test	<u>1.65</u>	Insulation Test	<u>2.45</u>
Repairs	<input type="checkbox"/>	7. Insulation	<input type="checkbox"/>
Yearly Service	<input type="checkbox"/>	Yearly Overhaul	<input type="checkbox"/>

Type: Diagnostic Non-Diagnostic

Major repair: Car work: Standalone: Double maintenance:

*Preventive maintenance
work done
checked off sign*

[Signature]

[Signature]

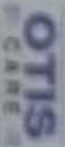
Job No: 12-8-10

Customer's number of use:

SPEED • EXPERTISE • CONCEPT

Serial No.:

20052



Machine Status	<input checked="" type="checkbox"/>
Controls	<input type="checkbox"/>
Wiring	<input type="checkbox"/>
Structure	<input type="checkbox"/>
Hoist	<input type="checkbox"/>
Door Operator	<input type="checkbox"/>
Car Equipment	<input checked="" type="checkbox"/>
Machine Equipment	<input type="checkbox"/>
Shaft Frame	<input checked="" type="checkbox"/>
Wires	<input type="checkbox"/>
Structure	<input type="checkbox"/>
Machine Status	<input type="checkbox"/>
By Equipment	<input type="checkbox"/>

Give the worker's name for safety

0113

2018

Certificate Of Work Done

Date: 14/04/18
 Eng. Name: Kashina Hossain Location: Kowal
 Phone No. /
 Machine No. /
 Control No. 5580 Control No. 55580 Hoist No. K013

Following work has been carried out on above mentioned elevator

Preventive Maintenance
 Break Down Call
 Complaint Number
 Arrival Time 2:15 Departure Time 5:45
 Repairs T. Execution
 Date Started Date Completed

Visit Type: On-site Non-On-site
 Major repairs / Call back / Examination details mentioned below
This month Provision for maintenance done ARD, Alarum, MFO operation done working ok

Examined by: Amulya Customer Representative: [Signature]
 T. No. / C. No. 14497

Customer's remarks (if any):

SPEED • EXPERTISE • CONCERN

Serial No. **123696**



Machine Room
 Controllers
 Machine
 Governor
 Ropes
 Door Operator
 Car Equipment
 Hoistway Equipment
 Hall Fixture
 Locks
 Entrance
 Fireman Switch
 Pit Equipment

OTIS
CARE

PTO

Certificate Of Work Done

Date: 30/11/18 Location: Karad

Bigg Name: Krishna Hospital Contract No: N55880 Route No: KA13

Make: S580 Preventive Maintenance:

Following work has been carried out on above mentioned elevators

Break Down Call	Complaint Number
Arrival Time: <u>4:00</u>	Departure Time: <u>5:00</u>
Repairs	T Execution
Date Started	Date Completed

Visit Type: Chargeable Non-Chargeable

Major repairs / Call back / Examination details mentioned below

ADD. WORKING
ALARM EFTER NOT WORKING
PREVENTIVE MAINTENANCE DONE
QATAR OIL ROOY SEND YOUR BEST

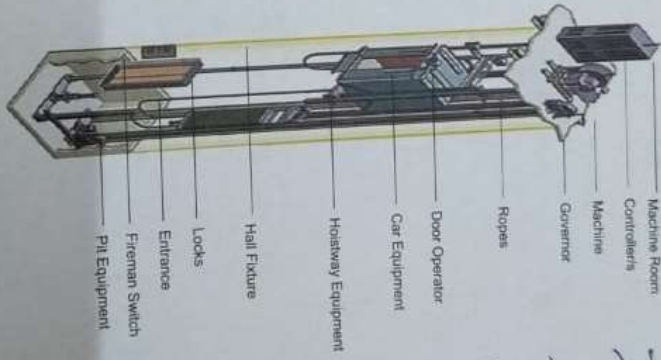
Engineer / Supervisor: [Signature]

Customer Representative: [Signature]

Customer's remarks (if any): ON WED. PLEASE SEND ON

PERFECT BILL
SPEED * EXPERTISE * CONCERN

Serial No: 120091



Machine Room	<input checked="" type="checkbox"/>
Controller's	<input checked="" type="checkbox"/>
Machine	<input checked="" type="checkbox"/>
Governor	<input checked="" type="checkbox"/>
Ropes	<input checked="" type="checkbox"/>
Door Operator	<input checked="" type="checkbox"/>
Gear Equipment	<input checked="" type="checkbox"/>
Hoistway Equipment	<input checked="" type="checkbox"/>
Hall Fixture	<input type="checkbox"/>
Locks	<input checked="" type="checkbox"/>
Entrance	<input type="checkbox"/>
Fireman Switch	<input type="checkbox"/>
Pit Equipment	<input type="checkbox"/>

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P.T.O

Certificate Of Work Done

Date: 30/08/18 21 to 22

Body Name: Krishna Hospital Location: Kanad

Machine No: 5580 Contract No: MS 5580 Route No: K213

Preventive work has been carried out on above mentioned elevators.

Preventive Maintenance

Break Down Call Complaint Number

Arrival Time 3:40 Departure Time 4:50

Requests T Execution

Date Started Date Completed

Visit Type: Changeable Non-Changeable

Major repairs / Call back / Escalation details mentioned below

This month preventive maintenance Done. All Alarm, MED, Impersonal Working properly. Emergency Light Detectors with Crew Alarm fan need to replace.

Examined by: Amr Engineer

Checked by: 20/8/18 Representative

Customer's remarks (if any):

Serial No: 120978



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PTO

SPEED • EXPERTISE • CONCERN

Certificate Of Work Done

Date: 28/07/18

Regd Name: Krishna Hospital Location: Korad

Type No./N: 55580 Contract No: M5580 Route No: K013

Following work has been carried out on above mentioned elevators

Preventive Maintenance

Break Down Call

Completion Number

Arrival Time: 2:20

Departure Time: 4:30

Repair:

T. Execution

Date Started

Date Completed

Visit Type: Chargeable Non-Chargeable

Major repairs / Call back / Examination details mentioned below

This month Preventive maintenance done.
ADD. Alignment, Light working OK.

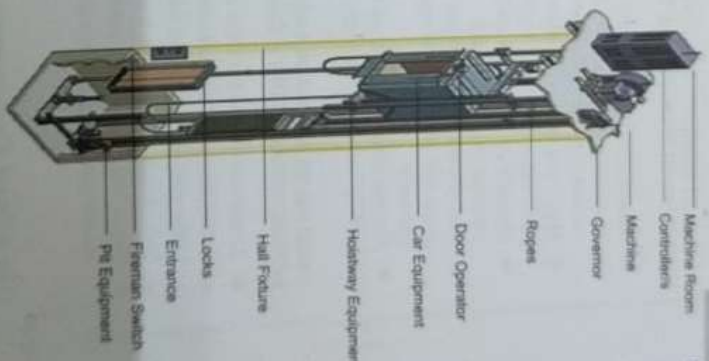
Engineer / Supervisor: [Signature]

Customer / Representative: [Signature]

T No / C. R. No. [Signature]

Customer's remarks (if any):

Serial No.: 122227



- Machine Room
- Controllers
- Machine
- Governor
- Ropes
- Door Operator
- Car Equipment
- Hoistway Equipment
- Hall Fixture
- Locks
- Entrance
- Freeman Switch
- Pis Equipment

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P.T.O.

SPEED • EXPERTISE • CONCERN

Certificate Of Work Done

Date: 03/10/18

Equip. Name: Krishna Hospital Location: Kanad

Contract No. / Contract Name: S 5580 Contract Name: S 5580 Route No.: KAL3

Preventive work has been carried out on above mentioned elevators

Preventive Maintenance	<input checked="" type="checkbox"/>	Complaint Number	
Break Down Call	<input type="checkbox"/>	Departure Time	<u>2:30</u>
Arrival Time	<u>1:10</u>	T. Execution	
Requests	<input type="checkbox"/>	Date Completed	

Valid Type: Chargeable Non-Chargeable

Major upgrade / Call back / Examination details mentioned below

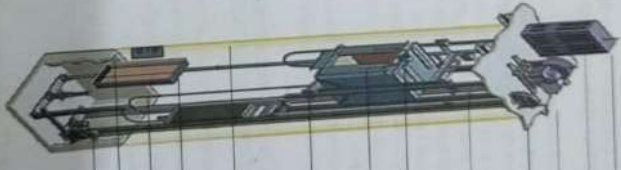
*Done. Gross blow for fan & bearing
light defective need to replaced this part
with new one. R.D. Nagaraj*

Signature: *[Signature]*
Name: R.D. Nagaraj
Designation: Representative

Customer's remarks (if any): Please fan & bearing

with fan motor blades cleaned & oil
applied to classification part
SPEED • EXPERTISE • CONCERN

Serial No.: 121887



- Machining Room
- Control Panels
- Motors
- Governor
- Ropes
- Door Operator
- Car Equipment
- Hoistway Equipment
- Hall Fixture
- Locks
- Entrance
- Fireman Switch
- Pit Equipment

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Certificate Of Work Done

Serial No.:

120005



Date: 25/01/18 Location: Kanad
 Bldg Name: Krishna Hospital Route No: K013
 Lift No: 5580 Contract No: SM5580

Preventive Maintenance
 Repairing work that been carried out on above mentioned elevators

Break Down Call	Complain Number
Arrival Time: <u>3:00</u>	Departure Time: <u>5:30</u>
Repairs	T Execution
Date Started	Date Completed

Visit Type: Chargeable Non-Chargeable

Major faults / Call back / Explanation details mentioned below

THIS MONTH PREVENTIVE MAINTENANCE DONE AND ALARMING CORRECTING FOR M/C ROOM DOOR NOT CLOSING, ALSO NOT LOCKING, AMONGST 10 CASES OF WORK STRIPPER IN MTR ROOM IS VERY DANGEROUS.

Example: Plumber Engineer

Customer / Representative: Plumber

Customer's remarks (if any): 2 door slipper not fully parts not cover under (Am) so pls take care



- Machina Room
- Controller's
- Machina
- Governor
- Ropes
- Door Operator
- Car Equipment
- Hoistway Equipment
- Hall Fixture
- Locks
- Entrance
- Flaman Switch
- PI Equipment

Otis the world's word for safety

SPEED • EXPERTISE • CONCERN

PTO

Certificate Of Work Done

Date: 18/5/2018

Jdg. Name: Krushna Hospital Location: Karad.

Machine No. is S.5580 Contract No. S.5580 Route No. -

Follow-up has been carried out on above mentioned elevators

Preventive Maintenance	<input checked="" type="checkbox"/>	House Keeping	<input checked="" type="checkbox"/>
Break Down Call	<input type="checkbox"/>	Complaint Number	<input type="checkbox"/>
Arrival Time	<u>11:00</u>	Departure Time	<u>2:10</u>
Requires	<input type="checkbox"/>	T Execution	<input type="checkbox"/>
Date Started	<input type="checkbox"/>	Date Completed	<input type="checkbox"/>

Visit Type: Changeable Non-Changeable

Major repairs / Call back / Examination details mentioned below

preventive maintenance.

OTIS Authorized Service

T. No. 88

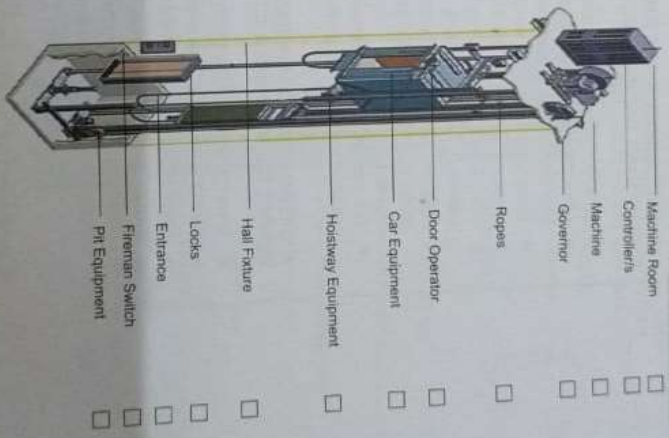
Customer / Representative

Handwritten Signature

Customer's remarks (if any):

SPEED • EXPERTISE • CONCERN

Serial No.: 83421



- Machine Room
- Controllers
- Machine
- Governor
- Ropes
- Door Operator
- Car Equipment
- Hoistway Equipment
- Hall Fixture
- Locks
- Entrance
- Fireman Switch
- Pit Equipment

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P.T.O.

2019

Certificate Of Work Done

Date: 9/12/19
 Bldg Name: Krishna Hospital Location: Karad
 Machine No./s: 55580 Contract No. MSS580 Hoist No. B13

Preventive Maintenance

Break Down Call		Complaint Number	
Arrival Time	<u>1:45</u>	Departure Time	<u>3:45</u>
Fixparts		T Execution	
Date Started		Date Completed	

Visit Type: Chargeable Non-Chargeable

Major people / Call back / Examination details mentioned below

This month Preventive maintenance of machine checked Done. All alarm intercom working normal. The alarm led not available need to take for arrange.

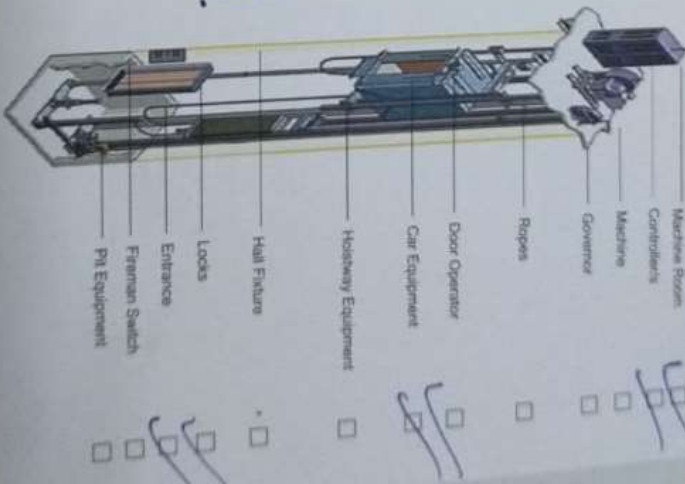
Examined by: Engineer
 / C.R. No. 1412

[Signature]
 Customer Representative

Customer's remarks (if any):
Work installation done

SPEED • EXPERTISE • CONCERN

Serial No.: 235017



- Machine Room
- Control Panel
- Machine
- Governor
- Ropes
- Door Operator
- Car Equipment
- Hoistway Equipment
- Hall Fixture
- Locks
- Entrance
- Fireman Switch
- PI Equipment

Otis the world's word for safety

P.T.O.

Certificate Of Work Done

Date: 15/10/19

Equip. Name: Kashma Hospital Location: Kanad

Manager No: 55580 Contract No: 55580 Point No: 1019

Following work has been carried out on above mentioned elevators

Preventive Maintenance	<input checked="" type="checkbox"/>	Complaint Number	
Break Down Call	<input checked="" type="checkbox"/>	Departure Time	<u>4:15</u>
Arrival Time	<u>1:00</u>	Repairs	<input type="checkbox"/>
Repairs	<input type="checkbox"/>	T Execution	<input type="checkbox"/>
Date Started		Date Completed	

Visit Type: Changeable Non-Changeable

Major repairs / Call back / Examination details mentioned below

3rd floor ON/OFF call, ON/OFF call, all H control checks and justed preventive maintenance visit of Kashma check up done ARD, Alarm working ok.

Engineer / Supt. Engineer: [Signature]

Customer Representative: [Signature]

C / R No. 148

Customer's remarks (if any):

SPEED • EXPERTISE • CONCERN

Serial No.: 121220



- Machine Room
- Control Panels
- Machine
- Governor
- Ropes
- Door Operator
- Car Equipment
- Hoistway Equipment
- Hall Fixture
- Looks
- Entrance
- Fireman Switch
- PI Equipment

OTIS the world's word for safety

P.T.O.

Certificate Of Work Done

Date: 03/09/19
 Bldg Name: Krishna Hospital Location: Karad
 Machine No.'s: S588D Contract No./ms: SS80 Invoice No.: 10013

Following work has been carried out on above mentioned elevators

Preventive Maintenance

Break Down Call

Complaint Number

Arrival Time 3:45 Departure Time 6:15

Repairs T. Execution

Date Started Date Completed

Vest Type: Chargeable Non-Chargeable

Major repairs / Call back / Examination details mentioned below

*Preventive maintenance Done
 Lubricator Done
 Add Alarm, 177 for working
 normal Lead wire ad tested*

Examined by: [Signature]
 Elevator Servicing Engineer

Customer Representative: [Signature]

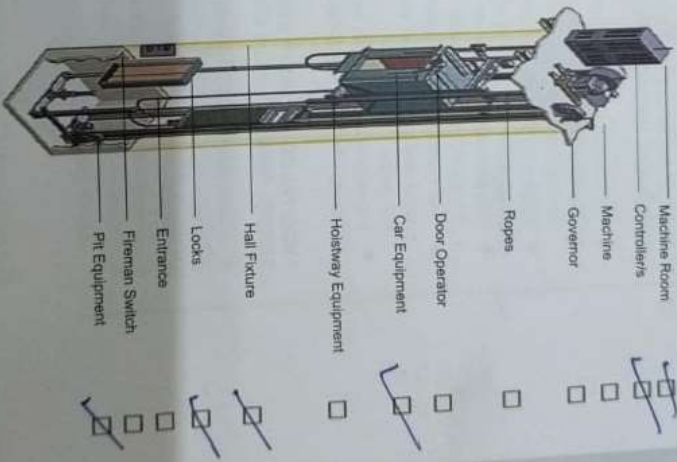
Co./C. R. No. 1413

Customer's remarks (if any):

SPEED • EXPERTISE • CONCERN

Serial No.:

265833



Otis the world's word for safety

PTO

Certificate Of Work Done

Date: 23/10/19

Build Name: Krishna Hospital Location: Korad.

Machine No./s: 5580 Contract No: MS5580 Route No: K013.

Factoring work has been carried out on above mentioned elevators

Preventive Maintenance

Break Down Call Complaint Number: 3817889

Arrival Time: 8:00 Departure Time: 9:00

Repairs T. Execution

Date Started Date Completed

Visit Type: Chargeable Non-Chargeable

Major repairs / Call back / Examination details mentioned below

Emergency Alarm (S) Intercom working with no noise.

Examinee: [Signature] Engineer

Customer Representative: [Signature]

C.S. / C.R. No. 1418

Customer's remarks (if any):

SPEED • EXPERTISE • CONCERN

Serial No.: **1214**



- Machine Room
- Control/er/s
- Machine
- Governor
- Ropes
- Door Operator
- Car Equipment
- Hoistway Equipment
- Hall Fixture
- Locks
- Entrance
- Fireman Switch
- Pit Equipment

Otis the world's word for safety

P.T.O.

Certificate Of Work Done

Date: 11/05/19

Bldg Name: Krishna Hospital Location: Kareed

Phone No: 85580 Contract No: MS 5580 Route No: 10013

Major Minor
Following work has been carried out on above mentioned elevators:

Preventive Maintenance	<input type="checkbox"/>	Complaint Number	
Break Down Call	<input type="checkbox"/>	Departure Time	
Arrival Time	<u>2:00</u>	T. Execution	<input type="checkbox"/>
Repairs	<input checked="" type="checkbox"/>	Date Completed	

Visit Type: Changeable Non-Changeable

Major repairs / Call back / Examination details mentioned below

all doors ribbing & new firing done
only door work done

Examined by: Amrith Customer / Representative: 11/05/19



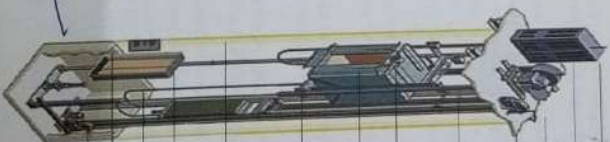
C. R. No. 194

Customer's remarks (if any): Emergency light battery replaced

Serial No.:

121426

OTIS
CARE



- Machine Room
- Controller's
- Machine
- Governor
- Ropes
- Door Operator
- Car Equipment
- Hoistway Equipment
- Hall Fixture
- Locks
- Entrance
- Fireman Switch
- Pit Equipment

SPEED • EXPERTISE • CONCERN

Otis the world's word for safety

PTO.

Certificate Of Work Done

Date: 23/10/19
 Bldg Name: Kaifing Hospital Location: Kowloon
 Machine No: 5580 Contract No: 55580 Hoist No: 1013
 Following work has been carried out on above mentioned elevators

Preventive Maintenance
 Break Down Call
 Complaint Number:
 Arrival Time: 3:00 Departure Time: 4:50
 Repairs: T Execution:
 Date Started: Date Completed:

Vact Type: Changeable Non-Changeable

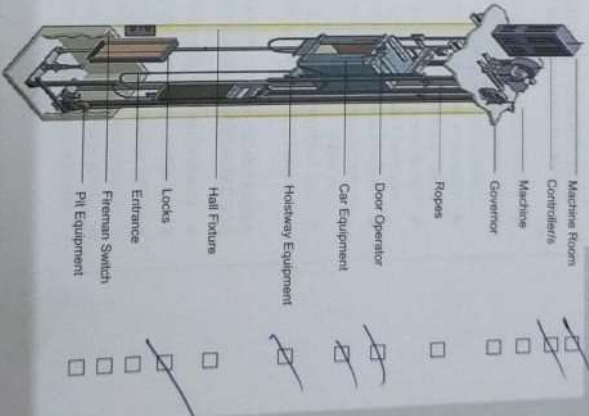
Major repairs / Call back / Examination details mentioned below
Preventive maintenance visit @
Car door panel had now replaced

Engineer / Supervisor: [Signature]
 No. of R. No: 14
 Customer Representative: [Signature]

Customer's remarks (if any):

SPEED • EXPERTISE • CONCERN

Serial No: 121905



- Machine Room
- Controller's
- Machine
- Governor
- Ropes
- Door Operator
- Car Equipment
- Hallway Equipment
- Hall Fixture
- Locks
- Entrance
- Fireman Switch
- PII Equipment

OTIS the world's word for safety P.T.O.

2020

Certificate Of Work Done

Date: 12/02/20
Site Name: Krishna Hospital Location: Korund
Phone Nos: 55580 55580 Car No: KA13

Equipment used has been entered on the back of this certificate

Preventive Maintenance

Break Down Call Complaint Number: 3586275

Arrival Time: 11:30 Departure Time: 2:30

Request: Escalator

Door Stalled Door Completed

Work Type: Changeable Non-Changeable

Major repairs / Call back / Escalation / Safety / Emergency

Car door motor malfunction motor replaced. also parts month pm visit done. A.R.D, Akhman, & allye

Working on R. P.H.C. ~~request~~ request overhead supply

Engineer: Shankar Customer / Representative: Chandru
T.M.N. / C.R. No: 1432

Customer's remarks (if any): Car door started
request overhead supply

Serial No.: 180793
OTIS
CARE



- Motive from
- Controllers
- Motors
- Governor
- Ropes
- Door Operator
- Car Equipment
- Hoistway Equipment
- Hill Figure
- Locks
- Entrance
- Fireman Switch
- P.H. Equipment

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SPEED • EXPERTISE • CONCERN

PTO

Certificate Of Work Done

Date: 15/12/2020
 Bldg Name: Krishna Hospital Location: Karveel
 Job No: S-5582 Contract No: S-558 Date No: K013

Following work has been carried out on above mentioned elevators

Preventive Maintenance	<input checked="" type="checkbox"/>	House Keeping	<input checked="" type="checkbox"/>
Break Down Call	<input type="checkbox"/>	Complaint Number	
Arrival Time	<u>1.00</u>	Departure Time	<u>2.10</u>
Repairs	<input type="checkbox"/>	T. Execution	<input type="checkbox"/>
Date Started		Date Completed	

Visit Type : Chargeable Non-Chargeable
 Major repairs / Call back / Examination details mentioned below

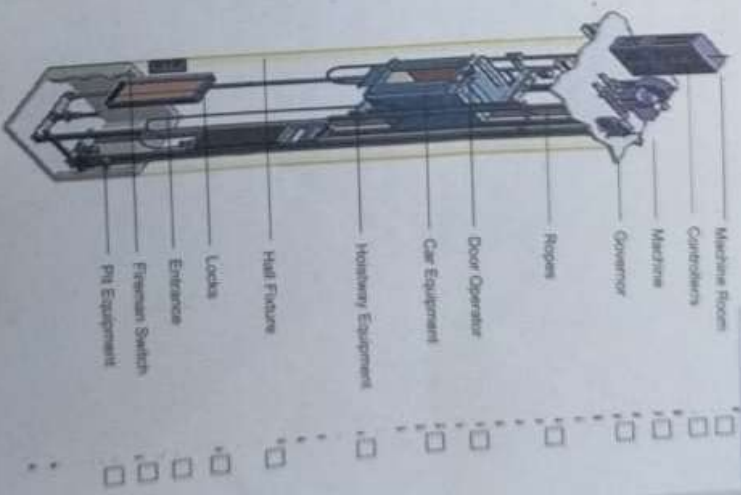
Preventive maintenance
cleaning, lubrication,
checked, operation.

OTIS Authorized Service OTIS Customer / Representative K

The / C. R. No. only cleaning work done
 Customer's remarks (if any) AKD mtg remaining

SPEED • EXPERTISE • CONCERN

Serial No: 142257



OTIS the world's word for safety

PTO

Certificate Of Work Done

Date: 11/07/20

Body Name: Krishna Hospital Location: Karim

Contract No / S-558 Contract No: MS5580 Roush No: 1013

Following work has been carried out on above mentioned installation:

Preventive Maintenance

Break Down Call

Complaint Number

Arrival Time 3:30

Departure Time 7:50

Repairs

T Execution

Date Started

Date Completed

Visit Type Changeable Non-Changeable

Major repairs / Coal bank / Examination outside mentioned below

Car door & guard new replaced now lifts started.

Examiner's Signature Engineer

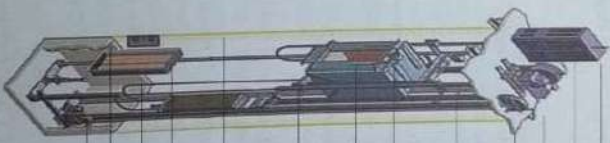
T.No. / C. R. No. 1492

Customer's remarks (if any):

Customer's Signature

SPEED • EXPERTISE • CONCERN

Serial No.: 181972



- Machine Room Centricity
- Machining Governor
- Ropes
- Door Operator
- Car Equipment
- Hoseway Equipment
- Hall Fixture
- Locks
- Entrance Fireman Switch
- P/E Equipment

OTIS the world's word for safety

P10.

Certificate Of Work Done

Date: 5/06/20

Site Name: Krishna Hospital Location: Korad

Machine No./s: 55580 Contract No: ms580 Shuttle No: 1013

* Jobbing work has been carried out on above mentioned elevator/s

Preventive Maintenance

Break Down Call

Complaint Number

Arrival Time 4:00

Departure Time 5:15

Repairs

T. Execution

Date Started

Date Completed

Visit Type: Changeable Non-Changeable

Major repairs / Call back / Examination details mentioned below

G.1, 2, 3 floor buttons need replaced
Car door Hanger roller, New replaced
Preventive maintenance visit Done
AKD, Not working battery. New replaced
Don't direct

Service Engineer

Customer / Representative: Spray on

Customer's remarks (if any):

Car door Hanger roller
AKD, Not working battery
Don't direct
Buttons are the
don't m's use.

SPEED • EXPERTISE • CONCERN

Serial No.

183061




- Machine Room
- Control Unit
- Machine
- Governor
- Ropes
- Door Operator
- Car Equipment
- Hoistway Equipment
- Hall Fixture
- Locks
- Entrance
- Fireman Switch
- PII Equipment

OTIS the world's word for safety

PTO

Ladies Hostel 1

From 2017

Johnson Lifts Private Limited		SERVICE REPORT	
	PLOT NO.42/2 HADAPSAR INDUSTRIAL ESTATE, HADAPSAR PUNE Phone : 020-41007506	No. PPMH05171208	Date <i>24</i> 24-DEC-2017
SERV/07/QR/04		Lift No. L-11765	File No. SMD9983
Customer :	REGISTRAR- KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED UNIVERSITY KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED UNIVERSITY, GIRLS HOSTEL- EXTENSION BUILDING, WALKAPUR, TAL-KARAD, DIST-SATARA 415539	Nature of Service	FSM
Nature of Service	Items Reported: FREE SERVICE CARRIED OUT FOR THE MONTH OF DECEMBER - 2017	Mechanic Deputed	SHIELAR PRAKASH ANANDA
Items which requires Customer Attention :			
<i>①ARD, Emergency lamp, sign, intercom working OK</i>			
Customer Remark if any :			
Office Use Only	Time Reported :	Left :	
			Customer's Signature
Head Office : No.1 East Main Road, Anna Nagar Western Extension, Chennai - 600 101. Grams : LIFTS Fax : 91-44-26151614 Website : www.johnsonlifts.com Ph: 26152003, 26152004, 26152005, 26152006			



Johnson Lifts Private Limited

PLOT NO. 42/2 HADAPSAR INDUSTRIAL ESTATE, HADAPSAR PUNE
411013 Phone: 020-41007506

PPM/KS/100607/ REP-06112017

No. L-11765 Date: 14/10/2017
SMD/9993

Lift No. PSM

Name: SHEELAR PRAKASH AMANDA

Member Reported

REGISTRAR, KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED
KRISHNA INSTITUTE OF MEDICAL SCIENCES
DEEMED UNIVERSITY, GIRLS HOSTEL EXTENSION
BUILDING, MALKAPUR, TAL-KARAD, DIST-SATARA 415539

Nature of Service Item Replaced :

FREE SERVICE CARRIED OUT FOR THE MONTH OF OCTOBER - 2017

Items which requires Customer Attention :

D&D, Emergency lamp, sign & intercom working condition.
② car light, fan & switch light working condition.

Customer Remarks if any :

Office Use Only

Time Reported : 2:00 PM : 5:30 PM

CAUTION : IF DOOR OPEN KEY IS USED ENSURE THAT
DOOR IS FULLY CLOSED

Prakash
Signature

Head Office: Mr. S. Ram Mohan Reddy, Axis Hyper Market Executive, Chinnai - 600 101, Contact: 044-26113334

Website: www.johnsonlifts.com Ph: 20152981, 20152904, 20152905, 20152906



Johnson Lifts Private Limited

LIFTS & CRANES

PILOT NO.402 HAQAP-SAR INDUSTRIAL ESTATE, HAQAP-SAR PUNE
Phone : 020-41007506

SERV/07/CR/04

Customer : REGISTRAR- KRISHNA INSTITUTE OF MEDICAL SCIENCES
DEEMED UNIVERSITY
KRISHNA INSTITUTE OF MEDICAL SCIENCES

Nature of Service : DEEMED UNIVERSITY, STAFF QUARTER BUILDING
MADUR FOR THE : KARAD, DIST-SATARA 415539

FREE SERVICE CARRIED OUT FOR THE MONTH OF MARCH - 2017

Items which requires Customer Attention :

① ARD, Emergency lamp & siren working condition
② fire glass break
Customer Remark if any:

SERVICE REPORT

No.	Date
PPM-105170313	27-MAR-2017
TR No.	File No.
L-11764	SM09983

Nature of Service : FSM

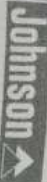
Mechanic Deployed : SURESH PRAKASH ANANDIA

Office Use Only

Time Reported : 2:00 AM : 5:30

[Signature]
Customer's Signature

Head Office : No.1 East Main Road, Anur Nagar Western Extension, Chennai - 600 101, Gams : LFTS Fax: 81-44-26151814
Website : www.johnsonlifts.com Ph: 26152003, 26152004, 26152005, 26152006



Johnson Lifts Private Limited

Plot No. 422, HANUMAN INDUSTRIAL ESTATE, HANUMANPURA
411013 Phone: 020-41007506

REGISTRAR-KRISHNA-INSTITUTE OF MEDICAL SCIENCES DEEMED
UNIVERSITY OF MEDICAL SCIENCES
DEEMED UNIVERSITY GIRLS HOSTEL EXTENSION
BUILDING, MALKAPUR, TAL-KARAD, DIST-SATARA 415539

SERV/07/Q/R/04
Order :

REGISTRATION REPORT
No. L-11765 Date: 5/10/2017
Lift No. SMID9983
Nature SHELLAR PRAKASH ANANDA
Mechanic Deputed

Nature of Service / Items Replaced :

FREE SERVICE CARRIED OUT FOR THE MONTH OF AUGUST - 2017

Items which requires Customer Attention :

Emergency Light Alarm & ARD Working Condition OK.

Customer Remarks If any :

Office Use Only

Time Reported :

10:00

Left :

1:00

CAUTION : IF DOOR OPEN KEY IS USED ENSURE THAT
DOOR IS FULLY CLOSED

Customer Signature

Head Office : No. 1, East Main Road, Anna Nagar, Western Extension, Chennai - 600 101. Grams : LIFTS. Fax : 91-44-26151614
Website : www.johnsonliftsindia.com Ph. : 26152003, 26153004, 26152005, 26152006



Johnson Lifts Private Limited
 PLOT NO.422 HADAPSAR INDUSTRIAL ESTATE, HADAPSAR PUNE
 Phone : 020-41007506

SERVICE REPORT

SESVI07/QR/04	No. PPMH05170705	Date 18
	SM No. L-11765	20-JUL-2017
	File No. SMD9983	

Customer : REGISTRAR- KRISHNA INSTITUTE OF MEDICAL SCIENCES
 DEEMED UNIVERSITY
 KRISHNA INSTITUTE OF MEDICAL SCIENCES
 DEEMED UNIVERSITY, GIRLS HOSTEL EXTENSION
 BUILDING NO. 10, KAPUR, TAL. -KARAD, DIST. SATARA 415539
 FREE SERVICE CARRIED OUT FOR THE MONTH OF JULY -2017

Mechanic Deputed
 SHEELAR PRAKASH ANANDA

Items which requires Customer Attention :

6 ARD, Emergency lamp & siren working condition

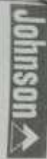
Customer Remark if any :

Office Use Only

Time Reported : 2100 Left 5130

[Signature]
 Customer's Signature

Head Office : No.1 East Main Road, Anna Nagar Western Extension, Chennai - 600 101. Grams : LEFTS Fax : 91-44-26151614
 Website : www.johnsonliftsind.com Ph: 26152003, 26152004, 26152005, 26152006



Johnson Lifts Private Limited

PLOT NO.4272 MADRAS INDUSTRIAL ESTATE, MADRAS PONE
411013 Phone: 020-41007906

REGISTRATION NO. R18-01-0017

SERVICENO

Customer : REGISTRAR- KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED
UNIVERSITY, GIRLS HOSTEL, EXTENSION
BUILDING, MALKAPUR, TAL-KARAD, DIST-SATARA 415539

Lift No. L-11765
PSM

Name: SHEELAR PRAKASH ANANDA

Mechanic Reported

Nature of Service / Items Requested :
FREE SERVICE CARRIED OUT FOR THE MONTH OF JUNE - 2017

Items which requires Customer Attention :

Other Remarks if any :

Office Use Only

Time Reported : 2.00 PM 6.30

CAUTION : IF DOOR OPEN KEYS USED ENSURE THAT
DOOR IS FULLY CLOSED

Head Office : No. 1, East Main Road, Anna Nagar, Western Extension, Chennai - 600 101, Tamil Nadu
Website : www.johnsonlifts.com | Ph : 20152003, 20152004, 20152005, 20152006

[Signature]
Date: 2017-06-01

CUSTOMER COPY



Johnson Lifts Private Limited

PLOT NO.427 HADAPSAR INDUSTRIAL ESTATE HADAPSAR PUNE
411013 Phone: 020-41007506

PHOTOCOPY RISK
No. SMD9983

Lift No. L11785

Name: SHEJAN PRAKASH AWANDA

REGISTRAR, KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED
UNIVERSITY, GIRLS HOSTEL, EXTENSION
BUILDING, MALKAPUR, TAL-KARAD, DIST-SATARA 415539

Mechanic Reported

Nature of Service / Items Replaced :

FREE SERVICE CARRIED OUT FOR THE MONTH OF MAY - 2017

Items which requires Customer Attention :

Emergency Light, Alarm & AFD working condition ok.

Other Remarks If any :

Office Use Only

Time Reported:

21:00

Lat:

SI:00

CAUTION: IF DOOR OPEN KEY IS USED ENSURE THAT
DOOR IS FULLY CLOSED

[Signature]
Signature

Head Office: No. 1, Daul Mohi Road, Aera Nagar, Western Extension, Chennai - 600 101, Orissa: LIFTS Pvc. 91-44-26131614
Website: www.johnsonlifts.com Ph. 20152005, 20152004, 20152003, 20152002



Johnson Lifts Private Limited

Plot No. 427, HADAPSAR INDUSTRIAL ESTATE, HADAPSAR, PUNE
411013 Phone: 020-41007506

REGISTRATION NO: R1820914017

SERV/07/08/04

Customer: REGISTERAR KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED
HIGHER INSTITUTE OF MEDICAL SCIENCES
DEEMED UNIVERSITY, GIRLS HOSTEL, EXTENSION
BUILDING, MALKAPUR, TAL-KARAD, DIST-SATARA 415539

No. L-11785 Date: 5/13/2017
Lift No. PSN- SMD9983

Name: SHEELAR PRAKASH ANANDA
Mechanic Reported

Nature of Service / Items Required: FREE SERVICE CARRIED OUT FOR THE MONTH OF APRIL - 2017

Items which require Customer Attention:

① A.R.D. emergency lamp & siren working condition.

Customer Remarks if any:

Office Use Only

Time Reported: 3:30 PM Date: 5:13:0

CAUTION: IF DOOR OPEN KEY IS USED ENSURE THAT DOOR IS FULLY CLOSED

Signature

Head Office: No. 1, East Main Road, Anna Nagar Western Extension, Chennai - 600 101, Ghana; LIFTS Fax: 91-44-26151614
Website: www.johnsonliftsindia.com; Ph: 26152905, 26152004, 26152905, 26152906



Johnson Lifts Private Limited

PLOT NO.42/2 HADAPSAR INDUSTRIAL ESTATE, HADAPSAR PUNE
Phone : 020-41007506

SERV/07/O/R/04

Customer : REGISTRAR- KRISHNA INSTITUTE OF MEDICAL SCIENCES
DEEMED UNIVERSITY
KRISHNA INSTITUTE OF MEDICAL SCIENCES

Nature of Service : DEEMED UNIVERSITY GIRLS HOSTEL EXTENSION
BUILDING, MAE KAPUR, TAL-KARAD, DIST-SATARA 415539

FREE SERVICE CARRIED OUT FOR THE MONTH OF MARCH - 2017

SERVICE REPORT

No. PPMH05170313 Date 29-MAR-2017

Trk No. L-11765 File No. SMD9983

Nature of Service FSM

Mechanic Deputed
SHELAR PRAKASH ANANDA

Items which requires Customer Attention :

0 ARD, emergency lamp & siren working condition

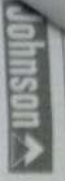
Customer Remark If any :

Office Use Only

Time Reported : Left :

[Signature]
Customer's Signature

Head Office : No. 1 East Main Road, Anna Nagar Western Extension, Chennai - 600 101. Grams : LFTS Fax: 91-44-26151614
Website : www.johnsonlifts.ind.com Ph: 26152003, 26152004, 26152005, 26152006



Johnson Lifts Private Limited

411013 Phone: 020-41007506

REGISTRATION NO. R12P-5162917

No. L-11765

Lift No. FS&M

Nature of Work: SHEELAR PRAKASH ANANDA

Mechanic Reported

REGISTRAR, KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED
WOMEN'S INSTITUTE OF MEDICAL SCIENCES
DEEMED UNIVERSITY, GIRLS HOSTEL, EXTENSION
BUILDING, MALAKAPUR, TAL. KORAD, DIST. SATARA 415539

STATUS OF SERVICE / Items Reported: FREE SERVICE CARRIED OUT FOR THE MONTH OF FEBRUARY - 2017

Items which requires Customer Attention:

Emergency Light, Alarm, & ABD working condition ok.

Cost : Remarks if any :

Office Use Only

Time Reported : 8:00

Left : 4:30

CAUTION : IF DOOR OPEN KEY IS USED ENSURE THAT DOOR IS FULLY CLOSED

Signature

Head Office : No. 3, Sree Vidya Road, Anna Nagar, Mylapore Extension, Chennai - 600 101, Tamil Nadu, India. Tel: 044-26111014
Website : www.johnsonlifts.com Ph: 26152001, 26152004, 26152005, 26152006



Johnson Lifts Private Limited

FLOT NO. 427 HADAPSAR INDUSTRIAL ESTATE, HADAPSAR PUNE
411013 Phone: 020-41007506

SERV/RT/QR/BJ

Customer :

REGISTRAR, KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED
UNIVERSITY, GIRLS HOSTEL EXTENSION
BUILDING, MALKAPUR, TAL-KARAD, DIST-SATARA 415539

Nature of Service / Items Replaced :

FREE SERVICE CARRIED OUT FOR THE MONTH OF JANUARY - 2017

Items which requires Customer Attention :

Other Remarks (if any) :

CUSTOMER COPY

Indee Khole
P/000070/00540 R/28/01/2017

No.	Date
L-11765	23/01/2017

Life No. PSAR
Name: SHEELAR PRAKASH ANANDIA

Mechanic Reported

Time Reported : 3:00 Left : 5:30

CAUTION : IF DOOR OPEN KEY IS USED ENSURE THAT DOOR IS FULLY CLOSED

Customer's Signature

Office Use Only



Johnson Lifts Private Limited

PLOT NO 227 MADAPASARI INDUSTrial ESTATE, MADAPASARI PUNE
411013 Phone : 020-41007506

Aditya Kulkarni
PMB047000540 R 1281482017

Pin L11765 Date 25/01/2017
Lift No. FSM SMD0983

Name: SHELAR PRAKASH ANANDA

REGISTRAR, KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED
UNIVERSITY, GIRLS HOSTEL, EXTENSION
BUILDING, MALKAPUR, TAL-KARAD, DIST-SAYTARA 415539

Service of Service / Items Requested :
FREE SERVICE CARRIED OUT FOR THE MONTH OF JANUARY - 2017

Items which requires Customer Attention :

CUSTOMER COPY

Customer Remarks (if any) :

Other Use Only

Time Required : 2' 00 Left : 5' 30

CAUTION : IF DOOR OPEN KEY IS USED ENSURE THAT
DOOR IS FULLY CLOSED

Customer's Signature

Head Office : No. 1, Jang Mahal Road, Anna Nagar, Western Extension, Chennai - 600 101, Contact: LIFT'S, Fax: 9144328151614
Website: www.johnsonlifts.com Ph: 20152001; 20152004; 25112005; 26152006



Johnson Lifts Private Limited
PLOT NO. 27 HADAPSAR INDUSTRIAL ESTATE HADAPSAR PUNE
411013 Phone: 020-41007506

PM/PS/1702/2298
26 FEB 2017
SERVICE RETURN

No. L-1765
Date SMD9983
FSM



Customer : REGISTRAR - KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED
KRISHNA INSTITUTE OF MEDICAL SCIENCES
DEEMED UNIVERSITY, GIRLS HOSTEL EXTENSION
BUILDING, MALKAPUR, TAL-KARAD, DIST-SATARA 415539

Lift No. SHELAR PRAKASH ANANDA
Nature of Service

Mechanic Reported

Nature of Service / Items Reported :
FREE SERVICE CARRIED OUT FOR THE MONTH OF FEBRUARY - 2017

Items which requires Customer Attention :
Emergency Light, Alarm, & ABD working condition ok.

Customer Remarks if any :

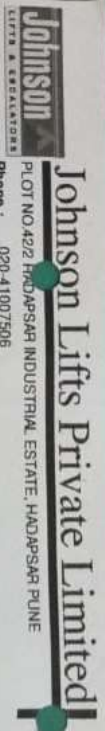
Office Use Only

Time Reported : 8:00
Left : 4:30

CAUTION : IF DOOR OPEN KEY IS USED ENSURE THAT
DOOR IS FULLY CLOSED

Signature
[Signature]

Head Office : No. 1, East Main Road, Ahas Nages Western Extension, Chennai - 600 101. (Phone : L11 FS 789 71-44-2815101/4
Website : www.johnsonlift.com Ph : 20152001, 26152004, 26152005, 26152006



Johnson Lifts Private Limited

PLOT NO.422 HADAPSAR INDUSTRIAL ESTATE, HADAPSAR PUNE
Phone : 020-41007506

SERVICE REPORT

No. PPMH05170313	Date 29-MAR-2017
ET No. L-11765	File No. SMD9983

Nature of Service : FSM
 Mechanic Deputed : SHEELAR PRAKASH ANANDA

SERV07/OR04
 Customer : REGISTRAR- KRISHNA INSTITUTE OF MEDICAL SCIENCES
 DEEMED UNIVERSITY
 KRISHNA INSTITUTE OF MEDICAL SCIENCES
 DEEMED UNIVERSITY, GIRLS HOSTEL EXTENSION
 BUILDING, WAKURAPUR, TAL-KARAD, DIST-SATARA 415539
 Nature of Service : FREE SERVICE CARRIED OUT FOR THE MONTH OF MARCH - 2017

Items which requires Customer Attention :

0 ARD, emergency lamp & siren working condition

Customer Remark if any :

Office Use Only

Time Reported : 10:00 Left : 2:00

[Signature]
 Customer's Signature

Head Office : No.1 East Main Road, Anna Nagar Western Extension, Chennai - 600 101. Grams : LIFTS Fax : 91-44-26151614
 Website : www.johnsonlifts.com Pn: 26152003, 26152004, 26152005, 26152006



Johnson Lifts Private Limited

PLOT NO.422 HADAPSARI INDUSTRIAL ESTATE HADAPSARI PUNE
411013 Phone: 020-41007506

PM 057045735 R 18 APR 2017

NEW/07/08/04

Customer :

REGISTRAR- KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED
UNIVERSITY
DEEMED UNIVERSITY, GIRLS HOSTEL EXTENSION
BUILDING, MALKAPUR, TAL-KARAD, DIST-SATARA 415539

Lift No.

L-11765

Date

SMD9983

PSM

Nature SHEELAR PRAKASH ANANDA

Mechanic Reported

Nature of Service / Item Reported :

FREE SERVICE CARRIED OUT FOR THE MONTH OF APRIL - 2017

Items which requires Customer Attention :

① ARO, emergency lamp & siren working condition.

Customer Remarks, if any :

Office Use Only

Time Reported :

3:30

Left :

5:30

CAUTION : IF DOOR OPEN KEYS IS USED ENSURE THAT DOOR IS FULLY CLOSED

Customer Signature

Head Office : No 1, East Main Road, Aam Nagar Western Extension, Chennai - 600 119, Chennai. LIFTS Fax: 91-44-26151614
Website : www.johnsonlifts.com Ph: 26153807, 26153904, 26153905, 26153906



Johnson Lifts Private Limited

PLOT NO.42/2 HADAPSAR INDUSTRIAL ESTATE, HADAPSAR PUNE
411013 Phone: 020-41007506

20151117
PUNJ LBS 170656017
PUNJ LBS 170656017

SEEV 07/08/14

Customer :

REGISTRAR, KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED
UNIVERSITY
DEEMED UNIVERSITY, GIRLS HOSTEL, EXTENSION
BUILDING, MALKAPUR, TAL-KARAD, DIST-SATARA 415539

Nature: SHELAR PRAKASH AWANDA

Mechanic Depoired

No. L-11765 Date SMD9983

Lift No. FSM

System of Service / Item Replaced :

FREE SERVICE CARRIED OUT FOR THE MONTH OF MAY - 2017

Items which require Customer Attention :

Emergency Light Alarm & ABD working condition ok.

Customer Remarks (if any) :

Office Use Only

Time Reported : 21:00 Left : 5:00

CAUTION : IF DOOR OPEN KEY IS USED ENSURE THAT DOOR IS FULLY CLOSED

Signature

Head Office : No. 1, East Main Road, Anna Nagar, Western Extension, Chennai - 600 101, Grams, LIFT'S, Pns: 91-44-26151101/4
Website : www.johnsonlifts.com; Ph: 26157005; 26152004; 26152003; 26152006



Johnson Lifts Private Limited

REGISTRAR - KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED
DEEMED UNIVERSITY GIRLS HOSTEL EXTENSION
BUILDING, MALAKPUR, TAL-KARAD, DIST-SATARA 415539

Plot No: 222 HADAPSAR INDUSTRIAL ESTATE, HADAPSAR PUNE
411013 Phone: 020-41007506

RII 14-10-2017

Customer: REGISTRAR - KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED
DEEMED UNIVERSITY GIRLS HOSTEL EXTENSION
BUILDING, MALAKPUR, TAL-KARAD, DIST-SATARA 415539

Name: SHEELAR PRAKASH AWANDA

System of Service: Free Service Carried Out for the Month of June - 2017

Mechanic Reported

Items which require Customer Attention:

CUSTOMER COPY

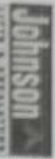
Customer Remarks if any:

Order Use Only

Time Reported: 2:30 Left: 6:20
CAUTION : IF DOOR OPEN KEY IS USED ENSURE THAT
DOOR IS FULLY CLOSED

Head Office: No. 1, East Main Road, Anand Nagar, Western Extension, Chinnai - 600 101, Tamil Nadu, India
Website: www.johnsonlifts.com Ph: 26152006, 26152005, 26152009

Customer Signature: [Signature]



Johnson Lifts Private Limited

PL.OT NO.422 HADAPSAR INDUSTRIAL ESTATE, HADAPSAR PUNE
Phone : 020-41007506

SERVICE REPORT

No. PPMH05170705 Date 18
2M No. 20-JUL-2017
L-11765 File No. SMD9983

Nature of Service FSM

Mechanic Deputed
SIBELAR PRAKASH ANANDA

SERVICEROM

Customer : REGISTRAR, KRISHNA INSTITUTE OF MEDICAL SCIENCES
DEEMED UNIVERSITY
KRISHNA INSTITUTE OF MEDICAL SCIENCES
DEEMED UNIVERSITY, GIRLS HOSTEL EXTENSION
BUILDING, SANGRAHAPUR, TAL. KARAD, DIST. SATARA 415539
FREE SERVICE CARRIED OUT FOR THE MONTH OF JULY - 2017

Items which requires Customer's Attention :

6ARD Emergency levelling of Simon working condition

Customer Remark if any :

Office Use Only

Time Reported :

2:00

Left :

5:30

[Signature]
Customer's Signature

Head Office : No.1 East Main Road, Anna Nagar, Western Extension, Chennai - 600 101, Gama : LFTS Fax : 91-44-26151614
Website : www.johnsonlifts.com Ph: 26152003, 26152004, 26152005, 26152006



Johnson Lifts Private Limited

Plot No. 42/2, Malakpur Industrial Estate, Malakpur, Bangalore
411013 Phone: 020-41007506

APR 10 2017
SHEARER REPORT

Customer Number: 1

REGISTRAR - KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED
UNIVERSITY OF MEDICAL SCIENCES
DEEMED UNIVERSITY, GIRLS HOSTEL, EXTENSION
BUILDING, MALKAPUR, TAL-KARAD, DIST-SATARA 415539

Lift No. L-11765
Date SMD983
FSM

Name SHEAR PRAKASH ANANDA

Stockcode Drgprind

Nature of Service / Items Replaced :

FREE SERVICE CARRIED OUT FOR THE MONTH OF AUGUST - 2017

Items which requires Customer Attention :

Emergency Light, Alarm & AND working Condition ok.

Customer Remarks (if any) :

Office Use Only

Time Reported: 10:00 Lft: 1:00

CAUTION : IF DOOR OPEN KEY IS USED ENSURE THAT DOOR IS FULLY CLOSED

Customer Signature

Head Office: No. 1, East Main Road, Anna Nagar Extension, Chennai - 600 011, Contact: 044-26151614
Website: www.johnsonlifts.com Ph: 28152005, 28152004, 28152005, 28152986



Johnson Lifts Private Limited
 PLOT NO.422 HADAPSAR INDUSTRIAL ESTATE, HADAPSAR PUNE
 Phone : 020-41007506

SERVICE REPORT

No. PPMH05170313 Date 16
 27-MAR-2017
 Lift No. File No.
 L-11754 SMD9983

Customer : REGISTRAR- KRISHNA INSTITUTE OF MEDICAL SCIENCES
 DEEVED UNIVERSITY
 KRISHNA INSTITUTE OF MEDICAL SCIENCES

Nature of Service : DEEVED UNIVERSITY STAFF QUARTER BUILDING
 MAHARAJA KRISHNAJI KARNAD, DIST-SATARA 415539
 FREE SERVICE CARRIED OUT FOR THE MONTH OF MARCH - 2017

Items which requires Customer Attention :

① ARD. Emergency work & siren working condition
 ② fire alarm bell

Office Use Only

Time Reported : 2:00 Left : 5:30

[Signature]
 Customer's Signature

Head Office : No.1 East Main Road, Anand Nagar Western Extension, Chennai - 600 101. Grams : LFTS Fax: 91-44-26151614
 Website : www.johnsonlifts.com Ph: 26152003, 26152004, 26152005, 26152006

Lakes Road

Johnson Lifts Private Limited
 PLOT NO. 422 HADAPSAR INDUSTRIAL ESTATE, HADAPSAR PUNE
 411013 Phone: 020-41007506

REGISTRAR- KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED
 GIRLS INSTITUTE OF MEDICAL SCIENCES
 DEEMED UNIVERSITY, GIRLS HOSTEL EXTENSION
 BUILDING, MALKAPUR, TAL-KARAD, DIST-SATARA 415539

Customer: SERVICI-QR-04

Nature of Service: Items Replaced:
FREE SERVICE CARRIED OUT FOR THE MONTH OF DECEMBER - 2016

Items which requires Customer Attention:

Customer Remarks if any:

Office Use Only

Time Reported: 1:00 Left: 4:30

CAUTION : IF DOOR OPEN KEY IS USED ENSURE THAT
 DOOR IS FULLY CLOSED

Mechanic Deputed: SHEELAR PRAKASH AWANDA

PF No: 0610109602 R Date: 20/12/16
 No: L-11765 Date: SMD9983
 LTR No: FSM No:

Head Office: No. 1, East Main Road, Anna Nagar Western Extension, Chennai - 600 101. Gains: 11FTS. Fax: 91-44-26151614
 Website: www.johnsonlifts.com Ph: 26152001, 26152004, 26152005, 26152006



Johnson Lifts Private Limited

PLOT NO. 422 HADAPSAR INDUSTRIAL ESTATE, HADAPSAR PUNE
411013 Phone: 020-41007575

SERV. OF QBR/

REGISTRAR- KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED
UNIVERSITY, GIRLS HOSTEL, EXTENSION
BUILDING, MALKAPUR, TAL-KARAD, DIST-SATARA 415539

STATUS of Service / Item Reported :
FREE SERVICE CARRIED OUT FOR THE MONTH OF JANUARY - 2018

Items which requires Customer Attention :
SP2 FAN wiring done

Customer Remarks (if any) :

Office Use Only

Time Reported : Lft :

CAUTION : IF DOOR OPEN KEYS USED ENSURE THAT
DOOR IS FULLY CLOSED

Signature
415531614

Head Office No. 1, 7th Main Road, Anna Nagar, Westin Extension, Chennai - 600 101, (Phone: 41151515)
Website: www.johnsonlifts.com Ph: 26153000, 26153004, 26153005, 26153100

PPM/03/10/10099 REF: 21-01-2018

No. L41795 Date SMD/29/83

Lift No. FSM

Name: SHEELAR PRAKASH ANANDA

Mechanic Reported

CUSTOMER COPY

Johnson Lifts Private Limited

232A 4B E WARD, G103 GROUND FLOOR YASHASVI APARTMENTS,
TARABAI PARK, KOLHAPUR MAHARASHTRA - 416003 Phone : 020
41007506

OR No For Lift : SERV/08/QR/02

KRISHNA INSTITUTE OF MEDICAL SCIENCES
DEEMED TO BE UNIVERSITY
MALKAPUR, TAL-KARAD,
DIST-SATARA. 415539

PLATINUM SERVICE CARRIED OUT FOR THE MONTH OF DECEMBER - 2018

Ladies Hostel No-1

WORK REPORT
No. PPM/13181205060
Date 03-DEC-2018

Lift No. L-1765
Date 18
SMD9983
File No. PSM

Mechanic Deputed
SHELAR PRAKASH ANANDA

Items which requires Customer Attention :

① DRD working ok
② Emergency lamp not working 12V, 2.5Ah battery require

Customer Remarks if any :

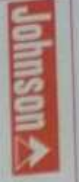
Office Use Only

Time Reported : 3:30 PM Left : 6:00 PM

CAUTION : IF DOOR OPEN KEY IS USED ENSURE THAT
DOOR IS FULLY CLOSED

Customer's Signature

Head Office : No. 1, East Main Road, Arma Nagar, Western Esplanade, Chennai - 600 101, Gram: LIFTS, Fax: 91-44-26131614
Website : www.johnsonliftsindia.com, Ph: 26152003, 26152004, 26152005, 26152006



Johnson Lifts Private Limited

222A 4B E WARD, 6163 GROUND FLOOR VASHTASVI APARTMENTS,
TARABAI PARK, KOLHAPUR MAHARASHTRA - 416003 Phone: 9168269977

PM/18/1005084
WORK REPORT
26 OCT 2018

SRV No For Lift :SRV/08/CR/02
9168269977

No. L-11765 Dist. SMD9983
Lift No. PSM

Customer : KRISHNA INSTITUTE OF MEDICAL SCIENCES
DEEMED TO BE UNIVERSITY
MALKAPUR, TAL. KARAD,
DIST. SATARA. 415539

Nature of Complaint : SHEELAR PRAKASH ANANDA

Mechanic Deputed

Name of Servicer : *Item Replaced :*
PLATINUM SERVICE CARRIED OUT FOR THE MONTH OF OCTOBER - 2018

Item which requires Customer Attention :
①ARD working OK
② 12 volt 2.5Ah battery 1 no. require

Customer Remarks if any :

Office Use Only

Time Reported : 1:00 Left : 5:00

CAUTION : IF DOOR OPEN KEY IS USED ENSURE THAT
DOOR IS FULLY CLOSED

Customer Signature

Head Office : No. 1, East Main Road, Anna Nagar Western Extension, Chennai - 600 101. Grams : LIFTS Fax : 91-44-26151614
Website : www.johnsonlifts.com Ph : 26152001, 26152004, 26152005, 26152006



Johnson Lifts Private Limited

PLOT NO.422 MADAPSAR INDUSTRIAL ESTATE, MADAPSAR PUNE
411013 Phone: 020-41007506

MH0517166350 23 NOV 2017

No. L-11765 Date 27/11/2017
SMD9983

Lift No. FSM

Mechanic Reported: SHEELAR PRAKASH ANANDA

Mechanic Reported

SERV 97/08/04

Customer: REGISTRAR- KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED
GRISEMANS INSTITUTE OF MEDICAL SCIENCES
DEEMED UNIVERSITY, GIRLS HOSTEL EXTENSION
BUILDING, MALKAPUR, TAL-KARAD, DIST-SATARA 415539

Nature of Service: Item Replaced: FREE SERVICE CARRIED OUT FOR THE MONTH OF NOVEMBER - 2017

Items which require Customer Attention:
① AFD Emergency lamp, Shon & intercom working ok
② M/c room flooring not properly. Please do it properly.

Customer Remarks (if any):

Office Use Only

Time Reported: 2:00 Tech: 8:30

CAUTION : IF DOOR OPEN KEY IS USED ENSURE THAT DOOR IS FULLY CLOSED

Customer's Signature

Head Office: No. 1, East Main Road, Anna Nagar, Western Ex, Chennai - 600 110. Gram: LIFTS Fax: 91-44-2611613
Website: www.johnsonliftsindia.com Ph: 26152003, 26152004, 26152005, 26152006



Johnson Lifts Private Limited

232A 48 E WARD, GROUND FLOOR VASHISVI APARTMENTS,
TARABAI PARK, KOLHAPUR MAHARASHTRA - 416003 Phone: 9168259977

PRM113180900043 29th SEP 2018

No. L-11765

Lift No. PRSM

Mechanic Reported: SHEELAR PRAKASH ANANDA

Customer :
KRISHNA INSTITUTE OF MEDICAL SCIENCES
DEEMED TO BE UNIVERSITY
MALKAPUR, TAL-KARAD,
DIST- SATARA. 415539

Nature of Service / Items Reported :
PLATINUM SERVICE CARRIED OUT FOR THE MONTH OF SEPTEMBER - 2018

Items which requires Customer Attention :

① ARO working OK

Customer Remarks if any :

Office Use Only

Time Reported : Left :
CAUTION : IF DOOR OPEN KEY IS USED ENSURE THAT DOOR IS FULLY CLOSED

Customer's Signature

Head Office : No. 1, East Main Road, Anna Nagar, Western Extn, Chennai - 600 101, Gopur, LIFTS, Fax : 91-44-26151614
Website : www.johnsonlifts.com Ph: 20152003, 20152004, 20152005, 20152006



Johnson Lifts Private Limited

220A SEEWARD, GURU GURUNANAK FUSION VASHTASVI APARTMENTS
TARAIAI PARK, KOLHAPUR MAHARASHTRA - 416003 Phone: 9168269977

PL-6011316070030 RISHI ANKUSH'S
LIFT No. L-11765
PSM
SMD/6663

Order No For Lift: SERV/08/QR/02

KRISHNA INSTITUTE OF MEDICAL SCIENCES
DEEMED TO BE UNIVERSITY
MALKAPUR, TAL-KARAD,
DIST. SATARA, 415539

Name: SHEELAR PRUKASH ANUNDA
Mechanic Reported

Platinum Service Carried Out For The Month Of July - 2018

Form which requires Customer Attention:
ADD. Emergency Light. Alarm & Intercom working ok.

CUSTOMER COPY

Customer Remarks if any:

Office Use Only

Time Reported: 10:00 AM to 12:00

CAUTION: IF DOOR OPEN KEY IS USED ENSURE THAT DOOR IS FULLY CLOSED

[Signature]

Head Office: No. 1, East Main Road, Anna Nagar, Western Extension, Chennai - 600 101. Phone: LIFTS No. 22011316
Website: www.johnsonlifts.com Ph. 24125001, 24125004, 24125005, 24125200



Johnson Lifts Private Limited

PLOT NO.42/2 HADAPSAR INDUSTRIAL ESTATE, HADAPSAR PUNE - 411013 Phone: 020-41007575

SR No. For Lift: SERV/08/OR/02

Customer:

REGISTRAR- KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED
KRISHNA INSTITUTE OF MEDICAL SCIENCES
DEEMED UNIVERSITY, GIRLS HOSTEL EXTENSION
BUILDING, MALKAPUR, TAL-KARAD, DIST-SATARA 415539

Nature of Service / Issues Reported:

FREE SERVICE CARRIED OUT FOR THE MONTH OF APRIL - 2018

Items which requires Customer Attention:

① ARD, Emergency lamp, siren & intercom working OK

Customer Remarks if any:

Office Use Only

Time Reported:

1:30

Left:

4:00

CAUTION: IF DOOR OPEN KEYS USED ENSURE THAT DOORS IS FULLY CLOSED

Head Office: No. 1, East Aman Road, Anna Nagar, Western Ex, Chennai - 600 101, Gamma / JLT/S. TEL: 044-26151914
Website: www.johnsonlifts.com Ph: 20153001, 20153004, 20153005, 20153006

[Signature]
Mechanical Engineer

SERVICE REPORT

PPM#05180405773

L-11765

Job No.

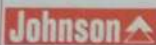
FSM

SMC9983

Nature of Service
SHELAR PRAKASH ANANDA

Mechanic Reported

CUSTOMER COPY



Johnson Lifts Private Limited

PLOT NO.42/2 HADAPSAR INDUSTRIAL ESTATE, HADAPSAR PUNE - 411013 Phone: 020-41007575

PM 100180312416 28-MAR-2018

No. L-11765 Date 28 SMD9983

Lift No. FSM

QR.No For Lift :SERV/08/QR/02

SERV/07/QR/04

Customer : REGISTRAR- KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED UNIVERSITY, GIRLS HOSTEL EXTENSION BUILDING, MALKAPUR, TAL-KARAD, DIST-SATARA 415539

Nature of SHEELAR PRAKASH ANANDA

Mechanic Deputed

Nature of Service / Items Replaced : FREE SERVICE CARRIED OUT FOR THE MONTH OF MARCH - 2018

Items which requires Customer Attention :

- ① MLS check & OK.
- ② ARD, Emergency Light & Alarm working OK.

Customer Remarks if any :

Office Use Only

Time Reported : 19:00 Left : 20:00

CAUTION : IF DOOR OPEN KEY IS USED ENSURE THAT DOOR IS FULLY CLOSED

Customer's Signature

[Signature] 28/3/18



Johnson Lifts Private Limited

PLOT NO.42/2 HADAPSAR INDUSTRIAL ESTATE, HADAPSAR PUNE - 411013 Phone : 020-41007575

OR.No For Lift :SERV/08/QR/02

SERV/08/QR/02

Customer :

REGISTRAR- KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED
UNIVERSITY, GIRLS HOSTEL, EXTENSION
BUILDING, MALKAPUR, TAL-KARAD, DIST-SATARA 415539

Nature of Service / Items Replaced :

FREE SERVICE CARRIED OUT FOR THE MONTH OF FEBRUARY - 2018

Items which requires Customer Attention :

①ARD, Emergency Lamp, siren & intercom working ok

Customer Remarks if any :

Office Use Only

Time Reported :

10:00

Left :

1:00

CAUTION : IF DOOR OPEN KEY IS USED ENSURE THAT DOOR IS FULLY CLOSED

Customer's Signature

Head Office : No. 1, East Main Road, Anna Nagar, Western Extension, Chennai - 600 101, Tamil Nadu. Phone : 91-44-26151614
Website : www.johnsonliftsind.com Ph : 26152004, 26152005, 26152006

JP/08/02/18021 (465) R126-FEB-2018

No. L-11765 Date 19 SMD9983

Lift No. PSM

Nature SHEELAR PRAKASH ANANDA

Mechanic Designated

CUSTOMER COPY

2019



Johnson Lifts Private Limited

232A 4B E WARD, G103 GROUND FLOOR YASHASVI APARTMENTS,
TARABAI PARK, KOLHAPUR MAHARASHTRA - 416003 Phone: 020-
41007506

Customer: SEE: OR/QR/04
OR.No For Lift: SERV/08/QR/02

Nature of Service / Item: KRISHNA INSTITUTE OF MEDICAL SCIENCES
DEEMED TO BE UNIVERSITY
MALKAPUR, TAL-KARAD,
DIST: SATARA - 415539

PLATINUM SERVICE CARRIED OUT FOR THE MONTH OF JANUARY - 2019

Items which require Customer Attention :
DPRD working ok
Emergency button working. (12volt, 2.5Ah battery no. required)

Customer Remarks if any:

SERVICE REPORT
No: PPMH13190105144
Date: 18 JAN 2019

Lift No: L11765
Date: 19
SMD9983
PSM

Nature of Service: SHELAR PRAKASH ANANDA
Mechanic Deployed

Office Use Only

Time Reported: 10:20 Left: 1:20

CAUTION : IF DOOR OPEN KEY IS USED ENSURE THAT
DOOR IS FULLY CLOSED

~~Customer's Signature~~

Head Office : No. 1, East Main Road, Anna Nagar, Western Extension, Chennai - 600 103. (Grama - 1) P.S. Park (4) (+4-26131614
Website : www.johnsonlifts.com Ph: 26152003, 26152004, 26152005, 26152006



Johnson Lifts Private Limited

232A 4B E WARD, G103 GROUND FLOOR YASHASVI APARTMENTS,
TARABAI PARK, KOLHAPUR MAHARASHTRA - 416003 Phone: 020-
41007506

SERIAL NO. OF CR No For Lift: SERV/08/QR/02

SERVICE REPORT
No. PMH13190965027 Date: 12 SEP 2019
Lift No. L-11765 SMD9983
PDR No. PSM

**KRISHNA INSTITUTE OF MEDICAL SCIENCES
DEEMED TO BE UNIVERSITY
MALKAPUR, TAL-KARAD,
DIST- SATARA, 415539**

Nature of Service Item Reported:
P PLATINUM SERVICE CARRIED OUT FOR THE MONTH OF SEPTEMBER - 2019

Items which require Customer Attention:

- ① ARD. Emergency light working ok.
- ② Emergency light not working Battery problem (12V. 2.5AH)

Customer Remarks, if any:

Officer Use Only

Time Reported: 10:00 Left: 12:30

CAUTION: IF DOOR OPEN KEY IS USED ENSURE THAT DOOR IS FULLY CLOSED

Head Office: No. 1, Tamil Mani Road, Anna Nagar Western Extension, Chennai - 600 101. Contact: LIFTS VENDOR 28153104
Website: www.johnsonlifts.com Ph: 28153100, 28153004, 28153005, 28153006

[Signature]
Date: 12/09/2019



Johnson Lifts Private Limited

232A 4B E WARD, G103 GROUND FLOOR YASHASVI APARTMENTS,
TARABAI PARK, KOLHAPUR MAHARASHTRA - 416003 Phone: 020-
41007506

CR No For Lift :SERV/08/QR/02

SERVICE REPORT

No. PPM/13190705046

Date 26-Jul-2019

Lift No. L-11765

Order No. SMD09983

Mechanic Reported

PSM

Nature of Service
SHELAR PRAKASH ANANDA

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

Items which requires Customer Attention :
① ARO & Alarm working ok.
② Emergency Light & Aalar not working Battery problem.

Customer Remarks if any :

Time Reported : 2:10 PM Lift : 4:10 PM

CAUTION : IF DOOR OPEN KEY IS USED ENSURE THAT
DOOR IS FULLY CLOSED

Head Office : Plot 1, East Main Road, Anna Nagar Western Extension, Chennai - 600 101, (India) TEL: (+91) 44 26153001, 26153004, 26153005, 26153006
Website : www.johnsonlifts.com Ph: 26153001, 26153004, 26153005, 26153006

L.H.



Johnson Lifts Private Limited

SERVICE REPORT

232A 4B E WARD, G103 GROUND FLOOR YASHASVI APARTMENTS,
TARABAI PARK, KOLHAPUR MAHARASHTRA - 416003 Phone: 020-
41007506

PPMH13190605057

14 JUN 2019

OR No For Lift :SERV/08/QR/02

L11765

SMD9983

PSM

KRISHNA INSTITUTE OF MEDICAL SCIENCES
DEEMED TO BE UNIVERSITY
MALKAPUR, TAL. KARAD,
DIST- SATARA, 415539

SHEKHAR PRAKASH ANANDA

PLATINUM SERVICE CARRIED OUT FOR THE MONTH OF JUNE -2019

Items which requires Customer Attention :

① APD working ok
② Emergency lamp not working 12volt 25 Ah battery require

Customer Remarks (if any) :

Time Reported :

8:20

Left :

9:20

CAUTION : IF DOOR OPEN KEY IS USED ENSURE THAT
DOOR IS FULLY CLOSED

Customer's Signature

Head Office: No. 1, East Main Road, Kasa Nagar, Weston Estate, Chennai - 600 101, Tamil Nadu, INDIA. Phone: 91-44-26151614
Website: www.johnsonlifts.com. Pin: 26152061, 26152004, 26152065, 26152006



Johnson Lifts Private Limited

232A 4B E WARD, G103 GROUND FLOOR YASHASVI APARTMENTS,
TARABAI PARK, KOLHAPUR MAHARASHTRA - 416003 Phone: 020-
41007506

SERVICE REPORT

PPMH13190405033 Date: **18-APR-2019**

Lift: L-11765 P/O: **25 SMD9983**

Mechan: **SHEAR PRAKASH ANANDA**

Customer: KRISHNA INSTITUTE OF MEDICAL SCIENCES
DEEMED TO BE UNIVERSITY
MALKAPUR, TAL-KARAD,
DIST-SATARA, 415539

Nature of Service: **PLATINUM SERVICE CARRIED OUT FOR THE MONTH OF APRIL - 2019**

Items which require Customer Attention:

① A/D, working ok
② Emergency lamp not working 12VOLT, 25 Amp battery require
Plz give quotation of battery urgent

Customer Remarks if any:

Office Use Only
REMEMBER - 1 SERVICE CONTRACT EXPIRED ON 31/03/2019

Time Reported: **10:00** Lift: **12**

CAUTION : IF DOOR OPEN KEY IS USED ENSURE THAT
DOOR IS FULLY CLOSED

Head Office: No. 1, East Main Road, Anna Nagar, Chennai - 600 011, Tamil Nadu, INDIA
Website: www.johnsonlifts.com Ph: 28152991, 28152994, 28152995, 28152997

[Signature]



Johnson Lifts Private Limited

232A 4B E WARD, G103 GROUND FLOOR YASHASVI APARTMENTS,
TARAEBAI PARK, KOLHAPUR MAHARASHTRA - 416003 Phone: 020-

41007506

SERV/08/QR/04

Customer QR No For Lift :SERV/08/QR/02

ladies hostel

KRISHNA INSTITUTE OF MEDICAL SCIENCES
DEEMED TO BE UNIVERSITY
MALKAPUR, TAL-KARAD,
DIST-SATARA. 415539

Nature of Service / Lift

PLATINUM SERVICE CARRIED OUT FOR THE MONTH OF MARCH - 2019

Items which requires Customer Attention :

① ARD working ok ② Emergency lamp not working. 12 volt 2.5Ah battery require.

Customer Remarks if any :

Office Use Only

Time Reported :

3:30

Lift :

5:30

CAUTION : IF DOOR OPEN KEY IS USED ENSURE THAT DOOR IS FULLY CLOSED

Customer's Signature

Head Office : No-1, East Main Road, Anna Nagar, Western Extension, Chennai-600 101, Gamma 1, IREES, Fax : 91-44-26151614
Website : www.johnsonlifts.com Ph: 26152003, 26152004, 26152005, 26152006

SERVICE REPORT
PPMH13190305005
Date: 04-MAR-2019
PSM

Lift No: L-11765
File No: SMD9983
PSM

Nature of Service
Mechanic Deployed
SHELAR PRAKASH ANANDA

2020



Johnson Lifts Private Limited

SERVICE REPORT

232A 4B E WARD, G:00 GROUND FLOOR VASHASVI APARTMENTS,
TARAUNI PARK, KOLHAPUR MAHARASHTRA - 416003 Phone: 020-
41007506

PPMH13201203005 Date: 09 DEC 2020
Lift No: L11795 Ho No: SMO2963
PSM

OR No For Lift: SERV/08/QR/02

KRISHNA INSTITUTE OF MEDICAL SCIENCES
DEEMED TO BE UNIVERSITY
MADKARPUR, TAL-KARAD,
DIST- SATARA, 415539

Technician: SHEELAR PRAKASH ANUNDA

PLATINUM SERVICE CARRIED OUT FOR THE MONTH OF DECEMBER - 2020

① ABD. working OK.
② Emergency light not working Battery problem.

CAUTION: IF DOOR OPEN KEY IS USED ENSURE THAT
DOOR IS FULLY CLOSED

Time Reported: 8:00 AM To: 5:00 PM

Customer's Signature

Head Office: No. 1, Govt. Main Road, Anna Nagar, West Zone 1, Chennai - 600 001
Website: www.johnsonlifts.com Pg: 097-AE-2015BML304529ML 2015300L 2015198L



Johnson Lifts Private Limited

232A 4B E WARD, G103 GROUND FLOOR YASHASVI APARTMENTS,
TARABAI PARK, KOLHAPUR MAHARASHTRA - 416003 Phone: 020-41007506

PMH: 3200306023 RE: MAR 2020
19

No. L-11765 Date SMD9983

Lift No. PSM

Name: SHEELAR PRAKASH ANANDA

Mechanic Reported

Customer : KRISHNA INSTITUTE OF MEDICAL SCIENCES
DEEMED TO BE UNIVERSITY
MALKAPUR, TAL-KARAD,
DIST. SATARA. 415539

Name of Service / From Replaced : PLATINUM SERVICE CARRIED OUT FOR THE MONTH OF MARCH - 2020

Items which requires Customer Attention :

① AHD working ok.
② Emergency light not working battery problem. (rev. 25AH)-1 nos.

Customer Remarks if any :

Office Use Only

Time Reported : 10:00 Left : 12:00

CAUTION : IF DOOR OPEN KEYS USED ENSURE THAT DOOR IS FULLY CLOSED

Customer Signature

Head office : No. 1, Easw Minju Road, Avani Nagar, Western Exhambur, Chennai - 600 101, Grama : LIFTS, Fax : 01-44-26151014
Website : www.johnsonliftsindia.com, Pin : 26152003, 26152004, 26152005, 26152006



Johnson Lifts Private Limited

PLATINUM SERVICE REQUEST FORM

ESSEN 4B E WARD - 6TH GROUND FLOOR VASIHASI APARTMENTS
TARAANI PARK, KOLHAPUR MAHARASHTRA - 416003 Phone: 020
41007306

CRJ No. For Lift: SERV/08/CRJ/02

Customer: KRISHNA INSTITUTE OF MEDICAL SCIENCES
DEEMED TO BE UNIVERSITY
MALKAPUR, TAL-KARAD,
DIST-SATARA. 415539

Number of Service: 1 Item Replaced: PLATINUM SERVICE CARRIED OUT FOR THE MONTH OF OCTOBER - 2020

Issues which requires Customer Attention:
① AND working ok.
② Emergency Light not working Battery problem. (12V 2.5AH) - 2 nos.

Customer Remarks if any:

Office Use Only
Time Required: 3:00 Left: 5:00

CAUTION: IF DOOR OPEN KEY IS USED ENSURE THAT DOOR IS FULLY CLOSED

Customer Signature

Head Office: No. 1, East Main Road, Anna Nagar, Western Extension, Chennai - 600 101. Contact: LIFTS: Fax: 91-44-24111014
Website: www.johnsonlifts.com Pg. 20152004, 20152005, 20152006



Johnson Lifts Private Limited

232A 4B E WARD, G103 GROUND FLOOR YASHASVI APARTMENTS
TARABAI PARK, KOLHAPUR MAHARASHTRA - 416003 Phone: 020
41007506

SERIAL For Lift: SERV/08/QR/02

Customer:

KRISHNA INSTITUTE OF MEDICAL SCIENCES
DEEMED TO BE UNIVERSITY
MALKAPUR, TAL-KARAD,
DIST-SATARA. 415539

Nature of Service / Items Replaced:

PLATINUM SERVICE CARRIED OUT FOR THE MONTH OF SEPTEMBER - 2020

Items which requires Customer Attention:

① ARR WORKING OK
② Emergency Light not working Battery problem. (12V. 2.5AH)

Customer Remarks if any:

Office Use Only

Time Reported:

2:30

Left:

4:30

CAUTION: IF DOOR OPEN KEY IS USED ENSURE THAT
DOOR IS FULLY CLOSED

Customer's Signature

Head Office: No. 1, East Main Road, Aera Nagar, Western Extension, Chennai - 600 101. Gains: LIFTS. Fax: 91-44-26151614
Website: www.johnsonlifts.com Ph: 26153001, 26153004, 26153005, 26153006

Service Report
P/INT/1220/09/06/03/5
24 SEP 2020

No. L-11765
Date 11
SMD9983
P/No. PSM

Nature of Service
SHEELAR PRAKASH ANANDA
Mechanic Deployed



Johnson Lifts Private Limited

282A 4B E WARD, G103 GROUND FLOOR YASHASVI APARTMENTS,
TARABAI PARK, KOLHAPUR MAHARASHTRA - 416003 Phone: 020-41007506

QR No For Lift :SERV/08/QR/02
SERV/07/QR/04

Customer :

KRISHNA INSTITUTE OF MEDICAL SCIENCES
DEEMED TO BE UNIVERSITY
MALKAPUR, TAL-KARAD,
DIST. SATARA. 415539

Nature of Service / Items Required :

PLATINUM SERVICE CARRIED OUT FOR THE MONTH OF JANUARY - 2020

Items which requires Customer Attention :

DOOR working OK

Customer Remarks if any :

CUSTOMER COPY

Office Use Only

Time Reported : 4:30 AM : 6:30

CAUTION : IF DOOR OPEN KEY IS USED ENSURE THAT DOOR IS FULLY CLOSED

Customer Signature

Head Office: No. 1, Fair Main Road, Anna Nagar Western Extension, Chennai - 600 101. Office: LIFTS, Plot No. 61-64-2615167A
Website: www.johnsonlifts.com Ph: 26152001, 26152004, 26152005, 26152006

PLATINUM SERVICE REPORT

No.	Date
L-11765	25-JAN-2020
Lift No.	File No.
L-11765	SMD9983
	PSM

Nature of Service / Items Required : SHEELAR PRAKASH ANANDA
Mechanic Reported

Ward No 10 to 11 KONE Elevator

Start from 2017

15

E No. 047216
Dedicated to People Flow™

KONE Elevator India Private Ltd		Maintenance Report	
Building Name: <u>Kansha medical collage</u>		City / Town: <u>Kanad</u>	
Customer Contact Number: <u>Mr. Bhambhani Sir</u>		Service Order Number: <u>65403507</u>	
Plant Section: <u>SI 12</u>		Work Center: <u>282 DM 4.11</u>	
Product Type: <input checked="" type="checkbox"/> Elevator <input type="checkbox"/> Escalator <input type="checkbox"/> Autowalk <input type="checkbox"/> Audit		Equipment Number: <u>22362796</u>	
Type of Visit: <input checked="" type="checkbox"/> PPM <input type="checkbox"/> Call Out <input type="checkbox"/> Repair		Equipment ID: <u>51505804</u>	
Date/Time of Call Out: _____		Job Status: <input checked="" type="checkbox"/> Closed <input type="checkbox"/> Not Closed	
Start Count Reading / Hour Meter Reading: _____		_____	
Technician Name: <u>Avinash Mahad</u>	Travel Time: <u>40 min</u>	Arrival Date: <u>28/7/2017</u>	Arrival Time: <u>9:10</u>
Restored Date: <u>28/7/2017</u>		Restored Time: <u>10:40</u>	

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

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

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

Additional Works/Parts Replaced * can top clean
* Lubrication oil left L+R

Customer Comments

Technician Name/Employee No.: Avinash 401029411

Customer Name: Mr. Bhambhani Sir

Route Supervisor Name: Mr. J.D. Jadhav

Technician Signature:

Customer Signature: _____

Route Supervisor Signature: _____

RED.MI NOTE-9

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

AT QUAD CAMERA

KESV/F001/C/12

E No 047216

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KONE Elevator India Private Ltd		Maintenance Report	
Building Name	Krishna Institute Medical College	City / Town	Kanad
Customer Contact Number	Mr. Bhambare sir	Service Order Number	656048160
Plant Section	JN12	Planner Group	DMG II
Product Type	<input checked="" type="checkbox"/> Elevator <input type="checkbox"/> Escalator <input type="checkbox"/> Autowalk	Work Center	282 D106.1
Type of Visit	<input checked="" type="checkbox"/> PM <input type="checkbox"/> Call Out <input type="checkbox"/> Repair <input type="checkbox"/> Audit	Equipment Number	42301675
Date/Time of Call Out		Equipment ID	5-50803
Start Count Reading / Hour Meter Reading		Job Status	<input checked="" type="checkbox"/> Closed <input type="checkbox"/> Not Closed

Technician Name	Travel Time	Arrival Date	Arrival Time	Restored Date	Restored Time
Avinash	40	21/01/2017	3:00	21/01/2017	4:15

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

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

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

Additional Works/Parts Replaced: check ok
 * Lubrication oil half L+R

Customer Comments

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

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

B No 067061

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KONE Elevator India Private Ltd		Maintenance Report		
Building Name	Krishna Institute Medical	City / Town	Karad.	
Customer Contact Number		Service Order Number	65470525	
Plant Section	JN 12	Planner Group	DMG 11	
Product Type	<input checked="" type="checkbox"/> Elevator <input type="checkbox"/> Escalator <input type="checkbox"/> Autowalk	Work Center	282 DMG 11	
Type of Visit	<input checked="" type="checkbox"/> PM <input type="checkbox"/> Call Out <input type="checkbox"/> Repair <input type="checkbox"/> Audit	Equipment Number	42362796	
Date/Time of Call Out		Equipment ID	50804	
Start Count Reading / Hour Meter Reading		Job Status	<input checked="" type="checkbox"/> Closed <input type="checkbox"/> Not Closed	
Technician Name	Aravind m. bhar	Travel Time		
Arrival Date	26/8/2017	Arrival Time	12:20	
Restored Date	26/8/2017	Restored Time	2:10	
Status on Arrival		Rectification Result		
<input checked="" type="checkbox"/> Running Correctly	<input type="checkbox"/> Running With Problem	<input checked="" type="checkbox"/> Equipment Running		
<input type="checkbox"/> Not Running-On level	<input type="checkbox"/> Not Running-Out of Level	<input type="checkbox"/> Equipment Running, not yet fixed		
<input type="checkbox"/> Not Running-Escalator	<input type="checkbox"/> Entrapment	<input type="checkbox"/> Equipment not Running, not yet fixed		
Maintenance Module	Completed	Rectification Area		Completed
		Elevator	Escalator	
Basic Inspection	<input checked="" type="checkbox"/>	Guide Rails	Drive Station	<input type="checkbox"/>
Basic Module	<input type="checkbox"/>	Doors and Entrances	Track System	<input type="checkbox"/>
Shaft Module	<input type="checkbox"/>	M/C Room Equipments	Truss	<input type="checkbox"/>
Landing Door Module	<input type="checkbox"/>	Shaft Equipments	Safety Signs/Cladding	<input type="checkbox"/>
Door Operator Module	<input checked="" type="checkbox"/>	Car	Skirting	<input type="checkbox"/>
Control Panel Module	<input type="checkbox"/>	Car Sling	Handrail System	<input type="checkbox"/>
Machine Module	<input type="checkbox"/>	Counter Weight	Step Band	<input type="checkbox"/>
Signalization Module	<input type="checkbox"/>	Rope Assemblies	Floor Plate	<input type="checkbox"/>
MX Module	<input type="checkbox"/>	Control System	Comb Carrier	<input type="checkbox"/>
Drive Module (Escalator)	<input type="checkbox"/>	Drive System	Electrical System	<input type="checkbox"/>
Brake Module (Escalator)	<input type="checkbox"/>	Signalization	Deckings	<input type="checkbox"/>
Handrail Module (Escalator)	<input type="checkbox"/>	Peripheral Devices	Balustrades	<input type="checkbox"/>
Comb Plate Module (Escalator)	<input type="checkbox"/>		Power Supply	<input type="checkbox"/>
Guide Module (Escalator)	<input type="checkbox"/>		Others	<input type="checkbox"/>
Step Module (Escalator)	<input type="checkbox"/>			<input type="checkbox"/>
Technician's Remarks	* preventive maintenance service done		Non-Kone Reason	
	* fan, Alarm, fire alarm check ok		<input type="checkbox"/> Y	<input type="checkbox"/> N
	* LPO & LTLG working ok.		<input type="checkbox"/> Y	<input type="checkbox"/> N
	* Lift level & noise check ok		<input type="checkbox"/> Y	<input type="checkbox"/> N
			<input type="checkbox"/> Y	<input type="checkbox"/> N
Additional Works/Parts Replaced				
* Lubrication oil, half LTR oil				
* change the ground floor Display - 01 No				
* 2nd floor UP Buttons KDS 300 = 01 No				
* 1st floor UP Buttons KDS 300 = 01 No				
Customer Comments				
* Emergency light not work				
change 7AH 12 volt battery				
7AH 12 volt replaced. Battery				
Technician Name/Employee No.:	Aravind - 12102021	Technician Signature		
Customer Name	Mr. Bhambure Sir	Customer Signature		
Route Supervisor Name	Mr. T.D. Jadhav	Route Supervisor Signature		

G N^o 080029

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KONE Elevator India Private Ltd		Maintenance Report	
Building Name	Krusna hospital	City / Town	Karachi
Customer Contact Number		Service Order Number	65460797
Plant Section	IN12	Planner Group	DMG-11
Product Type	<input checked="" type="checkbox"/> Elevator <input type="checkbox"/> Escalator <input type="checkbox"/> Autowalk	Work Center	282 DMG-11
Type of Visit	<input checked="" type="checkbox"/> PM <input type="checkbox"/> Call Out <input type="checkbox"/> Repair <input type="checkbox"/> Audit	Equipment Number	4326167
Date/Time of Call Out		Equipment ID	0803
Start Count Reading / Hour		Job Status	<input checked="" type="checkbox"/> Closed <input type="checkbox"/> Not Closed
Meter Reading	□□□□□□□□□□		

Technician Name	Travel Time	Arrival Date	Arrival Time	Restored Date	Restored Time
Aamash	-	30/6/2017	10:30	30/6/2017	11:50

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

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

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

Additional Works/Parts Replaced: LUB 500 ml.

Customer Comments:

Technician Name/Employee No.:	Aamash 40102941	Technician Signature	
Customer Name	Mr. P.V. Kupash	Customer Signature	
Route Supervisor Name	Mr. T. D. Pathan	Route Supervisor Signature	

B No 067061

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KONE Elevator India Private Ltd Maintenance Report

Building Name	Krisma Institute Medical		City / Town	Karad		
Customer Contact Number			Service Order Number	654765251		
Plant Section			Work Center	282 DMG II		
Product Type	JN 12	Planner Group	DMG II	Equipment Number	42362796	
Type of Visit	<input checked="" type="checkbox"/> Elevator	<input type="checkbox"/> Escalator	<input type="checkbox"/> Autowalk	Equipment ID	50804	
Date/Time of Call Out	<input checked="" type="checkbox"/> PM	<input type="checkbox"/> Call Out	<input type="checkbox"/> Repair	<input type="checkbox"/> Audit	Job Status	<input checked="" type="checkbox"/> Closed <input type="checkbox"/> Not Closed
Start Count Reading / Hour Meter Reading						

Technician Name	Travel Time	Arrival Date	Arrival Time	Restored Date	Restored Time
Aumash mahesh		26/8/2017	12:20	26/8/2017	2:10

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

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

Technician's Remarks	Non-Kone Reason	
	Y	N
* preventive maintenance service done	<input type="checkbox"/>	<input type="checkbox"/>
* fan, Alarm, intercom check ok	<input type="checkbox"/>	<input type="checkbox"/>
* LPO & LIG working ok	<input type="checkbox"/>	<input type="checkbox"/>
* Lift level & noise check ok	<input type="checkbox"/>	<input type="checkbox"/>

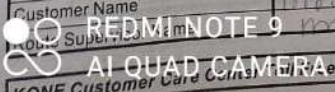
Additional Works/Parts Replaced

* Lubrication oil, half LTR
 * change the Ground floor Display - 01 No
 * 2nd floor UP Buttons & DS 300 = 01 No
 * G floor UP Buttons & DS 300 = 01 No

Customer Comments

~~* Emergency light not work~~
~~change T.M.II 12 voltage battery~~
 7AH-72voh Replaced Battery

Technician Name/Employee No.:	Aumash - 4010241	Technician Signature	<i>Aumash</i>
Customer Name	Mr. Bhramure sir	Customer Signature	<i>[Signature]</i>
Job Supervisor Name	Mr. J. D. [Signature]	Route Supervisor Signature	<i>[Signature]</i>



F No-0888641

Dedicated to People Flow™



KONE Elevator India Private Ltd		Maintenance Report	
Building Name	REHAJALTA Bldg 1st & 2nd Floor	City / Town	Kanpur
Customer Contact Number		Service Order Number	64295999
Plant Section	DOE IN II	Planner Group	232 DOE
Product Type	<input checked="" type="checkbox"/> Elevator <input type="checkbox"/> Escalator <input type="checkbox"/> Autowalk	Work Center	DOE IN II
Type of Visit	<input checked="" type="checkbox"/> PM <input type="checkbox"/> Call Out <input type="checkbox"/> Repair <input type="checkbox"/> Audit	Equipment Number	17261751
Date/Time of Call Out		Equipment ID	5050802
Start Count Reading / Hour		Job Status	<input checked="" type="checkbox"/> Closed <input type="checkbox"/> Not Closed
Meter Reading			

Technician Name	Travel Time	Arrival Date	Arrival Time	Restored Date	Restored Time
Avinash		27/11/2017	2:30 PM	27/11/2017	4:50 PM

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

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

Technician's Remarks	Non-Kone Reason	
	<input type="checkbox"/> Y	<input type="checkbox"/> N
* Visit visit complete done yll module	<input type="checkbox"/> Y	<input type="checkbox"/> N
* * Etd and Emergency light alarm	<input type="checkbox"/> Y	<input type="checkbox"/> N
working is good condition	<input type="checkbox"/> Y	<input type="checkbox"/> N

Additional Works/Parts Replaced

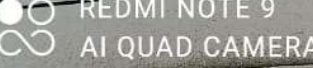
* Rail lub oil 500 ml

* UP, DN final and pit switch checked

Customer Comments

Technician Name/Employee No.:	Avinash	Technician Signature	<i>[Signature]</i>
Customer Name	Mr. Tapase B.V.	Customer Signature	<i>[Signature]</i>
Route Supervisor Name	Mr. J. Jadhav	Route Supervisor Signature	<i>[Signature]</i>

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



G N^o 090029

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KONE Elevator India Private Ltd		Maintenance Report	
Building Name	Krusna Hospital	City / Town	Karachi
Customer Contact Number		Service Order Number	651609197
Plant Section	EN12	Planner Group	DMG 11
Product Type	<input type="checkbox"/> Elevator <input type="checkbox"/> Escalator <input type="checkbox"/> Autowaik	Work Center	282 DMG 11
Type of Visit	<input checked="" type="checkbox"/> PM <input type="checkbox"/> Call Out <input type="checkbox"/> Repair <input type="checkbox"/> Audit	Equipment Number	42261675
Date/Time of Call Out		Equipment ID	0903
Start Count Reading / Hour		Job Status	<input checked="" type="checkbox"/> Closed <input type="checkbox"/> Not Closed
Meter Reading			

Technician Name	Travel Time	Arrival Date	Arrival Time	Restored Date	Restored Time
Aumash		30/6/2017	10:30	30/6/2017	11:50

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

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

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

Additional Works/Parts Replaced * Lub 500 ml.

Customer Comments

Technician Name/Employee No.:	Aumash 40102941	Technician Signature	
Customer Name	M. P. V. Kapash	Customer Signature	
Route Supervisor Name	Mr. T. D. Pathan	Route Supervisor Signature	

G No 080586

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KONE Elevator India Private Ltd		Maintenance Report	
Building Name	Krisna Institute of medical	City / Town	Karad
Customer Contact Number		Service Order Number	247446156
Plant Section	INTZ	Planner Group	282DMA II
Product Type	<input checked="" type="checkbox"/> Elevator <input type="checkbox"/> Escalator <input type="checkbox"/> Autowalk	Work Center	282DMA II
Type of Visit	<input checked="" type="checkbox"/> PM <input type="checkbox"/> Call Out <input type="checkbox"/> Repair <input type="checkbox"/> Audit	Equipment Number	42561675
Date/Time of Call Out		Equipment ID	NTD
Start Count Reading / Hour		Job Status	<input type="checkbox"/> Closed <input type="checkbox"/> Not Closed
Meter Reading	□□□□□□□□□□		

Technician Name	Travel Time	Arrival Date	Arrival Time	Restored Date	Restored Time
Anvash		25/4/2017	2:00	26/4/2017	3:30

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

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

Technician's Remarks	Non-Kone Reason	
* Elevator pm with Y.L module	<input type="checkbox"/> Y	<input type="checkbox"/> N
* wat to mc Brake setting must work	<input type="checkbox"/> Y	<input type="checkbox"/> N
* check all landing door operation etc done	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N

Additional Works/Parts Replaced

* mc Room very dirty

* Lub oil 500ml

Customer Comments

Technician Name/Employee No. :	Anvash 40102941	Technician Signature	
Customer Name	Mr. T D Tadaw	Customer Signature	
Route Supervisor Name		Route Supervisor Signature	

H N^o 058929

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Ward No. 10.

KONE Elevator India Private Ltd		Maintenance Report	
Building Name	Krishanra Institute Medical	City / Town	Karad
Customer Contact Number		Service Order Number	54741026
Plant Section	JN 12	Planner Group	282 DING 11
Product Type	<input checked="" type="checkbox"/> Elevator <input type="checkbox"/> Escalator <input type="checkbox"/> Autowalk	Work Center	282 DING 11
Type of Visit	<input checked="" type="checkbox"/> PM <input type="checkbox"/> Call Out <input type="checkbox"/> Repair <input type="checkbox"/> Audit	Equipment Number	4262796
Date/Time of Call Out		Equipment ID	N/A
Start Count Reading / Hour Meter Reading		Job Status	<input type="checkbox"/> Closed <input type="checkbox"/> Not Closed

Technician Name	Travel Time	Arrival Date	Arrival Time	Restored Date	Restored Time
Anupalk	-	16/3/2017	3:50	16/3/2017	5:50

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

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

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

Additional Works/Parts Replaced

lub oil 500 ml

Customer Comments

Technician Name/Employee No.	Anupalk 40102611	Technician Signature	
Customer Name	my	Customer Signature	
Route Supervisor Name	Mr. D. J. Patil	Route Supervisor Signature	

Week No

F No 0888641

Dedicated to People Flow™



KONE Elevator India Private Ltd		Maintenance Report	
Building Name	KFIAK CHALING MEDICAL SYSTEMS Decm	City / Town	Karimnagar
Customer Contact Number		Service Order Number	642493999
Plant Section	DISE IN II	Planner Group	232 DISE
Product Type	<input checked="" type="checkbox"/> Elevator <input type="checkbox"/> Escalator <input type="checkbox"/> Autowalk	Work Center	DISE IN II
Type of Visit	<input checked="" type="checkbox"/> PM <input type="checkbox"/> Call Out <input type="checkbox"/> Repair <input type="checkbox"/> Audit	Equipment Number	423016753
Date/Time of Call Out		Equipment ID	5050802
Start Count Reading / Hour		Job Status	<input checked="" type="checkbox"/> Closed <input type="checkbox"/> Not Closed
Meter Reading			

Technician Name	Travel Time	Arrival Date	Arrival Time	Restored Date	Restored Time
ANAND		27/11/2017	3:20 PM	27/11/2017	4:50 PM

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

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

Technician's Remarks	Non-Kone Reason	
	<input type="checkbox"/> Y	<input type="checkbox"/> N
<ul style="list-style-type: none"> * started visit at 3:20 pm. date y.l. module * the id and Emergency light alarm working is good condition 	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N

Additional Works/Parts Replaced

* Rail lub oil 500 ml

* up, DN final and pit switch checked ok

Customer Comments

Technician Name/Employee No.:	ANAND KESHAV	Technician Signature	<i>[Signature]</i> 27/11/2017
Customer Name	Mr. Tarise B.V.	Customer Signature	<i>[Signature]</i>
Route Supervisor Name	Mr. J. Jadhav	Route Supervisor Signature	



Ward No. 20

D No 085893

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KONE Elevator India Private Ltd		Maintenance Report	
Building Name	Krusna Institute of medical.	City / Town	Kanad.
Customer Contact Number		Service Order Number	282 DING 11
Plant Section	JN 12	Planner Group	DING 11
Product Type	<input checked="" type="checkbox"/> Elevator <input type="checkbox"/> Escalator <input type="checkbox"/> Autowalk	Work Center	42361675
Type of Visit	<input checked="" type="checkbox"/> PM <input type="checkbox"/> Call Out <input type="checkbox"/> Repair <input type="checkbox"/> Audit	Equipment Number	0805
Date/Time of Call Out		Equipment ID	
Start Count Reading / Hour		Job Status	<input checked="" type="checkbox"/> Closed <input type="checkbox"/> Not Closed
Meter Reading			

Technician Name	Travel Time	Arrival Date	Arrival Time	Restored Date	Restored Time
Anandh		26/7/2017	9:00 am	26/7/2017	1:30 pm

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

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

Technician's Remarks	Non-Kone Reason	
* Elevator shut down for water come on car roof.	<input type="checkbox"/> Y	<input type="checkbox"/> N
* Make water proofing on M/C ROOM customer work done	<input type="checkbox"/> Y	<input type="checkbox"/> N
Then lift is now running	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/> Y	<input type="checkbox"/> N

Additional Works/Parts Replaced

* make a demo for ERD, working or not. check all battery voltage.

* Now lift is running normally

Customer Comments

* ERD Also working ok

* lift working normal condition

Technician Name/Employee No.:	Anandh 40102941	Technician Signature	<i>Anandh</i>
Customer Name	Mr. bhambare sir	Customer Signature	<i>Mhambare</i>
Route Supervisor Name	Mr. T. D. Jadhav	Route Supervisor Signature	

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

KESV/F001/C



Ward No 31

G No 080737

Dedicated to People Flow™



13

KONE Elevator India Private Ltd		Maintenance Report	
Building Name	Krishna Institute Ward No 31	City / Town	Karad.
Customer Contact Number	Mr. Khambare Sir - 979034789	Service Order Number	659060319
Plant Section	PLT 12	Planner Group	DRG II
Product Type	<input checked="" type="checkbox"/> Elevator <input type="checkbox"/> Escalator <input type="checkbox"/> Autowalk	Work Center	232017 H
Type of Visit	<input checked="" type="checkbox"/> PM <input type="checkbox"/> Call Out <input type="checkbox"/> Repair <input type="checkbox"/> Audit	Equipment Number	42361675
Date/Time of Call Out		Equipment ID	61305023
Start Count Reading / Hour Meter Reading		Job Status	<input checked="" type="checkbox"/> Closed <input type="checkbox"/> Not Closed

Technician Name	Travel Time	Arrival Date	Arrival Time	Restored Date	Restored Time
Aurazh	45 min	10/11/2012	10:10	10/11/2012	10:30

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

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

Technician's Remarks	Non-Kone Reason	
* Appreciative maintenance service done	<input type="checkbox"/> Y	<input type="checkbox"/> N
* Alarm, Allarm, Fire Alarm, Emergency, light check working ok	<input type="checkbox"/> Y	<input type="checkbox"/> N
* End optional check working ok	<input type="checkbox"/> Y	<input type="checkbox"/> N
* door check ok	<input type="checkbox"/> Y	<input type="checkbox"/> N
* OSS tension weight position check	<input type="checkbox"/> Y	<input type="checkbox"/> N

Additional Works/Parts Replaced: ok
 * Landing or car Ele and mech safety check working ok
 * Lubrication oil half LTR
 * Replaced fan buttons = 01 Nos

Customer Comments:

Technician Name/Employee No.:	Aurazh 40102941	Technician Signature	
Customer Name	Mr. Khambare Sir	Customer Signature	
Route Supervisor Name	Mr. D. D. Fadnis	Route Supervisor Signature	

N

No 079426

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18

KONE Elevator India Private Ltd Maintenance Report

Building Name	Kristna Institute medical college	City / Town	Kanpur
Customer Contact Number	Mr SR Engineer	Service Order Number	660467350
Plant Section	JN 12	Planner Group	DMG II
Product Type	<input checked="" type="checkbox"/> Elevator <input type="checkbox"/> Escalator <input type="checkbox"/> Autowalk	Work Center	382 DMG II
Type of Visit	<input checked="" type="checkbox"/> PM <input type="checkbox"/> Call Out <input type="checkbox"/> Repair <input type="checkbox"/> Audit	Equipment Number	47351675
Date/Time of Call Out		Equipment ID	6111002
Start Count Reading / Hour		Job Status	<input type="checkbox"/> Closed <input type="checkbox"/> Not Closed
Meter Reading			

Technician Name	Travel Time	Arrival Date	Arrival Time	Restored Date	Restored Time
Aurash	18/12/2017	18/12/2017	2:00	18/12/2017	5:00

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

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

Technician's Remarks	Non-Kone Reason	
* preventive maintenance serviced done	<input type="checkbox"/> Y	<input type="checkbox"/> N
* fan Alarm, intercom, check working ok	<input type="checkbox"/> Y	<input type="checkbox"/> N
* Emergency light check working ok	<input type="checkbox"/> Y	<input type="checkbox"/> N
* check FPD operation working ok	<input type="checkbox"/> Y	<input type="checkbox"/> N

Additional Works/Parts Replaced

* All car & landing call buttons are check working ok

* All car, landing H19 Display check working ok

① Lubrication oil = LLR

Customer Comments

Technician Name/Employee No.:	Aurash 40102941	Technician Signature	
Customer Name	Mr. Bhambhani Sir	Customer Signature	
Route Supervisor Name	Mr. J. D. Jaiswal	Route Supervisor Signature	

2018

KONE Packaged Service Repair



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

Mr Bhambure sir

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KONE
Status Closed



Dispatch number 10129421
Caller Name / Time 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

Failure Description lift not work
Fitter Name / Accepted Time MADANE AVINASH SHIVAJI at 10/04/2018 08:29
Equipment Condition on Arrival Running - Not stopping accurately

Equipment Condition on Leaving 01
Reason Code Description Outdated component
Action Code Description Adjusted
Comments for Customer
Arrived Time 10/04/2018 08:30
Finished Time 10/04/2018 10:57

Customer Signature

10129421

Customer Name

Mr bhamure sir

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KONE
Status Closed



Dispatch number 10161799
Caller Name / Time 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
Finished Time 02/05/2018 19:14

Customer Signature

Extra Work 668189884

Customer Name

Mr Bhambure sir

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KONE
Status Closed




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

Failure Description Additional work performed during Maintenance
666692614
Fitter Name / Accepted Time MADANE AVINASH SHIVAJI at 09/04/2018 14:49
Equipment Condition on Arrival No Applicable - No Applicable

Equipment Condition on Leaving 01
Reason Code Description Vandalism
Action Code Description Adjusted
Comments for Customer
Arrived Time 09/04/2018 14:50
Finished Time 09/04/2018 16:37

Customer Signature


Extra Work 666692614

Customer Name

Mr bhamure sir

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KONE
Status Closed



Dispatch number 10092396
Caller Name / Time Avinash at 08/03/2018 13:24

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 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
Finished Time 08/03/2018 18:00

Customer Signature

10092396

Customer Name

Mr bhamure sir

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Maintenance Visit Record



Customer Name	KRISHNA INSTITUTE OF MEDICAL	Address	KIMS, KARAD, KARAD
Site Name	KRISHNA INSTITUTE OF MEDICAL	City	KARAD
Contract Number	41231469	Service Order	678625954
Equipment Number	42361675	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

Preventive meantenance 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 14/11/2018 09:23
Finished Time 20/11/2018 12:11

Customer Signature

678625954

Signed By

Mr Bhambure sir

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KONE
Status Closed



Dispatch number 10328981
Caller Name / Time 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
Equipment Condition on Arrival No Applicable - No Applicable

Equipment Condition on Leaving 01
Reason Code Description Outdated component
Action Code Description Adjusted
Customer Comments Not applicable
Arrived Time 14/09/2018 10:52
Finished Time 14/09/2018 12:41

Customer Signature

Extra Work 674635900

Signed By

Mr Bhambure

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Maintenance Visit Record



Site Name	KRISHNA INSTITUTE OF MEDICAL	Address	KIMS, KARAD, KARAD
Contract Number	41231469	City	KARAD
Equipment Number	42361675	Service Order	671415176
		Visit Date	4/7/2018
Equipment ID	-	Attended by	MADANE AVINASH SHIVAJI

B: Basic module

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

Job Description

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

Customer Comments

N/A

Arrived Time 04/07/2018 09:39

Finished Time 04/07/2018 12:58

Customer Signature

671415176

Customer Name KRISHNA INSTITUTE OF MEDICAL

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Maintenance Visit Record



Site Name	KRISHNA INSTITUTE OF MEDICAL	Address	KIMS, KARAD, KARAD
Contract Number	41231469	City	KARAD
Equipment Number	42361675	Service Order	669655455
		Visit Date	5/6/2018
Equipment ID	-	Attended by	MADANE AVINASH SHIVAJI

B: Basic module

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

Job Description

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

Customer Comments

NA

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

Customer Signature

669655455

Customer Name KRISHNA INSTITUTE OF MEDICAL

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No 004502

Ward No 31

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KONE Elevator India Private Ltd		Maintenance Report	
Building Name	krishna medical collage	City / Town	Kanad
Customer Contact Number	9320110111	Service Order Number	66550167
Plant Section	2ND FLOOR	Planner Group	283 DITG II
Product Type	<input checked="" type="checkbox"/> Elevator <input type="checkbox"/> Escalator <input type="checkbox"/> Autowalk	Work Center	283 DITG II
Type of Visit	<input type="checkbox"/> PM <input type="checkbox"/> Call Out <input type="checkbox"/> Repair <input type="checkbox"/> Audit	Equipment Number	11361675
Date/Time of Call Out		Equipment ID	510050803
Start Count Reading / Hour		Job Status	<input type="checkbox"/> Closed <input type="checkbox"/> Not Closed
Meter Reading			

Technician Name	Travel Time	Arrival Date	Arrival Time	Restored Date	Restored Time
Avinash	40 min	10/02/2018	9:00	10/02/2018	10:30

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

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

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

Additional Works/Parts Replaced

① Lubrication oil = 1000ml

Customer Comments

Technician Name/Employee No. : Avinash 401002411	Technician Signature
Customer Name : Krishna Medical Collage	Customer Signature
Route Supervisor Name : M. J. D. Jadhav	Route Supervisor Signature

N

No 079440

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word no 31 vlp

KONE Elevator India Private Ltd		Maintenance Report	
Building Name	<i>Krishna Institute of Medi Science</i>	City / Town	<i>Karad</i>
Customer Contact Number	<i>9822616735</i>	Service Order Number	<i>292 DMO 11</i>
Plant Section	<i>292 DMO 11</i>	Planner Group	<i>292 DMO 11</i>
Product Type	<input checked="" type="checkbox"/> Elevator <input type="checkbox"/> Escalator <input type="checkbox"/> Autowalk	Work Center	<i>292 DMO 11</i>
Type of Visit	<input checked="" type="checkbox"/> PM <input type="checkbox"/> Call Out <input type="checkbox"/> Repair <input type="checkbox"/> Audit	Equipment Number	<i>42261673</i>
Date/Time of Call Out		Equipment ID	
Start Count Reading / Hour Meter Reading	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Job Status	<input type="checkbox"/> Closed <input type="checkbox"/> Not Closed

Technician Name	Travel Time	Arrival Date	Arrival Time	Restored Date	Restored Time
<i>Ashish</i>	<i>40</i>	<i>05/12/18</i>	<i>9:40</i>	<i>05/12/18</i>	<i>11:00</i>

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

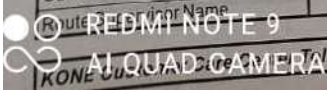
Maintenance Module	Completed	Rectification Area		Completed
		Elevator	Escalator	
Basic Inspection	<input type="checkbox"/>	Guide Rails	Drive Station	<input type="checkbox"/>
Basic Module	<input type="checkbox"/>	Doors and Entrances	Track System	<input type="checkbox"/>
Shaft Module	<input type="checkbox"/>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

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

** preventive maintenance service done*
** Fan, Alarm, Intercom, check working ok*
** Emergency light check working ok*
** All Landing or car call buttons are check working ok*
** All Landing or car display check working ok*
Additional Works/Parts Replaced
** New lift is running normally*
① Lubrication oil = 1000 ml

Customer Comments

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



Free Number: 1800 108 1234 / 1800 425 4254

KESV/FC

Maintenance Visit Record



Site Name	KRISHNA INSTITUTE OF MEDICAL	Address	KIMS, KARAD, KARAD
Contract Number	41231469	City	KARAD
Equipment Number	42361675	Service Order	668189884
		Visit Date	2/5/2018
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.

Comments for Customer

Customer Signature

668189884

Customer Name KRISHNA INSTITUTE OF MEDICAL

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REDMI NOTE 9
AI QUAD CAMERA

Maintenance Visit Record



Customer Name	KRISHNA INSTITUTE OF MEDICAL	Address	KIMS, KARAD, KARAD
Site Name	KRISHNA INSTITUTE OF MEDICAL	City	KARAD
Contract Number	41231469	Service Order	676261076
Equipment Number	42361675	Visit Date	8/10/2018
Equipment ID		Attended by	MADANE AVINASH SHIVAJI

B: Basic module

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

Job Description

Preventive maintenance service done Fan Alarm 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

Signed By

676261076
Mr Bhambure sir

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Maintenance Visit Record



Site Name	KRISHNA INSTITUTE OF MEDICAL	Address	KIMS, KARAD, KARAD
Contract Number	41231469	City	KARAD
Equipment Number	42361675	Service Order	666692614
		Visit Date	9/4/2018
Equipment ID	-	Attended by	MADANE AVINASH SHIVAJI

B: Basic module

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

Comments for Customer

Customer Signature

666692614

Customer Name KRISHNA INSTITUTE OF MEDICAL

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KONE
Status Closed



Dispatch number 10304835
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
Finished Time 25/08/2018 14:10

Customer Signature

10304835

Signed By

Mr Bhambure

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REDMI NOTE 9
AI QUAD CAMERA

KONE
Status Closed



Dispatch number	10192849
Caller Name / Time	at 29/05/2018 08:29
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	all elevator equipment cleaning work done
Failure Description	car top or shaft and pit cleaning work
Fitter Name / Accepted Time	MADANE AVINASH SHIVAJI at 29/05/2018 14:39
Equipment Condition on Arrival	Running - Running correctly (no fault found)
Equipment Condition on Leaving	01
Reason Code Description	Outdated component
Action Code Description	Cleaned - Polished
Customer Comments	N/A
Arrived Time	29/05/2018 08:29
Finished Time	29/05/2018 13:32

Customer Signature

10192849

Customer Name

Mr Bhambure sir

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REDMI NOTE 9
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**KONE
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Dispatch number 10239459
Caller Name / Time 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
Fitter Name / Accepted Time MADANE AVINASH SHIVAJI at 04/07/2018 10:43
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
Finished Time 04/07/2018 12:28

Customer Signature

Extra Work 671415176

Customer Name

Mr Bhambure sir

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KONE
Status Closed



Dispatch number 10413797
Caller Name / Time at 05/12/2018 09:25

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 or 3rd floor landing door closing time jam rolling 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

Customer Signature

Extra Work 679575486

Signed By

Mr bhamure sir

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KONE
Status Closed



Dispatch number 10254302
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 42361675
Street 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 08:19
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

Customer Signature

10254302

Signed By

Mr Bhambure sir

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2019

KONE
Status Closed



Dispatch number
Caller Name / Time

10565248
Mr vivek bhambure at 25/05/2019 09:14

Customer Name
Site Name
Equipment Type
Equipment ID
Equipment Number
Street
Postal Code / City

KRISHNA INSTITUTE OF MEDICAL
KRISHNA INSTITUTE OF MEDICAL
Elevator
-
42361675
KIMS, KARAD, KARAD
415110 KARAD

Job Description
Failure Description
Fitter Name / Accepted Time
Equipment Condition on Arrival

ERD battery damage replaced 12voltage 12 AH 4
nos
ERD battery replacement
MADANE AVINASH SHIVAJI at 25/05/2019 09:39
Running - Not stopping accurately

Equipment Condition on Leaving
Reason Code Description
Action Code Description
Customer Comments
Arrived Time
Finished Time

01
Building power down
Replaced
Customer satisfied from
25/05/2019 09:39
25/05/2019 10:51

Customer Signature

1056524

Mr vivek bhambure sir

Signed By

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Maintenance Visit Record



Customer Name	KRISHNA INSTITUTE OF MEDICAL	Address	KIMS, KARAD, KARAD
Site Name	KRISHNA INSTITUTE OF MEDICAL	City	KARAD
Contract Number	41231469	Service Order	695348214
Equipment Number	42361675	Attended by	Pravin SHIGWAN
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

Preventive maintenance done with 1)Light,Fan &Alarm working ok 2)Lubricant Oli 1000ml

Customer Comments

Arrived Time 26/09/2019 15:57
Work Completed Time 26/09/2019 17:04

Customer Signature

Vivek bhambure

9538271

Signed By Mr vivek bhambure sir

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REDMI NOTE 9
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Maintenance Visit Record



Customer Name	KRISHNA INSTITUTE OF MEDICAL	Address	KIMS, KARAD, KARAD
Site Name	KRISHNA INSTITUTE OF MEDICAL	City	KARAD
Contract Number	41231469	Service Order	689634188
Equipment Number	42361675	Visit Date	5/6/2019
Equipment ID		Attended by	MADANE AVINASH SHIVAJI

B: Basic module

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

Job Description

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

Customer Comments

Customer satisfied

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

Customer Signature

689634188

Signed By

Mr vivek bhambure sir

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REDMI NOTE 9
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Maintenance Visit Record



Customer Name	KRISHNA INSTITUTE OF MEDICAL	Address	KIMS, KARAD, KARAD
Site Name	KRISHNA INSTITUTE OF MEDICAL	City	KARAD
Contract Number	41231469	Service Order	683142020
Equipment Number	42361675	Visit Date	6/2/2019 MADANE AVINASH SHIVAJI
Equipment ID	-	Attended by	

Y: Basic inspection
S: Shaft module

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

Job Description

Preventive maintenance service done fan Allarm and intercom check working ok all landing door contact check working ok emergency lights check working ok

Customer Comments

not applicable

Arrived Time 06/02/2019 15:32
Finished Time 07/02/2019 14:51

Customer Signature

683142020

Signed By

Mr Vivek bhambure

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REDMI NOTE 9
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KONE Packaged Service Repair



Customer Name	KRISHNA INSTITUTE OF MEDICAL	Address	KIMS, KARAD, KARAD
Site Name	KRISHNA INSTITUTE OF MEDICAL	City	KARAD
Contract Number	41231469	KONE Order	675991538
Equipment Number	42361675	Visit Date	8/2/2019
Equipment ID	-	Attended by	MADANE AVINASH SHIVAJI

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

Planned Order

Job Description

work complete

Customer Comments

Arrived Time 08/02/2019 16:16
Finished Time 08/02/2019 17:23

Customer Signature

675991538

Signed By

Mr Bhambure sir

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REDMI NOTE 9
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Maintenance Visit Record



Customer Name	KRISHNA INSTITUTE OF MEDICAL	Address	KIMS, KARAD, KARAD
Site Name	KRISHNA INSTITUTE OF MEDICAL	City	KARAD
Contract Number	41231469	Service Order	686414782
Equipment Number	42361675	Visit Date	5/4/2019
Equipment ID	-	Attended by	MADANE AVINASH SHIVAJI

B: Basic module

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

Job Description

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

Customer Comments

Customer satisfied

Arrived Time 05/04/2019 09:22
Finished Time 09/04/2019 16:54

Customer Signature

686414782

Signed By

Mr bhamure sir

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REDMI NOTE 9
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Maintenance Visit Record



Customer Name	KRISHNA INSTITUTE OF MEDICAL	Address	KIMS, KARAD, KARAD
Site Name	KRISHNA INSTITUTE OF MEDICAL	City	KARAD
Contract Number	41231469	Service Order	698865063
Equipment Number	42361675	Attended by	MADANE AVINASH SHIVAJI
Equipment ID	-		

B; Basic module

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



Job Description

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

Customer Comments

costcoomer satisfied

Arrived Time 04/11/2019 13:54

Work Completed Time 04/11/2019 14:53

Customer Signature

099855041

Signed By

Mr Bhambure sir



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REDMI NOTE 9
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Maintenance Visit Record



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

B: Basic module

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

Job Description

Preventive maintenance service done fan 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 11/01/2019 12:12
Finished Time 12/01/2019 16:01

Customer Signature

681381670

Signed By

Mr Bhambure sir

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KONE Packaged Service Repair



Customer Name	KRISHNA INSTITUTE OF MEDICAL	Address	KIMS, KARAD, KARAD
Site Name	KRISHNA INSTITUTE OF MEDICAL	City	KARAD
Contract Number	41231469	KONE Order	667718466
Equipment 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

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

Customer Signature

667718466

Signed By

Mr Bhambure sir

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Maintenance Visit Record



Customer Name	KRISHNA INSTITUTE OF MEDICAL	Address	KIMS, KARAD, KARAD
Site Name	KRISHNA INSTITUTE OF MEDICAL	City	KARAD
Contract Number	41231469	Service Order	688736894
Equipment Number	42361675	Visit Date	13/5/2019 MADANE
Equipment ID		Attended by	AVINASH SHIVAJI

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

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

Job Description

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

Customer Comments

Customer satisfied

Arrived Time 13/05/2019 09:08
Finished Time 18/05/2019 17:49

Customer Signature

688736894

Signed By

Mr Bhambure sir

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Maintenance Visit Record



Customer Name	KRISHNA INSTITUTE OF MEDICAL	Address	KIMS, KARAD, KARAD
Site Name	KRISHNA INSTITUTE OF MEDICAL	City	KARAD
Contract Number	41756319	Service Order	709530045
Equipment Number	42361675	Attended by	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 your attention, following this visit a member of our team will be in contact.

Job Description

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

Customer Comments

customer satisfied

Arrived Time 23/05/2020 09:20

Work Completed Time 23/05/2020 10:45

Customer Signature

70538045

Signed By

Mr Bhambure sir

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



REDMI NOTE 9
AI QUAD CAMERA

Maintenance Visit Record



Customer Name	KRISHNA INSTITUTE OF MEDICAL	Address	KIMS, KARAD, KARAD
Site Name	KRISHNA INSTITUTE OF MEDICAL	City	KARAD
Contract Number	41756319	Service Order	704243448
Equipment Number	42361675	Attended by	MADANE AVINASH SHIVAJI
Equipment ID	-		

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

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

Customer Signature

7042448

Signed By Mr Bhambure sir

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Maintenance Visit Record



Customer Name	KRISHNA INSTITUTE OF MEDICAL	Address	KIMS, KARAD, KARAD
Site Name	KRISHNA INSTITUTE OF MEDICAL	City	KARAD
Contract Number	41756319	Service Order	702737991
Equipment Number	42361675	Attended by	MADANE AVINASH SHIVAJI
Equipment ID			

B: Basic module

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

Job Description

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

Signed By

Mr Bhambure sir

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REDMI NOTE 9
AI QUAD CAMERA

Maintenance Visit Record



Customer Name	KRISHNA INSTITUTE OF MEDICAL	Address	KIMS, KARAD, KARAD
Site Name	KRISHNA INSTITUTE OF MEDICAL	City	KARAD
Contract Number	41756319	Service Order	720760112
Equipment Number	42361675	Attended by	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 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

720760112

Signed By Mr vivek bhambure sir

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

Maintenance Visit Record



Customer Name	KRISHNA INSTITUTE OF MEDICAL	Address	KIMS, KARAD, KARAD
Site Name	KRISHNA INSTITUTE OF MEDICAL	City	KARAD
Contract Number	41756319	Service Order	702737991
Equipment Number	42361675	Attended by	MADANE AVINASH SHIVAJI
Equipment ID	-		

B: Basic module

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

Job Description

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

Signed By

Mr Bhambure sir

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



REDMI NOTE 9
AI QUAD CAMERA

Maintenance Visit Record



Customer Name	KRISHNA INSTITUTE OF MEDICAL	Address	KIMS, KARAD, KARAD
Site Name	KRISHNA INSTITUTE OF MEDICAL	City	KARAD
Contract Number	41756319	Service Order	720760112
Equipment Number	42361675	Attended by	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 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

720760112

Signed By Mr vivek bhambure sir

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

KONE Packaged Service Repair



Customer Name	KRISHNA INSTITUTE OF MEDICAL	Address	KIMS, KARAD, KARAD
Site Name	KRISHNA INSTITUTE OF MEDICAL	City	KARAD
Contract Number	41231469	KONE Order	694894359
Equipment Number	42361675	Attended by	MADANE AVINASH SHIVAJI
Equipment ID	-		

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

MX BRAKE SETTING

Job Description

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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REDMI NOTE 9
AI QUAD CAMERA

Callout Record Status Closed



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

Mr mane sir

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● ○ REDMI NOTE 9
∞ AI QUAD CAMERA

KONE Packaged Service Repair



Customer Name	KRISHNA INSTITUTE OF MEDICAL	Address	KIMS, KARAD, KARAD
Site Name	KRISHNA INSTITUTE OF MEDICAL	City	KARAD
Contract Number	41231469	KONE Order	667718466
Equipment 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

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

Customer Signature

667718466

Signed By Mr Bhambure sir

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REDMI NOTE 9
AI QUAD CAMERA

CALIBRATION REPORT

1) BATTERY METER New Purchase Meters

Original - Buyer's Copy

TAX INVOICE		Invoice No.	Dated
Sayali's Concepts And Control Systems Regd. Off. 5th - Smrta-Surana R. K. Nagar Kolhapur - 416013 Maharashtra - 416013 Contact: 0231-4810777, 7350747400 E-Mail: sayali_sagaonkar@gmail.com		9	13-May-2016
		Delivery Note	Mode/Terms of Payment
		Supplier's Ref. 25	8 Days
Buyer KRISHNA INSTITUTE OF MEDICAL SCIENCES Karad Maharashtra-415110		Buyer's Order No.	Dated
		Despatch Document No.	Dated
		Despatched through	Destination
		Mr. Nitin	
		Terms of Delivery	

Sl No.	Description of Goods	Quantity	Rate	per	Disc. %	Amount
1	Insulation Tester (Digital) Make-Meco, Model-DIT99E	1 No	1,150.00	No		1,150.00
2	Digital Clampmeter Model 27T Auto(400A) Make: Meco	3 No	1,050.00	No		3,150.00
3	DIGITAL CLAMP METER Model 2502T Auto(1000A) Make: Meco	2 No	1,600.00	No		3,200.00
4	Lux Meter Model 930/930P Make: Meco	1 No	2,000.00	No		2,000.00
5	Clamp Meter DT2250hz	2 No	2,150.00	No		4,300.00
						13,800.00
Output VAT @12.5%						1,725.00
Total						₹ 15,525.00

Amount Chargeable (in words)	VAT %	Assessable Value	VAT Amount
Indian Rupees Fifteen Thousand Five Hundred Twenty Five Only	12.50 %	13,800.00	1,725.00
VAT Amount (in words)			
Indian Rupees One Thousand Seven Hundred Twenty Five Only (₹ 1,725.00)			

Company's VAT TIN	: 27400059189 V
Company's CST No.	: 27400059189 C
Company's Service Tax No.	: AQOPS4687BSD001
Company's PAN	: AQOPS4687B

Declaration
I/We hereby certify that my/our registration certificate under the Maharashtra Value Added Tax Act, 2002 is in force on the date on which the sale of goods specified in this Tax Invoice is made by me/us and that the transaction of sale covered by this Tax Invoice has been effected by me/us and it shall be accounted for in the turnover of the sale while filling of return and the due tax, if any, payable on the sale has been paid or shall be paid.

Customer's Seal and Signature _____

Company's Bank Details
 Bank Name : HDFC BANK LTD
 A/c No. : 0164256000546
 Branch & IFS Code : Shahupuri & HDFC0000164
 for Sayali's Concepts And Control Systems

 Authorised Signatory

SUBJECT TO KOLHAPUR JURISDICTION

This is a Computer Generated Invoice

Material received as per PO No. 21/6/16. Only 5 nos. of items pending. Refer to ledger. HCT 6/10/16.

ADJadhav 2/6/16

TAX INVOICE

Original - Bupis 0000

Sayali's Concepts And Control Systems Regd Off: 5/9 "Smti-Sumane" R. K. Nagar Kolhapur - 416013 Maharashtra - 416013 Contact : 0231-6610777, 7350747400 E-Mail : sarang.sagaonkar@gmail.com	Invoice No. 11	Dated 17-May-2016
	Delivery Note 946	Mode/Terms of Payment 8 Days
Buyer KRISHNA INSTITUTE OF MEDICAL SCIENCES Karad Maharashtra-415110	Supplier's Ref.	Other Reference(s)
	Buyer's Order No. 33A	Dated 17-May-2016
	Despatch Document No.	Dated 17-May-2016
	Despatched through Mr.Sarang	Destination
Terms of Delivery		

Sl No	Description of Goods	Quantity	Rate	per	Disc. %	Amount
1	BM63 Battery Meter <i>AS per PO NO. 33A. HINDU/CO/15/2016</i> <i>dated-20/6/16 MATHI RECEIVED</i> Output VAT @ 5.5%	1 No	1,000.00	No		1,000.00
				12.50 %		125.00
Total		1 No				₹ 1,125.00

Amount Chargeable (in words)
 Indian Rupees One Thousand One Hundred Twenty Five Only

VAT Amount (in words)
 Indian Rupees One Hundred Twenty Five Only (₹ 125.00)

VAT %	Assessable Value	VAT Amount
12.50 %	1,000.00	125.00

Company's VAT TIN : 27400059189 V
 Company's CST No. : 27400059189 C
 Company's Service Tax No. : AQOPS4687BSD001
 Company's PAN : AQOPS4687B

Declaration
 I/We hereby certify that my/our registration certificate under the Maharashtra Value Added Tax Act, 2002 is in force on the date on which the sale of goods specified in this Tax Invoice is made by me/us and that the transaction of sale covered by this Tax Invoice has been effected by me/us and it shall be accounted for in the turnover of the sale while filling of return and the due tax, if any, payable on the sale has been paid or shall be paid.

Company's Bank Details
 Bank Name : HDFC BANK LTD
 A/c No. : 01642560005467
 Branch & IFS Code : Shahupuri & HDFC0000164

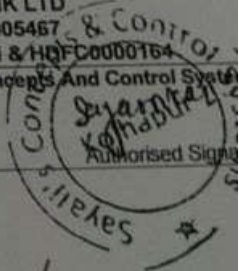
Customer's Seal and Signature

for Sayali's Concepts And Control Systems
 Authorised Sign

SUBJECT TO KOLHAPUR JURISDICTION
 This is a Computer Generated Invoice

AAJadhav
23/5/16

AAJadhav
26/6/2016





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.reliabletechnical.com



CALIBRATION CERTIFICATE

CUSTOMER
 Institute Of Medical Sciences
 Pimpri University,
 Dist. Sabara- 415110

Page No. - 1 of 1

Certificate No. - 17.07.05.003
Date of Received - 05.07.2017
Date of Calibration - 05.07.2017
Next Calibration Due On - 04.07.2018
Calibration method No. - RTS-WI-03 (A)

Temperature (°C) - 23.5
Relative Humidity (% RH) - 54
Location of calibration - In Lab/On site
Condition of item - OK

Description of Item

Name - Battery Meter
No - KIMSDU/PH/BM-01
Make - Meco -BM-63

Range - Selectable
Least Count - Selectable
Type - Analog
Location - Power House

Details of Equipment used for calibration

Name - 6½ DMM
Certificate No. - CC/ECL/0709/16-17
certified By - IDEMI
ISr. No. - TW00005089
Calibration Validity - 16.07.2017

Calibration Results

Calibration Points	Standard Reading	UUC Reading	Error in	Expanded Unc. In ±
VDC	VDC	VDC	VDC	VDC
2	2.03	2.0	-0.03	0.06
6	6.08	6.0	-0.08	0.06
12	12.11	12.0	-0.11	0.06

Note:
 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.
 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.

Calibrated By

 Calibration Engineer
 ar Kore
 21, R0

Approved By

 Technical Manager
 SACHIN A. MHASAWADE





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.reliabletechnical.com



CALIBRATION CERTIFICATE

1. CUSTOMER :-

Krishna Institute Of Medical Sciences
Deemed University,
Khad, Dist Satara- 415110

Temperature (°C) :- 23.7
Relative Humidity (% RH) :- 49
Location of calibration :- In Lab/On site
Condition of item :- OK

Page No.

-> 1 of 1

Certificate No. :- 18.07.03.002
Date of Received :- 03.07.2018
Date of Calibration :- 03.07.2018
Next Calibration Due On :- 02.07.2019
Calibration method No. :- RTS-WI-03 (A)

2. Description of Item

Name :- Battery Meter
Id No :- KIMSDU/PH/BM-01
Make :- Mecro -BM-63

Range :-
Least Count :- Selectable
Type :- Selectable
Location :- Analog
Power House

3. Details of Equipment used for calibration

Name :- 6 1/2 DMM
Certificate No. :- CC/ECL/0701/17-18
Certified By :- IDEMI
ID/Sr. No. :- TW00005089
Calibration Validity :- 06.07.2018

4. Calibration Results :-

Calibration Points VDC	Standard Reading VDC	UUC Reading VDC	Error in VDC	Expanded Unc. In ± VDC
2	2.02	2.0	-0.02	0.06
6	6.06	6.0	-0.06	0.06
12	12.10	12.0	-0.10	0.06

Note:

- 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
- 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 has been obtained from the Technical Manager of "Reliable Technical Services, Pune".
- The Standard used are traceable to National / International Standard.

Calibrated By

Agar Kore

F-21, R0



Approved By

SACHIN A. MHASAWADE
Technical Manager





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.reliabletechnical.com / www.reliable.world



CALIBRATION CERTIFICATE

1. CUSTOMER

Krishna Institute Of Medical Sciences
Deemed University,
Karad, Dist Satara- 415110

Temperature (°C) :- 24.0
Relative Humidity (% RH) :- 51
Location of calibration :- In Lab/On site
Condition of item :- OK

Page No. :- 1 of 1

Certificate No. :- 19.06.25.002
Date of Received :- 25.06.2019
Date of Calibration :- 25.06.2019
Next Calibration Due On :- 24.06.2020
Calibration method No. :- RTS-WI-03 (A)

2. Description of Item

Name :- Battery Meter
Id No :- KIMSDU/PH/BM-01
Make :- Meco -BM-63

Range :- Selectable
Least Count :- Selectable
Type :- Analog
Location :- Power House

3. Details of Equipment used for calibration

Name :- 6½ DMM
Certificate No. :- CC/ECL/0615/18-19
Certified By :- IDEMI
ID/Sr. No. :- TW00005089
Calibration Validity :- 04.07.2019

4. Calibration Results

Calibration Points VDC	Standard Reading VDC	UUC Reading VDC	Error in VDC	Expanded Unc. VDC
2	2.02	2.0	-0.02	0.06
6	6.05	6.0	-0.05	0.06
12	12.08	12.0	-0.08	0.06

Note:

- 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.
- 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 has been obtained from the Technical Manager of "Reliable Technical Services, Pune".
- 6) The Standard used are traceable to National / International Standard.

Calibrated By

D. More
Calibration Engineer
Dushant Morey
F-21, RO




Approved By


S.M.
Technical Manager
SACHIN A. MHASAWADE




2) CLAMP METER



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.reliabletechnical.com



DAKKS
 DAUGHTER OF THE
 METROLOGY DEPARTMENT
 GOVERNMENT OF INDIA



NABL ACCREDITED
 LABORATORY
 CERTIFICATE NO. 2486/2018

CALIBRATION CERTIFICATE

CUSTOMER
 Krishna Institute Of Medical Sciences
 Deemed University,
 District, Dist Satara- 415110

Temperature (°C) :- 22.4
Relative Humidity (%RH) :- 50
Location of calibration :- In Lab
Condition of Item :- OK

Description of Item

Name :- Clamp Meter	Range :- Selectable
Id No :- KIMSDU/PH/CM-01	Least Count :- Selectable
Make & Model :- Meco -2502T-Auto	Type :- Digital
	Location :- Power House

Details of Equipment used for calibration

Name :- Universal Calibrator	Resistance Box	Universal Calibrator with CC
Certificate No. :- CC/ECL/0695/16-17	CC/ECL/0702/16-17	CC/ECL/0698/16-17
Calibrated By :- IDEMI	IDEMI	IDEMI
Sr. No. :- 20090604	20160610	20090604
Calibration Validity :- 05.07.2017	11.07.2017	11.07.2017

Calibration Results

DC Voltage

Range	Cal Points	Standard Reading	UUC Reading	Error in	Expanded Uncertainty ±
0 mV	100	100.00	100.3	0.3	0.31
2 V	1	1.0000	1.005	0.005	0.03
10 V	10	10.00	10.07	0.07	0.60
100 V	100	100.00	100.9	0.9	0.84
500 V	500	500.0	602	102	2.30

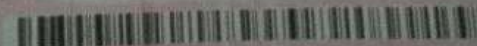
AC Voltage , 50 Hz

Range	Cal Points	Standard Reading	UUC Reading	Error in	Expanded Uncertainty
V	1	1.0000	1.002	0.002	0.02
V	10	10.00	10.05	0.05	0.20
V	100	100.00	100.7	0.7	0.98
500 V	500	500.0	501	1	2.64

Current , 50 Hz

Range	Cal Points	Standard Reading	UUC Reading	Error in	Expanded Uncertainty
A	1	1.0000	1.002	0.002	0.02
A	10	10.00	10.05	0.05	0.20
A	100	100.00	100.7	0.7	0.98
A	500	500.0	501	1	0.98

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E-mail: info@reliabletech.com, sales@reliabletech.com
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Calibration No. **12.20.25.002**

Page No 2 of 2

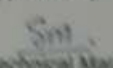
Range	Cal Points	Standard Reading	UUC Reading	Error in	Expanded Uncertainty in \pm
200-0	100	100	99.8	-0.2	0.50
2-50	1	1	0.999	-0.004	1.10
20-50	10	10	9.94	-0.06	0.12
200-50	100	100	99.2	-0.8	1.10
2-100	1	1	0.995	-0.005	0.12
20-100	10	10	9.93	-0.07	1.10

Note:

- 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.
- 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 points were selected as per customer specifications.
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Calibrated By

 Assistant Technical Manager
 Rahul Sahle



Approved By

 Technical Manager
 SACHIN A. MHASAWADE

RS-21_80





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Email : reliable101@gmail.com / reliabletechnocare@gmail.com
Web : www.reliabletechnical.com / www.reliable.world



CALIBRATION CERTIFICATE

1. CUSTOMER :-

Krishna Institute Of Medical Sciences
Deemed University,
Karad, Dist. Satara- 415110
Temperature (°C) :- 23.1
Relative Humidity (%RH) :- 49
Location of calibration :- In Lab
Condition of Item :- OK

Page No. :- 1 of 2
NABL Accreditation No. :- CC-2927
Certificate No. :- 19.06.25.001
Date of Received :- 25.06.2019
Date of Calibration :- 25.06.2019
Next Calibration Due On :- 24.06.2020
Calibration method No. :- RTS-WI-02, 03 (A), 07
ULR No. :- CC292719000011232F

2. Description of Item

Name :- Clamp Meter
Id No :- KIMSDU/PH/CM-01
Make & Model :- Meco -2502T-Auto
Range :- Selectable
Least Count :- Selectable
Type :- Digital
Location :- Power House

3. Details of Equipment used for calibration

Name :- UNIVERSAL CALIBRAT Universal Calibrator with CC
Certificate No. :- CC/ECL/0619/18-19 CC/ECL/618/18-19
Certified By :- IDEMI IDEMI
ID/Sr. No. :- 09050591 20090604
Calibration Validity :- 02.07.2019 02.07.2019

4. Calibration Results :-

A) DC Voltage

Range	Cal Points	Standard Reading	UUC Reading	Error in	Expanded Uncertainty ±
200 mV	100	100.00	100.3	0.3	0.32
2 V	1	1.0000	1.002	0.002	0.03
20 V	10	10.00	10.07	0.07	0.60
200 V	100	100.00	100.8	0.8	0.65
1000 V	900	900.0	902	2	2.25

B) AC Voltage , 50 Hz

Range	Cal Points	Standard Reading	UUC Reading	Error in	Expanded Uncertainty ±
2 V	1	1.0000	1.005	0.005	0.02
20 V	10	10.00	10.04	0.04	0.20
200 V	100	100.00	100.5	0.5	0.98
1000 V	900	900.0	901	1	2.62

C) AC Current , 50 Hz

Range	Cal Points	Standard Reading	UUC Reading	Error in	Expanded Uncertainty ±
2 A	1	1.0000	1.006	0.006	0.02
20 A	10	10.00	10.08	0.08	0.20
200 A	100	100.00	100.6	0.6	0.98
1000 A	900	900.0	902	2	0.98





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Calibration No. 18.07.03.001

Resistance (2 Wire)

Page No 2 of 2

Range	Cal Points	Standard Reading	UUC Reading	Error in	Expanded Uncertainty in \pm
500 Ω	100	100			
2 k Ω	1	1	100.2	0.2	0.51
20 k Ω	10	10	1.004	0.004	1.16
200 k Ω	100	100	10.06	0.06	0.12
2 M Ω	1	1	100.8	0.8	1.16
20 M Ω	10	10	1.009	0.009	0.12
			10.12	0.12	1.16

Note:
 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) Calibration points were selected as per customer specifications.
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 5) The Standard used are traceable to National / International Standard.

Calibrated By

 Calibration Engineer
 Sakar Kore
 SF-21, R0



Approved By

 Technical Manager
 SACHIN A. MHASAWADE





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CALIBRATION CERTIFICATE

1. CUSTOMER :-

Krishna Institute Of Medical Sciences
Deemed University,
Karad, Dist.Satara- 415110
Temperature (°C) :- 22.3
Relative Humidity (%RH) :- 54
Location of calibration :- In Lab
Condition of Item :- OK

Page No. :- 1 of 2
NABL Accreditation No. :- C-0692
Certificate No. :- 18.07.03.001
Date of Received :- 03.07.2018
Date of Calibration :- 03.07.2018
Next Calibration Due On :- 02.07.2019
Calibration method No. :- RTS-WI-02, 03 (A), 07

2. Description of Item

Name :- Clamp Meter
Id No :- KIMSDU/PH/CM-01
Make & Model :- Meco -2502T-Auto
Range :- Selectable
Least Count :- Selectable
Type :- Digital
Location :- Power House

3. Details of Equipment used for calibration

Name :- Universal Calibrator
Certificate No. :- CC/ECL/0699/17-18
Certified By :- IDEMI
ID/Sr. No. :- 20090604
Calibration Validity :- 04.07.2018
Universal Calibrator with CC
CC/ECL/0700/17-18
IDEMI
20090604
05.07.2018

4. Calibration Results :-

A) DC Voltage

Range	Cal Points	Standard Reading	UUC Reading	Error in	Expanded Uncertainty ±
200 mV	100	100.00	100.2	0.2	0.31
2 V	1	1.0000	1.004	0.004	0.03
20 V	10	10.00	10.08	0.08	0.60
200 V	100	100.00	100.9	0.9	0.65
1000 V	900	900.0	902	2	2.25

B) AC Voltage , 50 Hz

Range	Cal Points	Standard Reading	UUC Reading	Error in	Expanded Uncertainty ±
2 V	1	1.0000	1.002	0.002	0.02
20 V	10	10.00	10.05	0.05	0.20
200 V	100	100.00	100.7	0.7	0.98
1000 V	900	900.0	901	1	2.61

C) AC Current , 50 Hz

Range	Cal Points	Standard Reading	UUC Reading	Error in	Expanded Uncertainty ±
2 A	1	1.0000	1.004	0.004	0.02
20 A	10	10.00	10.06	0.06	0.20
200 A	100	100.00	100.8	0.8	0.98
1000 A	900	900.0	902	2	0.98





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Certificate No. 17.07.05.001

DC Resistance (2 Wire)

Page No 2 of 2

Range	Cal Points	Standard Reading	UUC Reading	Error in	Expanded Uncertainty in ±
200 Ω	100	100			
2 kΩ	1	1	100.3	0.3	0.50
20 kΩ	10	10	1.005	0.005	1.16
200 kΩ	100	100	10.09	0.09	0.12
2 MΩ	1	1	100.9	0.9	1.16
20 MΩ	10	10	1.006	0.006	0.12
			10.11	0.11	1.16

Note:

- 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.
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Calibrated By

S.Kore
 Calibration Engineer
 Sagar Kore
 RF-21, R0

Approved By

Sachin
 Technical Manager
 SACHIN A. MHASAWADE





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CALIBRATION CERTIFICATE

1. CUSTOMER		Page No.	-> 1 of 2
Krishna Institute Of Medical Sciences Deemed University, Karad, Dist. Satara- 415110		NABL Accreditation No.	-> CC-2927
Temperature (°C)	-> 23.1	Certificate No.	-> 19.06.25.001
Relative Humidity (%RH)	-> 49	Date of Received	-> 25.06.2019
Location of calibration	-> In Lab	Date of Calibration	-> 25.06.2019
Condition of Item	-> OK	Next Calibration Due On	-> 24.06.2020
		Calibration method No.	-> RTS-WI-02, 03 (A), 07
		ULR No.	-> CC292719000011232F

2. Description of Item			
Name	-> Clamp Meter	Range	-> Selectable
Id No	-> KIMSDU/PH/CM-01	Least Count	-> Selectable
Make & Model	-> Meco -2502T-Auto	Type	-> Digital
		Location	-> Power House

3. Details of Equipment used for calibration			
Name	-> UNIVERSAL CALIBRAT Universal Calibrator with CC		
Certificate No.	-> CC/ECL/0619/18-19	CC/ECL/618/18-19	
Certified By	-> IDEMI	IDEMI	
ID/Sr. No.	-> 09050591	20090604	
Calibration Validity	-> 02.07.2019	02.07.2019	

4. Calibration Results :-


A) DC Voltage					
Range	Cal Points	Standard Reading	UUC Reading	Error in	Expanded Uncertainty ±
200 mV	100	100.00	100.3	0.3	0.32
2 V	1	1.0000	1.002	0.002	0.03
20 V	10	10.00	10.07	0.07	0.60
200 V	100	100.00	100.8	0.8	0.65
1000 V	900	900.0	902	2	2.25

B) AC Voltage , 50 Hz					
Range	Cal Points	Standard Reading	UUC Reading	Error in	Expanded Uncertainty ±
2 V	1	1.0000	1.005	0.005	0.02
20 V	10	10.00	10.04	0.04	0.20
200 V	100	100.00	100.5	0.5	0.98
1000 V	900	900.0	901	1	2.62


C) AC Current , 50 Hz					
Range	Cal Points	Standard Reading	UUC Reading	Error in	Expanded Uncertainty ±
2 A	1	1.0000	1.006	0.006	0.02
20 A	10	10.00	10.08	0.08	0.20
200 A	100	100.00	100.6	0.6	0.98
1000 A	900	900.0	902	2	0.98




3) Clamp Meter 2



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CALIBRATION CERTIFICATE

1. CUSTOMER

Konkarna Institute Of Medical Sciences
 Deemed University,
 Karad, Dist.Satara-415110
 Temperature (°C) -> 22.8
 Relative Humidity (%RH) -> 48
 Location of calibration -> In Lab
 Condition of Item -> OK

Page No. -> 1 of 2
 NABL Accreditation No. -> C-6692
 Certificate No. -> 17/07/05/002
 Date of Received -> 06/07/2017
 Date of Calibration -> 06/07/2017
 Next Calibration Due On -> 04/07/2018
 Calibration method No. -> RTS-WI-02. 03 (A), 07

2. Description of Item

Name -> Clamp Meter
 Id No -> KIMSOU/PHCM-02
 Make & Model -> Meco -2502T-Auto

Range -> Selectable
 Least Count -> Selectable
 Type -> Digital
 Location -> Power House

3. Details of Equipment used for calibration

Name	Resistance Box	Universal Calibrator with CC
Universal Calibrator	CC/ECLU/0702/16-17	CC/ECLU/0698/16-17
Certificate No. -> CC/ECLU/0695/16-17	CC/ECLU/0702/16-17	CC/ECLU/0698/16-17
Certified By -> IDEMI	IDEMI	IDEMI
IC/Sr. No. -> 20090604	20160610	20090604
Calibration Validity -> 05.07.2017	11.07.2017	11.07.2017

4. Calibration Results

A) DC Voltage

Range	Cal Points	Standard Reading	UUC Reading	Error in	Expanded Uncertainty ±
200 mV	100	100.00	100.1	0.1	0.31
2 V	1	1.0000	1.004	0.004	0.03
20 V	10	10.00	10.06	0.06	0.60
200 V	100	100.00	100.8	0.8	0.65
1000 V	500	500.0	501	1	2.29

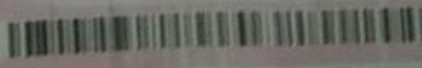
B) AC Voltage , 50 Hz

Range	Cal Points	Standard Reading	UUC Reading	Error in	Expanded Uncertainty ±
2 V	1	1.0000	1.003	0.003	0.02
20 V	10	10.00	10.04	0.04	0.20
200 V	100	100.00	100.6	0.6	0.98
1000 V	500	500.0	502	2	2.62

C) AC Current , 50 Hz

Range	Cal Points	Standard Reading	UUC Reading	Error in	Expanded Uncertainty ±
2 A	1	1.0000	1.003	0.003	0.02
20 A	10	10.00	10.04	0.04	0.20
200 A	100	100.00	100.6	0.6	0.98
1000 A	500	500.0	503	3	0.98

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Certificate No. 19.06.25.001

Page No 2 of

E) DC Resistance (2 Wire)

Range	Cal Points	Standard Reading	UUC Reading	Error in	Expanded Uncertainty in
200 Ω	100	100	100.3	0.3	0.50
2 k Ω	1	1	1.003	0.003	1.16
20 k Ω	10	10	10.05	0.05	0.12
200 k Ω	100	100	100.5	0.5	1.16
2 M Ω	1	1	1.005	0.005	0.12
20 M Ω	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 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.
- 4) Calibration point were selected as per customer specifications.
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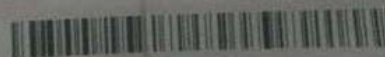
Calibrated By

R. Soble
Assistant Technical Manager
Rahul Soble
RF-21, R0



Approved By

SM
Technical Manager
SACHIN A. MHASAWADE





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CALIBRATION CERTIFICATE

1. CUSTOMER
Kirti's Institute Of Medical Sciences
Deemed University,
Narasol, Dist Satara- 415110
Temperature (°C) :- 23.2
Relative Humidity (%RH) :- 54
Location of calibration :- In Lab/On Site
Condition of item :- OK

2. Description of item
Name :- Clamp Meter
Id. No :- KIMSDU/PHCM-02
Make & Model :- Mecco-27-Auto
Type :- Digital

3. Details of Equipment used for calibration
Name :- Universal Calibrator
Certificate No. :- CC/ECL/0699/17-18
Certified By :- IDEMI
ID/Sr. No. :- 20090604
Calibration Validity :- 04.07.2018

4. Calibration Results

Page No. :- 1 of 2
NABL Accreditation No. :- C-0692
Certificate No. :- 18.07.03.003
Date of Received :- 03.07.2018
Date of Calibration :- 03.07.2018
Next Calibration Due On :- 02.07.2019
Calibration method No. :- RTS-WI-02, 03 (A), 07

5. DC Voltage

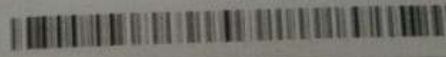
Range	Cal Points	Standard Reading	UUC Reading	Error in	Expanded Uncertainty ±
2 V	1	1.0000	1.999	0.999	0.03
20 V	10	10.00	9.93	-0.07	0.60
200 V	100	100.00	99.8	-0.2	0.65
800 V	550	550.0	549	-1	2.27

6. AC Voltage, 50 Hz

Range	Cal Points	Standard Reading	UUC Reading	Error in	Expanded Uncertainty ±
2 V	1	1.0000	1.998	0.998	0.02
20 V	10	10.00	9.96	-0.04	0.20
200 V	100	100.00	99.4	-0.6	0.98
800 V	550	550.0	548	-2	2.61

7. AC Current, 50 Hz

Range	Cal Points	Standard Reading	UUC Reading	Error in	Expanded Uncertainty ±
2 A	1	1.000	0.996	-0.004	0.43
20 A	10	10.00	9.92	-0.08	1.60
200 A	100	100.0	99.7	-0.3	4.00
400 A	400	400.0	399	-1	8.00





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CALIBRATION CERTIFICATE

1. CUSTOMER :-

Wishna Institute Of Medical Sciences
Deemed University,
Karad, Dist Satara - 415110
Temperature (°C) :- 22.6
Relative Humidity (%RH) :- 52
Location of calibration :- In Lab/On Site
Condition of item :- OK

Page No. :- 1 of 2
NABL Accreditation No. :- CC-2927
Certificate No. :- 19.06.25.005
Date of Received :- 25.06.2019
Date of Calibration :- 25.06.2019
Next Calibration Due On :- 24.06.2020
Calibration method No. :- RTS-WI-02, 03 (A), 07
ULR No. :- CC292719000011231F

2. Description of Item

Name :- Clamp Meter
Id No :- KIMSDU/PH/CM-02
Make & Model :- Meco-27-Auto
Type :- Digital
Range :- As per Manual
Least Count :- As per Manual

3. Details of Equipment used for calibration

Name :- UNIVERSAL CALIBRATOR (Universal Calibrator with CC)
Certificate No. :- CC/ECL/0619/18-19
Certified By :- IDEMI
ID/Sr. No. :- 09050591
Calibration Validity :- 02.07.2019

4. Calibration Results :-

A) DC Voltage

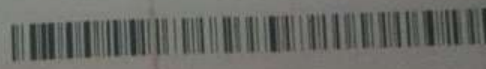
Range	Cal Points	Standard Reading	UUC Reading	Error in	Expanded Uncertainty ±
2 V	1	1.0000	1.999	0.999	0.03
20 V	10	10.00	9.95	-0.05	0.60
200 V	100	100.00	99.7	-0.3	0.65
600 V	550	550.0	549	-1	2.27

B) AC Voltage, 50 Hz

Range	Cal Points	Standard Reading	UUC Reading	Error in	Expanded Uncertainty ±
2 V	1	1.0000	1.996	0.996	0.02
20 V	10	10.00	9.95	-0.05	0.20
200 V	100	100.00	99.3	-0.7	0.98
600 V	550	550.0	548	-2	2.60

AC Current, 50 Hz

Range	Cal Points	Standard Reading	UUC Reading	Error in	Expanded Uncertainty ±
2 A	1	1.000	0.997	-0.003	0.43
20 A	10	10.00	9.91	-0.09	1.60
200 A	100	100.0	99.8	-0.2	4.00
100 A	400	400.0	399	-1	8.00



4) Clamp Meter

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CALIBRATION CERTIFICATE

1. CUSTOMER
 Maharashtra Institute Of Medical Sciences
 Maharashtra University,
 Sector (D) Satara- 415110
 Temperature (°C) - 22.4
 Relative Humidity (%RH) - 52
 Location of calibration - In Lab
 Condition of Item - OK

2. Description of Item
 Name - Clamp Meter
 Id No - KIMSDUPH/CM-03
 Make & Model - Meeco -27-Auto
 Range - Selectable
 Least Count - Selectable
 Type - Digital
 Location - Power House

3. Details of Equipment used for calibration
 Name - Universal Calibrator
 Certificate No - CC/ECL/0695/16-17
 Certified By - IDEMI
 IDSR No - 20090604
 Calibration Validity - 05.07.2017
 Resistance Box
 CC/ECL/0702/16-17
 IDEMI
 20160610
 11.07.2017
 Universal Calibrator with CC
 CC/ECL/0698/16-17
 IDEMI
 20090604
 11.07.2017

4. Calibration Results

A) DC Voltage

Range	Cal Points	Standard Reading	UUC Reading	Error in	Expanded Uncertainty ±
200 mV	100	100.00	100.2	0.2	0.31
2 V	1	1.0000	1.004	0.004	0.03
20 V	10	10.00	10.06	0.06	0.60
200 V	100	100.00	100.8	0.8	0.65
600 V	500	500.0	500	0	2.28


B) AC Voltage , 50 Hz

Range	Cal Points	Standard Reading	UUC Reading	Error in	Expanded Uncertainty ±
2 V	1	1.0000	1.003	0.003	0.02
20 V	10	10.00	10.04	0.04	0.20
200 V	100	100.00	100.6	0.6	0.98
600 V	500	500.0	502	2	2.63

C) AC Current , 50 Hz

Range	Cal Points	Standard Reading	UUC Reading	Error in	Expanded Uncertainty ±
2 A	1	1.0000	1.001	0.001	0.02
20 A	10	10.00	10.04	0.04	0.20
200 A	100	100.00	100.6	0.6	0.98
400 A	200	200.0	201	1	0.98

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CALIBRATION CERTIFICATE

1. CUSTOMER :-
Krishna Institute Of Medical Sciences
Deemed University,
Karad, Dist Satara- 415110
Temperature (°C) :- 22.2
Relative Humidity (%RH) :- 53
Location of calibration :- In Lab/On Site
Condition of Item :- OK

Page No. :- 1 of 2
NABL Accreditation No. :- C-0692
Certificate No. :- 18.07.03.008
Date of Received :- 03.07.2018
Date of Calibration :- 03.07.2018
Next Calibration Due On :- 02.07.2019
Calibration method No. :- RTS-WI-02, 03 (A), 07

2. Description of Item

Name :- Clamp Meter
Id.No :- KIMSDU/PH/CM-03
Make & Model :- Meco-27-Auto
Type :- Digital

Range :- As per Manual
Least Count :- As per Manual

3. Details of Equipment used for calibration

Name :- Universal Calibrator
Certificate No. :- CC/ECL/0699/17-18
Certified By :- IDEMI
ID/Sr. No. :- 20090604
Calibration Validity :- 04.07.2018

Universal Calibrator with CC
CC/ECL/0700/17-18
IDEMI
20090604
05.07.2018

4. Calibration Results :-

A) DC Voltage

Range	Cal Points	Standard Reading	UUC Reading	Error in	Expanded Uncertainty ±
2 V	1	1.0000	1.998	0.998	0.03
20 V	10	10.00	9.96	-0.04	0.60
200 V	100	100.00	99.7	-0.3	0.65
600 V	550	550.0	549	-1	2.28

B) AC Voltage , 50 Hz

Range	Cal Points	Standard Reading	UUC Reading	Error in	Expanded Uncertainty ±
2 V	1	1.0000	1.999	0.999	0.02
20 V	10	10.00	9.98	-0.02	0.20
200 V	100	100.00	99.7	-0.3	0.98
600 V	550	550.0	546	-4	2.61

C) AC Current , 50 Hz

Range	Cal Points	Standard Reading	UUC Reading	Error in	Expanded Uncertainty ±
2 A	1	1.000	0.998	-0.002	0.43
20 A	10	10.00	9.97	-0.03	1.60
200 A	100	100.0	99.6	-0.4	4.00
400 A	400	400.0	398	-2	8.00





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CALIBRATION CERTIFICATE

1. CUSTOMER

Kyushu Institute Of Medical Sciences
(Deemed University),
Korad, Dist. Satara- 415110

Temperature (°C) > 22.8
Relative Humidity (%RH) > 55
Location of calibration > In Lab/On Site
Condition of Item > OK

Page No. - 1 of 2
NABL Accreditation No. > CC-2927
Certificate No. > 19.06.25.006
Date of Received > 25.06.2019
Date of Calibration > 25.06.2019
Next Calibration Due On > 24.06.2020
Calibration method No. > RTS-WI-02. 03 (A), 07
ULR No. > CC292719000011234F

2. Description of Item

Name > Clamp Meter
Id.No > KIMSDU/PH/CM-03
Make & Model > Meco-27-Auto
Type > Digital
Range > As per Manual
Least Count > As per Manual

3. Details of Equipment used for calibration

Name > UNIVERSAL CALIBRATOR
Certificate No. > CC/ECL/0619/18-19
Certified By > IDEMI
ID/Sr. No. > 09050591
Calibration Validity > 02.07.2019
Universal Calibrator with CC
CC/ECL/618/18-19
IDEMI
20090604
02.07.2019

4. Calibration Results

A) DC Voltage

Range	Cal Points	Standard Reading	UUC Reading	Error in	Expanded Uncertainty ±
2 V	1	1.0000	1.996	0.996	0.03
20 V	10	10.00	9.98	-0.02	0.60
200 V	100	100.00	99.8	-0.2	0.65
600 V	550	550.0	549	-1	2.26

B) AC Voltage , 50 Hz

Range	Cal Points	Standard Reading	UUC Reading	Error in	Expanded Uncertainty ±
2 V	1	1.0000	1.998	0.998	0.02
20 V	10	10.00	9.98	-0.02	0.20
200 V	100	100.00	99.8	-0.2	0.98
600 V	550	550.0	546	-4	2.63

C) AC Current , 50 Hz

Range	Cal Points	Standard Reading	UUC Reading	Error in	Expanded Uncertainty ±
2 A	1	1.000	0.998	-0.002	0.43
20 A	10	10.00	9.98	-0.02	1.80
200 A	100	100.0	99.7	-0.3	4.00
400 A	400	400.0	398	-2	8.00



5) Clamp Meter



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 Web : www.reliabletechnical.com



CALIBRATION CERTIFICATE

1. CUSTOMER
 Kishna Institute Of Medical Sciences
 Government University,
 Savad, Dist Satara- 415110

Temperature (°C) :- 22.7
 Relative Humidity (%RH) :- 52
 Location of calibration :- In Lab
 Condition of Item :- OK

Page No. :- 1 of 1
 Certificate No. :- 17.07.05.006
 Date of Received :- 05.07.2017
 Date of Calibration :- 05.07.2017
 Next Calibration Due On :- 04.07.2018
 Calibration method No. :- RTS-WI-02, 03 (A), 07

2. Description of Item

Name	:- Multimeter	Range	:- Selectable
Sr. No	:- KIMSDU/PH/MM-01	Least Count	:- Selectable
Make & Model	:- Sanwa -YX-360 TRF	Type	:- Analog
		Location	:- Power House

3. Details of Equipment used for calibration

Name	:- Universal Calibrator	Resistance Box	
Certificate No.	:- CC/ECL/0695/16-17	CC/ECL/0702/16-17	
Certified By	:- IDEMI	IDEMI	
Q/Sr. No.	:- 20090604	20180610	
Calibration Validity	:- 05.07.2017	11.07.2017	

4. Calibration Results

a) DC Voltage

Range	Cal Points	Standard Reading	UUC Reading	Error in	Expanded Uncertainty ± %
10 V	5	5.0005	5	-0.0005	0.10
50 V	30	30.003	30	-0.003	0.10
250 V	200	200.06	200	-0.1	0.10
1000 V	1000	1001.0	1000	-1	0.10

b) AC Voltage , 50 Hz

Range	Cal Points	Standard Reading	UUC Reading	Error in	Expanded Uncertainty ± %
10 V	5	5.0003	5	-0.0003	0.20
50 V	30	30.005	30	-0.005	0.20
250 V	200	300.08	200	-100.1	0.20
750 V	750	751.0	750	-1	0.20



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CALIBRATION CERTIFICATE

1. CUSTOMER :-

Krishna Institute Of Medical Sciences
Deemed University,
Karad, Dist. Satara- 415110
Temperature (°C) :- 23.0
Relative Humidity (%RH) :- 52
Location of calibration :- In Lab
Condition of Item :- OK

Page No. :- 1 of 2
NABL Accreditation No. :- C-0692
Certificate No. :- 18.07.03.005
Date of Received :- 03.07.2018
Date of Calibration :- 03.07.2018
Next Calibration Due On :- 02.07.2019
Calibration method No. :- RTS-WI-02, 03 (A), 07

2. Description of Item

Name :- Clamp Meter
Id No :- KIMSDU/PH/CM-04
Make & Model :- Fluke-303
Type :- Digital
Range :- As per Manual
Least Count :- As per Manual

3. Details of Equipment used for calibration

Name :- Universal Calibrator
Certificate No. :- CC/ECL/0699/17-18
Certified By :- IDEMI
ID/Sr. No. :- 20090604
Calibration Validity :- 04.07.2018
Universal Calibrator with CC
CC/ECL/0700/17-18
IDEMI
20090604
05.07.2018

4. Calibration Results :-

A) DC Voltage

Range	Cal Points	Standard Reading	UUC Reading	Error in	Expanded Uncertainty ±
600 V	10	10.00	9.6	-0.4	0.31
	100	100.00	99.7	-0.3	0.31
	300	300.00	299.6	-0.4	0.13
	400	400.00	399.3	-0.7	0.60
	590	590.00	589.2	-0.8	0.65

B) AC Voltage, 50 Hz

Range	Cal Points	Standard Reading	UUC Reading	Error in	Expanded Uncertainty ±
600 V	10	10.000	9.8	-0.2	0.40
	100	100.00	99.5	-0.5	0.40
	300	300.00	299.4	-0.6	0.14
	400	400.00	399.2	-0.8	0.20
	590	590.00	589.1	-0.9	0.98

C) AC Current, 50 Hz

Range	Cal Points	Standard Reading	UUC Reading	Error in	Expanded Uncertainty ±
600 A	100	100.000	99.9	-0.1	0.43
	300	300.00	299.8	-0.2	1.60
	400	400.00	399.8	-0.2	4.00
	600	600.00	599.7	-0.3	8.00





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CALIBRATION CERTIFICATE

CUSTOMER
Sri Institute of Medical Sciences
Dist. Satara- 415110
Temperature (°C) :- 22.6
Relative Humidity (%RH) :- 53
Location of calibration :- In Lab
Condition of Item :- OK

Page No. :- 1 of 2
NABL Accreditation No. :- CC-2927
Certificate No. :- 19.06.25.004
Date of Received :- 25.06.2019
Date of Calibration :- 25.06.2019
Next Calibration Due On :- 24.06.2020
Calibration method No. :- RTS-WI-02, 03 (A), 07
ULR No. :- CC292719000011233F

Description of Item

Item :- Clamp Meter
& Model :- KIMSDU/PH/CM-04
Range :- As per Manual
Least Count :- As per Manual
:- Fluke-303
:- Digital

Details of Equipment used for calibration

Calibrator :- UNIVERSAL CALIBRATOR Universal Calibrator with CC
Certificate No. :- CC/ECL/0619/18-19 CC/ECL/618/18-19
Issued By :- IDEMI IDEMI
No. :- 09050591 20090604
Expiry Validity :- 02.07.2019 02.07.2019

Calibration Results


Range	Cal Points	Standard Reading	UUC Reading	Error in	Expanded Uncertainty ±
10 V	10	10.00	10.0	0.0	0.32
	100	100.00	99.8	-0.2	0.32
	300	300.00	299.7	-0.3	0.14
	400	400.00	399.3	-0.7	0.60
	590	590.00	589.3	-0.7	0.65

Range	Cal Points	Standard Reading	UUC Reading	Error in	Expanded Uncertainty ±
10 V	10	10.000	10.0	0.0	0.40
	100	100.00	99.9	-0.1	0.41
	300	300.00	299.7	-0.3	0.14
	400	400.00	399.2	-0.8	0.20
	590	590.00	589.3	-0.7	0.98


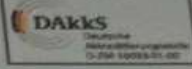
Range	Cal Points	Standard Reading	UUC Reading	Error in	Expanded Uncertainty ±
10 A	100	100.000	99.9	-0.1	0.43
	300	300.00	299.7	-0.3	1.60
	400	400.00	399.7	-0.3	4.00
	600	600.00	599.6	-0.4	8.00



6) Insulation Tester



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CALIBRATION CERTIFICATE

1. CUSTOMER
 Krishna Institute Of Medical Sciences
 Deemed University,
 Karad, Dist. Satara- 415110
 Temperature (°C) :- 22.5
 Relative Humidity (% RH) :- 51
 Location of calibration :- In Lab/On site
 Condition of Item :- OK

Page No. :- 1 of 1
 Certificate No. :- 17.07.05.004
 Date of Received :- 05.07.2017
 Date of Calibration :- 05.07.2017
 Next Calibration Due On :- 04.07.2018
 Calibration method No. :- RTS-WI-07

2. Description of Item

Name :- Insulation Tester	Range :- Selectable
Id No :- KIMSDU/PH/DIT-01	Least Count :- Selectable
Make & Model :- Meco -DIT-99E	Type :- Digital
	Location :- Power House


3. Details of Equipment used for calibration


Name :- Resistance Box	High Resistance Jig
Certificate No. :- CC/ECL/0702/16-17	16172525/ET/01
Certified By :- IDEMI	ASPL
ID/Sr. No. :- 20160610	201609285
Calibration Validity :- 11.07.2017	12.09.2017


4. Calibration Results

Test Voltage	Standard Reading MQ	UUC Reading MQ	Error in MQ	Exp. Uncertain %
1000 V	100.0	99	-1	2.34
	200.0	197	-3	2.34
	500.0	495	-5	2.34
	1000.0	993	-7	2.34
	2000.0	1991	-9	2.36

Note:
 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.
 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 has been obtained from the Technical Manager of "Reliable Technical Services, Pune".
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Calibrated By

 Calibration Engineer
 Mayur More
 RF-21, RO

Approved By

 Technical Manager
 SACHIN A. MHASAWA





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CALIBRATION CERTIFICATE

1. CUSTOMER :-
 Krishna Institute Of Medical Sciences
 Deemed University,
 Karad, Dist. Satara- 415110

Page No. :- 1 of 1

Certificate No. :- 18.06.26.001
 Date of Received :- 26.06.2018
 Date of Calibration :- 26.06.2018
 Next Calibration Due On :- 25.06.2019
 Calibration method No. :- RTS-WI-07

Temperature (°C) :- 22.5
 Relative Humidity (% RH) :- 51
 Location of calibration :- In Lab/On site
 Condition of Item :- OK

2. Description of Item

Name :- Insulation Tester
 Id No :- KIMSDU/PH/DIT-01
 Make & Model :- Meco -DIT-99E

Range :- Selectable
 Least Count :- Selectable
 Type :- Digital
 Location :- Power House

3. Details of Equipment used for calibration


Name :- Resistance Box
 Certificate No. :- VI/17-18/1823-02
 Certified By :- VI
 ID/Sr. No. :- 20160610
 Calibration Validity :- 27-06-2018

High Resistance Jig
 CC/ECL/1133/17-18
 IDEMI
 RTS-RB-05
 13.09.2018


4. Calibration Results :-

Test Voltage	Standard Reading MQ	UUC Reading MQ	Error in MQ	Exp. Uncertainty in ± %
1000 V	100.0	99	-1	2.34
	200.0	198	-2	2.34
	500.0	496	-4	2.34
	1000.0	995	-5	2.34
	2000.0	1993	-7	2.36

- Notes:**
- 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.
 - 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 has been obtained from the Technical Manager of "Reliable Technical Services, Pune".
 - 6) The Standard used are traceable to National / International Standard.

Calibrated By

 Calibration Engineer
 Nagar Kore
 F-21, R0



Approved By

 Technical Manager
 SACHIN A. MHASAWADE





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CALIBRATION CERTIFICATE

1. CUSTOMER
 Krishna Institute Of Medical Sciences
 Deemed University,
 Karad, Dist Satara-415110
 Temperature (°C) :- 24.4
 Relative Humidity (% RH) :- 49
 Location of calibration :- In Lab
 Condition of Item :- OK

Page No. :- 1 of 1
 NABL Accreditation No. :- CC-2927
 Certificate No. :- 19.06.25.003
 Date of Received :- 25.06.2019
 Date of Calibration :- 25.06.2019
 Next Calibration Due On :- 24.06.2020
 Calibration method No. :- RTS-WI-03 (A)
 ULR No. :- CC292719000511235F

2. Description of Item
 Name :- Insulation Tester
 Id No :- KIMSDU/PH/DIT-01
 Make & Model :- Meco -DIT-59E
 Type :- Digital
 Range :- As per manual
 Least Count :- As per manual
 Location :- Power House

3. Details of Equipment used for calibration
 Name :- Resistance Box
 Certificate No. :- VI/18-19/5174-01
 Certified By :- VI
 ID/Sr. No. :- 20160610
 Calibration Validity :- 13.11.2019
 High Resistance Jig
 CC/ECL/7/11/18-19
 IDEMI
 RTS-RB-05
 15.07.2019

4. Calibration Results

Test Voltage V DC	Cal Point MQ	Standard Reading MQ	UUC Reading MQ	Error in MQ	Expanded Unc. In ± %
1000	20	20	19.98	-0.02	1.2
1000	200	200	199.9	-0.1	2.3
1000	500	500	499	-1	2.3
1000	2000	2000	1998	-2	2.4

- Note:
- 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.
 - 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 has been obtained from the Technical Manager of "Reliable Technical Services, Pune".
 - 6) The Standard used are traceable to National / International Standard.

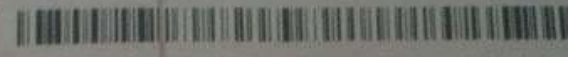
Calibrated By

 Calibration Engineer
 Dushant Morey
 RF-21, RO



Approved By

 Technical Manager
 SACHIN A. MHASAWADE



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

Complaint Summery Year 2020

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

	KIMSDU	Doc Number	KIMSDU/MAIN/SOP/01	
	Name of the Document	SOP		
	Name of the Process/Areas	CIVIL / MAINTENANCE		

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 रजिस्टर मध्ये नोंद केली जाते.
 - २] तक्रार कोणत्या स्वरूपाची 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] मटेरीयल 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

	KIMSDU	Doc Number	KIMSDU/MAIN/OBJ/03	Issue date	21/12/2013
		Rev No	0.0	Issue No	
	Name of the Document	Objectives			
	Name of the Process/Areas	<u>CIVIL / MAINTENANCE</u>			

- 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.

	KIMSDU	Doc Number	KIMSDU/MAIN/R&R/04	Issue date	21/12/2013
		Rev No	0.0	Issue No	
	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.

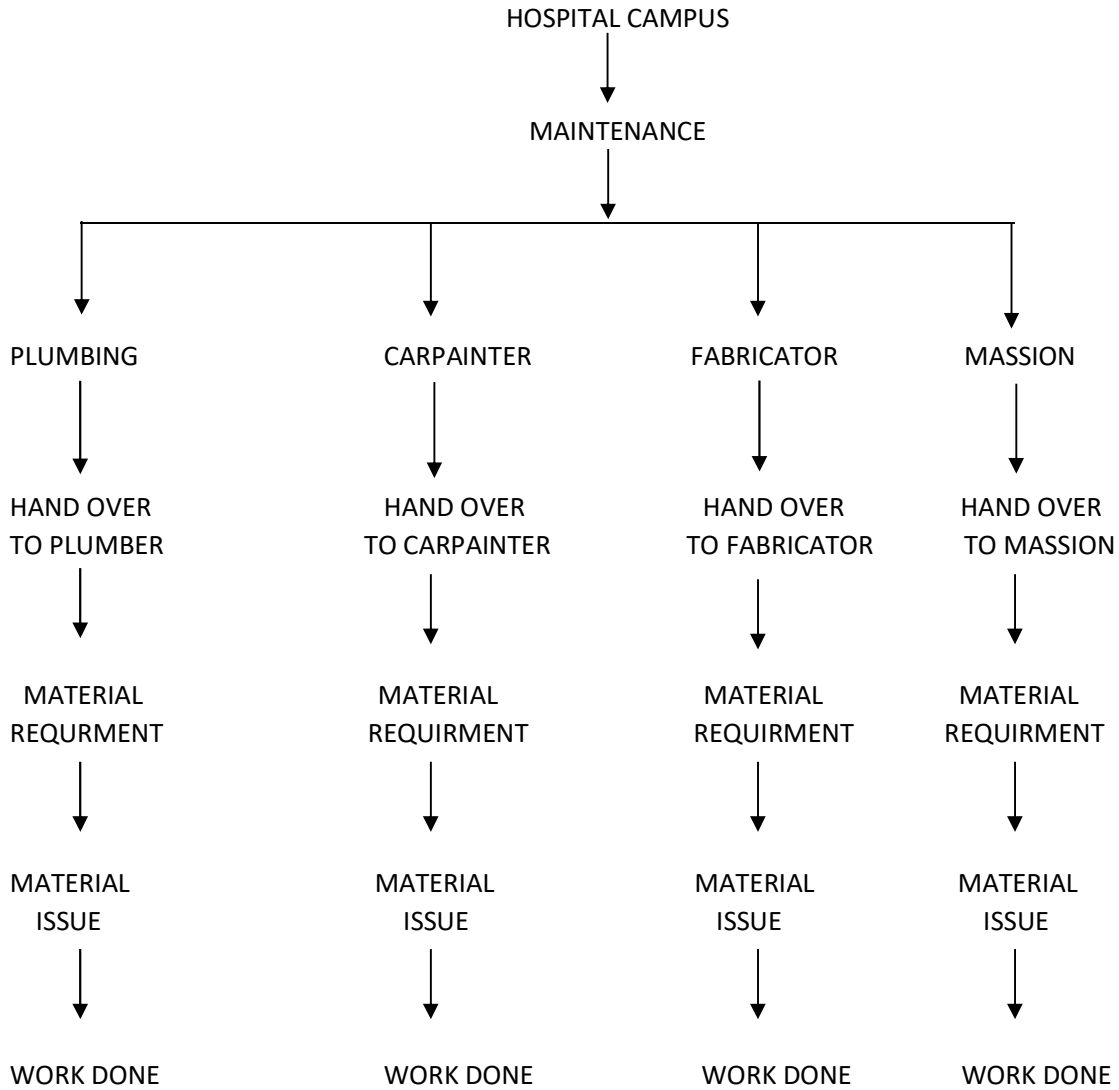
3) Supervisor / Mucadam :-

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

4) Worker :-

Follow the instruction form Maintenance incharge, Supervisor / Macadam.

	KIMSDU	Doc Number	KIMSDU/MAIN/FC/02	Issue date	21/12/2013
		Rev No	0.0	Issue No	
	Name of the Document	FLOW CHART			
	Name of the Process/Areas	CIVIL/ MAINTENANCE			



APPROVED BY: Asst. Registrar – Estate and Security	PREPARED BY & ISSUED: Mr. S.V. Jagtap	Page 410 of 1
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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

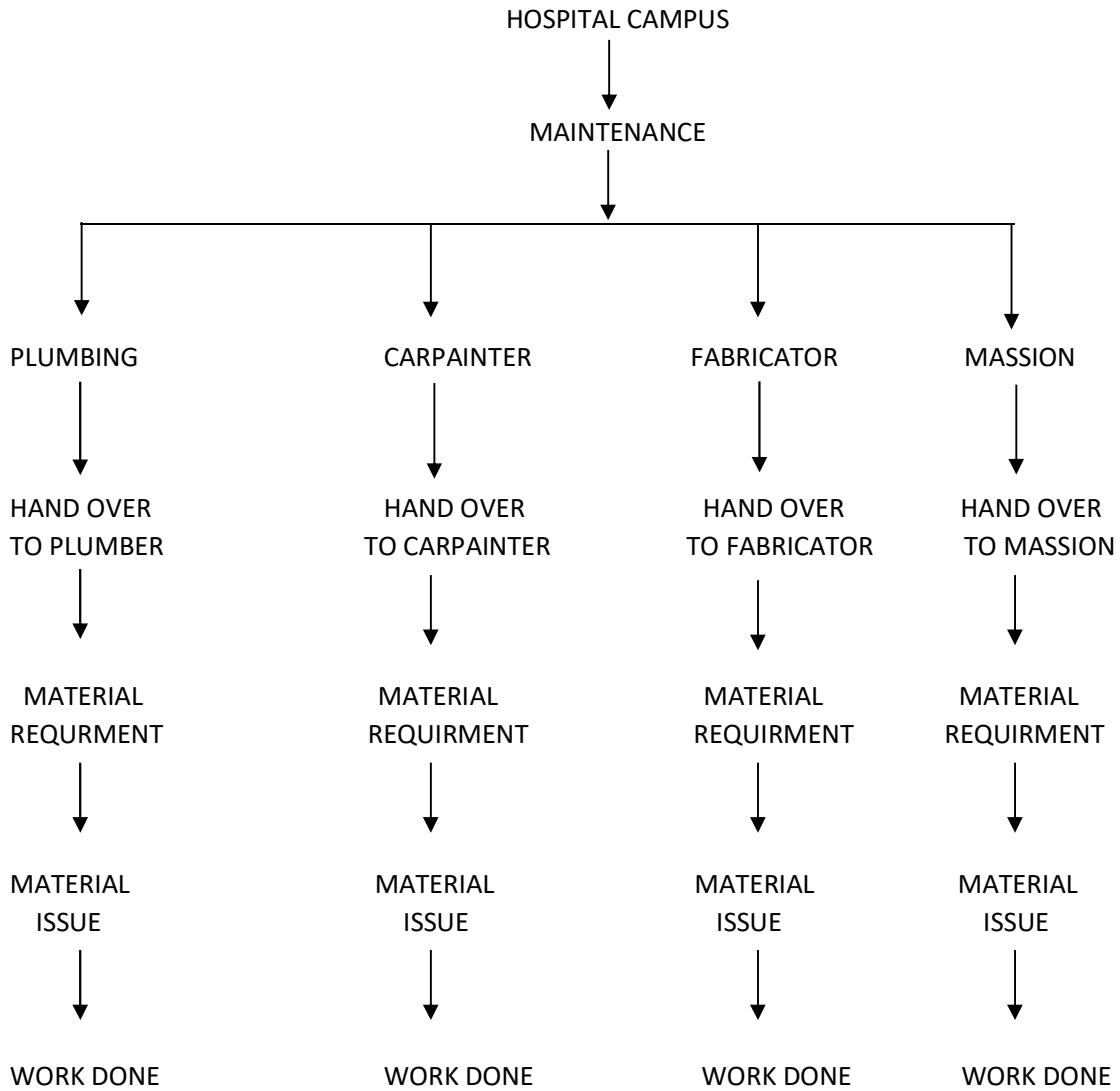
Contact Person Name :-

1] Shahaji chavan -9975713271 / 9511710451

2] Dilip Kashid -9175303609 / 80109



KIMSDU	Doc Number	KIMSDU/MAIN/FC/02	Issue date	21/12/2013
	Rev No	0.0	Issue No	
Name of the Document	FLOW CHART			
Name of the Process/Areas	CIVIL/ MAINTENANCE			

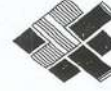


APPROVED BY: Asst. Registrar – Estate and Security	PREPARED BY & ISSUED: Mr. S.V. Jagtap	Page 412 of 1
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3] Inspection Reports -

SHREERAM KULKARNI

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



STRUCTURAL CONSULTANT & CHARTERED ENGINEER

Office & Residence :

'Maltra', 484, Sadarbazar, Old R.T.O. Satara.

Off. : 232805, 228705, Resi. : 236994

Mobile : 9822057378, 9284334693

E-mail : sakulkarni03@gmail.com

STABILITY CERTIFICATE

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

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 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



Urban &
Environmental
Planners LLP

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
Registered Architect (CA/76/2745)
Chartered Engineer (F-012418/0)
Beri Urban and Environmental Planners LLP
Pune 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 Hospital, Karad	
	KH-DOM-BME	Version No.: 1.0
	Biomedical Engineering	Version Date: 01.01.2014
		Rev No.:
		Rev. Date:
Effective Date:		

Distribution	
Controlled Hard Copy:	
Controlled Soft Copy:	
Version History	
V 1.0	01.01.2014

Relevant Point

1. This is the Department Operating Manual of KIMSUDU & 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.

	Krishna Hospital, Karad	
	KIMSDU-DOM-BMW	Version No.: 1.0
		Version Date: 01.01.2014
	Biomedical Engineering	Rev No.:
		Rev. Date:
Effective Date:		

INDEX

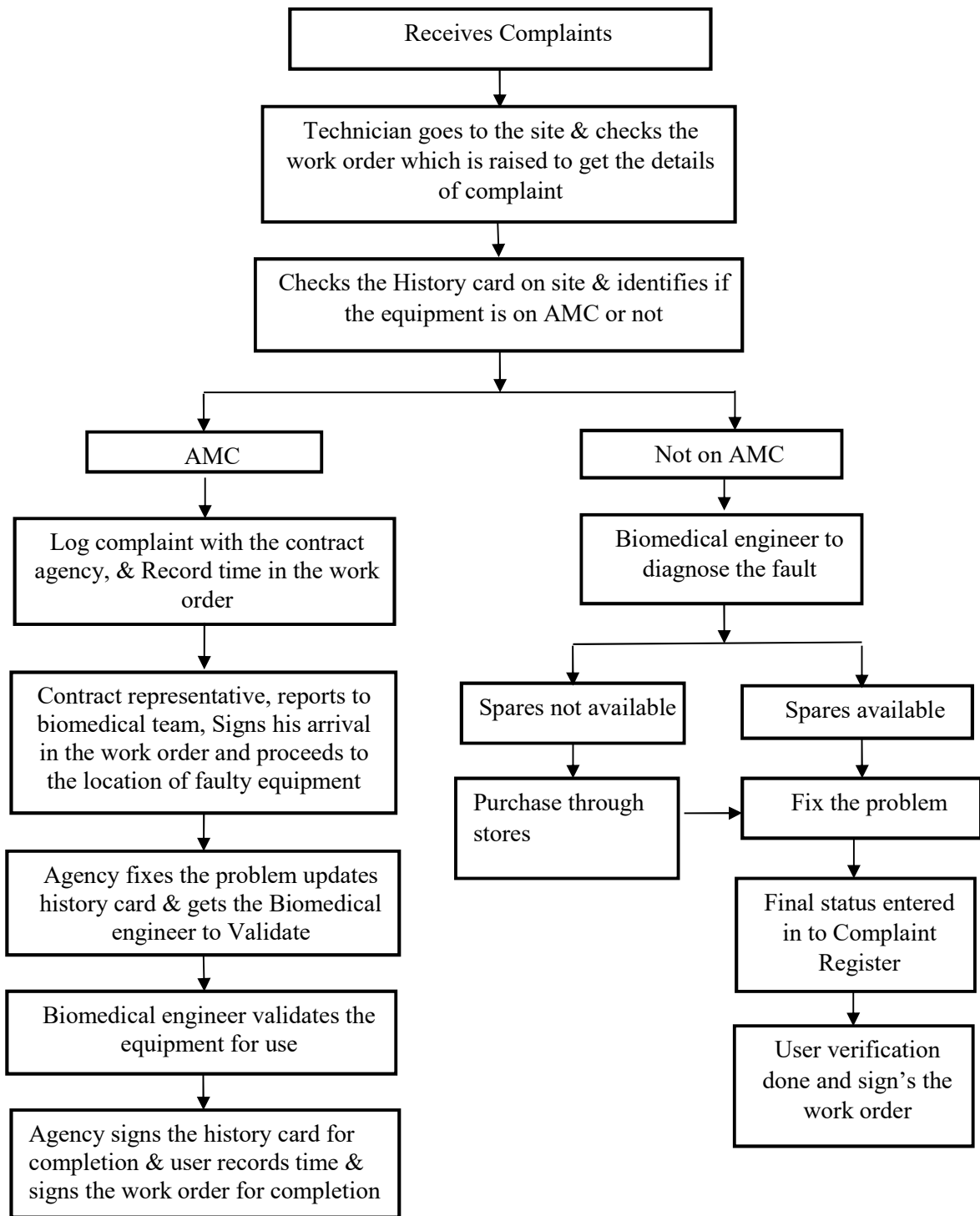
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1. **Purpose:** The appropriate and safe operation of clinical equipment is paramount to the proper functioning of any health care facility. The Biomedical Engineering Services is responsible for testing, repairing, calibration and maintaining in proper 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.

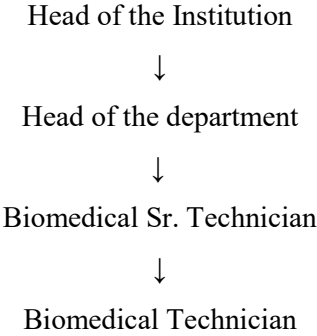
8. Mission of Policy:

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.

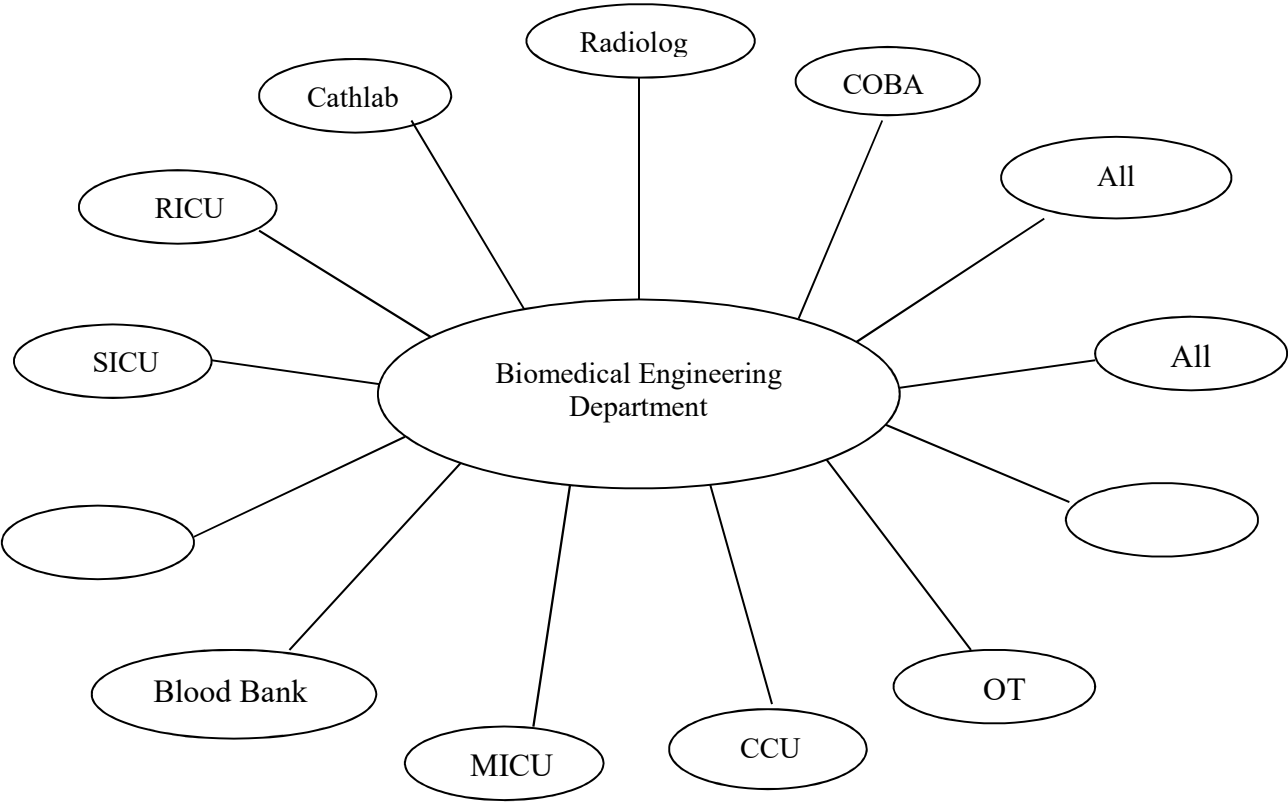
9. Policy:

- 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 Parameters	Measurement Criteria	
			Method	Period
1	Reduce cost of maintenance	Reduce break down	Break down Records	Quarterly
		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.


	KIMS DU Karad	
	KIMS DU-DOM-BME /SOP/1	Version No: 1.0
	SOP for Medical Gas	Version Date: 01.01.2014
		Rev No. :
		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. Procedure


- 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	
	KIMSDU-DOM-BME /SOP/2	Version No: 1.0
		Version Date: 01.01.2014
	SOP for Ventilator Care	Rev No. :
		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. **Procedure:**
 - 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.

	KIMSDU Karad	
	KIMSDU-DOM-BME /SOP/3 SOP for Servicing of the Multiparameter Monitor	Version No: 1.0
		Version Date: 01.01.2014
		Rev No. :
		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. Procedure:


- 3.1 Proper preparation of patient & 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.

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

1. **Aim:** Ensuring proper servicing of the Defibrillator.
2. **Responsibility:** Biomedical Engineer.
3. **Procedure:**
 - 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	
	KIMSDU-DOM-BME /SOP/5	Version No: 1.0
	SOP for Servicing of the Syringe Pump	Version Date: 01.01.2014
		Rev No. :
		Rev. Date:
Effective Date:01.01.2014		

1. **Aim:** Ensuring proper servicing of the syringe pump.
2. **Responsibility:** Biomedical Engineer.
3. **Procedure:**
 - 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	
	KIMSDU-DOM-BME /SOP/6	Version No: 1.0
		Version Date: 01.01.2014
	SOP for Servicing of the AVL Blood Gas Analyzer	Rev No. :
		Rev. Date:
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.

SOP

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.

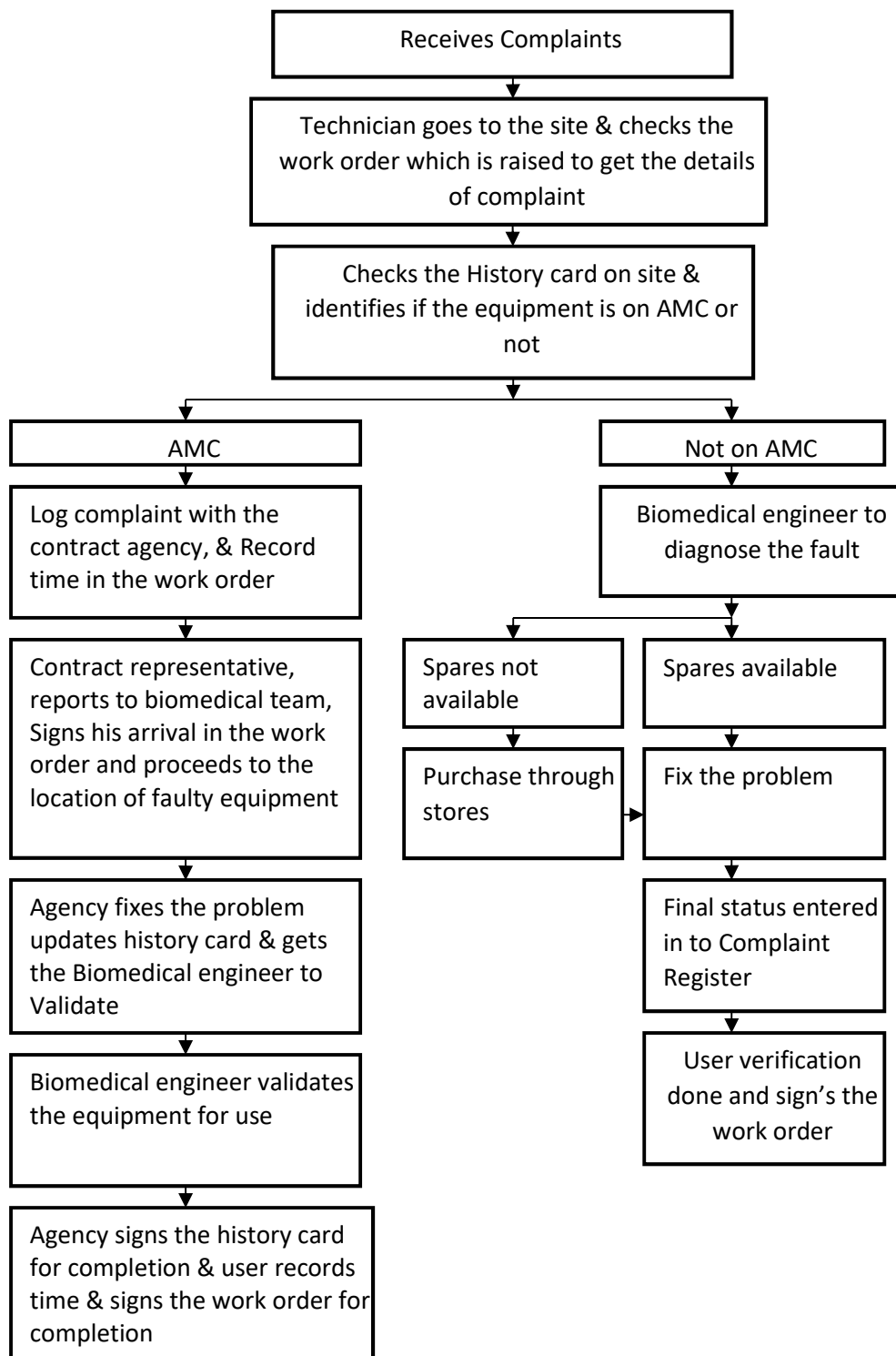
- 5.2 The availability of necessary spares, consumables, tools and necessary materials are ensured through standardization and /or advance planning, through Stores under the guidance of the Medical Superintendent and the concerned user department's head.
- 5.3 Preventive maintenance is carried out as 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



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CALIBRATION CERTIFICATE

1. CUSTOMER		Page No.	:- 1 of 2	
Krishna Institute Of Medical Sciences Deemed University, Karad ,Dist.Satara- 415110		Certificate No.	:- B.16.05.01.174	
Ambient Temp. (°C)	:- 22.8	Date of Received	:- 11.05.2016	
Relative Humidity (%RH)	:- 49	Date of Calibration	:- 11.05.2016	
Location of calibration	:- In lab/On site	Next Calibration Due On	:- 10.05.2017 (Customer suggested)	
Condition of Item	:- OK	Calibration method No.	:- RTS/BM/WI/04	

2. Description of Item

Name	:- Patient Monitor	Make	:- Skanray
Id No	:- KIMSDU/NICU/PM-11	Model No.	:- Star 60
Sr No	:- H14BB0339	Location	:- NICU(Ward No-14)

3. Details of Equipment used for calibration

Name	:- Electrical Safety Analyzer	V.S.SIM PROSIM 4	SPo2 Analyzer
Certified By	:- Fluke	Fluke	Fluke
ID/Sr. No.	:- 3366061	3364049	3364049
Calibration Validity	:- 23.12.2016	21.12.2016	21.12.2016

4. Calibration Results :-

4.1) ECG :

Sr. No.	UUC Equipment (BPM)	Master Equipment (BPM)	Deviation (BPM)
1	30	30	0
2	61	60	1
3	120	120	0
4	180	180	0
5	240	240	0

4.2) NIBP Parameter :

Sr. No.	Set Value (mmHg)	Instrument Reading (mmHg)	Deviation (mmHg)
1	120 / 80	120 / 81	0 / 1
2	80 / 50	80 / 50	0 / 0

4.3) IBP Parameter :

Sr. No.	Set Value (mmHg)	Set Reading (mmHg)	Observed
1	Artial Wave 120/81	120/81	OK
2	Radial Wave 120/81	121/81	OK
3	Left Vent Wave 120/00	121/00	OK
4	Right Vent Wave 25/00	25/00	OK





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Certificate No. B.16.05.01.174

4.4) SPO2 Parameter :

Page No. 2 of 2

Sr. No.	Set Values (@60 BPM)	Instrument Reading	Deviation
	% Spo2	% Spo2	% Spo2
1	70	70	0
2	93	93	0
3	97	96	1

4.5) EST :

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

B-Body Type,BF-Body Float Type,CF-Cardiac Float Type

I-Property Earthed ,II-Double Insulation,III-With Extra Low Safety Voltage

FUNCTIONAL TEST:

Sr.No	Parameters	Measured Values	Remarks
1	Voltage between Live and Neutral (Vln)	235.80 (210-240V)	OK
2	Voltage between Live and Earth(Vle)	237.87 (210-240V)	OK
3	Voltage between Neutral and and Earth (Vne)	2.30 (0-5V)	OK
4	Enclosure Current	0.8 (0-10µA)	OK
5	Leakage Current (IL)	114 (0-500µA)	OK
6	Patient Leakage Current (PL)	0.6 (BF-0-100µA) (CF-0-10µA)	OK

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".

Calibrated By

R. Sable

Calibration Engineer

Rahul Sable

RF-21, R0



Approved By

R. D. Bodhe

Quality Manager

R.D.Bodhe



May 2017 – May 2018



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CALIBRATION CERTIFICATE

1. CUSTOMER	:- Krishna Institute Of Medical Sciences Deemed University, Karad, Dist. Satara- 415110	Page No.	:- 1 of 2
Ambient Temp.	:- 25 ± 4°C	Certificate No.	:- BM.17.05.03.006
Relative Humidity	:- <70% RH	Date of Received	:- 08.05.2017
Location of calibration	:- In lab/On site	Date of Calibration	:- 08.05.2017
Condition of Item	:- OK	Next Calibration Due On	:- 07.05.2018
		Calibration method No.	:- RTS/BM/WI/04,01

2. Description of Item			
Name	:- Patient Monitor	Make	:- Skanray
ID No.	:- KH/W-14N/PM-06	Model No.	:- Star 60
Sr No.	:- H14BB0339	Location	:- NICU Ward No-14

3. Details of Equipment used for calibration			
Name	:- Electrical Safety Analyzer	V.S.SIM PROSIM 4	SPo2 Analyzer
Certificate No.	:- 16121280-ESAE12-3366061-1	16121276-PROSIM 4-3364049-1	16121277-SPOT LIGHT-3364049-1
Certified By	:- Tektronix	Tektronix	Tektronix
ID/Sr. No.	:- 3366061	3364049	3364049
Calibration Validity	:- 26.12.2017	26.12.2017	26.12.2017

4. Calibration Results :-

4.1) ECG :

Sr. No.	UUC Equipment (BPM)	Master Equipment (BPM)	Deviation (BPM)	Tolerance (±%)	Result
1	30	30	0	5%	Pass
2	61	60	1	5%	Pass
3	120	120	0	5%	Pass
4	179	180	-1	5%	Pass
5	240	240	0	5%	Pass

4.2) NIBP Parameter :

Sr. No.	Set Value (mmHg)	Instrument Reading (mmHg)	Deviation (mmHg)	Result
1	60 / 30	61 / 29	1 / -1	Pass
2	120 / 80	120 / 81	0 / 1	Pass
3	150 / 100	150 / 99	0 / -1	Pass

4.3) SPO2 Parameter :

Sr. No.	Set Values (@60 BPM) % Spo2	Instrument Reading % Spo2	Deviation % Spo2	Result
1	70	71	1	Pass
2	85	85	0	Pass
3	100	100	0	Pass





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Certificate No. **BM.17.06.03.006** Page No. 2 of 2

4.4) EST :

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

B-Body Type,BF-Body Float Type,CF-Cardiac Float Type
 I-Properly Earthed ,II-Double Insulation,III-With Extra Low Safety Voltage

FUNCTIONAL TEST:

Sr.No	Parameters	Measured Values		Remarks
1	Voltage between Live and Neutral (Vin)	236.14	(210-240V)	OK
2	Voltage between Live and Earth(Vle)	237.89	(210-240V)	OK
3	Voltage between Neutral and and Earth (Vne)	1.98	(0-5V)	OK
4	Enclosure Current	0.8	(0-10µA)	OK
5	Leakage Current (IL)	115	(0-500µA)	OK
6	Patient Leakage Current (PL)	0.3	(BF-0-100µA) (CF-0-10µA)	OK

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) Instrument error found withing 5 % tolerance. Hence instrument is Pass

Calibrated By

Calibration Engineer
 Y.N. Borse
 RF-21, R0




Approved By

Quality Manager
 R.D. Bodhe


CERTIFICATE



May 2018 – May 2019



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CALIBRATION CERTIFICATE

1. CUSTOMER
 Krishna Institute Of Medical Sciences
 Deemed University,
 Karad, Dist Satara- 415110

2. Description of Item
 Name :- Patient Monitor
 ID No. :- KHV-14N/PM-06
 Sr No. :- H14BB0339

3. Details of Equipment used for calibration
 Name :- Electrical Safety Analyzer
 Certificate No. :- 18444407-ESA612-3366061-1
 Certified By :- Tektronix
 ID/Sr. No. :- 3366061
 Calibration Validity :- 27.12.2018

4. Calibration Results

4.1) ECG (Beats/min) :


Sr. No.	Master Reading (BPM)	UUC Reading (BPM)	Deviation (BPM)	Tolerance (±%)	Result
1	30	30	0	5%	Pass
2	80	80	0	5%	Pass
3	120	121	1	5%	Pass
4	180	179	-1	5%	Pass
5	270	269	-1	5%	Pass

4.2) ECG Amplitude (mV) :


Sr. No.	Master Reading (mV)	UUC Reading (mV)	Deviation (mV)	Tolerance (±%)	Result
1	0.50	0.50	0.00	5%	Pass
2	1.00	1.02	0.02	5%	Pass
3	2.00	2.01	0.01	5%	Pass

4.3) Respiration Test (Breaths/min):

Sr. No.	Master Reading (mV)	UUC Reading (mV)	Deviation (mV)	Tolerance (±%)	Result
1	10	9	-1	5%	Pass
2	30	30	0	5%	Pass
3	50	50	0	5%	Pass



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Certificate No. **BM.18.05.01.129**

Page No. 2 of 3

4.4) ECG Arrhythmia :

Sr. No.	Set on Master	Observed on UUC	Set on Master	Observed on UUC	Result
1	V Tach 160bpm	Ok	TV Paced 75 bpm	Ok	Pass
2	V Tach 200bpm	Ok	A Fib Coarse	Ok	Pass

4.5) NIBP Parameter :

Sr. No.	Master Reading (mmHg)	UUC Reading (mmHg)	Deviation (mmHg)	Tolerance (±%)	Result
1	60 / 30	61 / 30	1 / 0	5%	Pass
2	120 / 80	120 / 81	0 / 1	5%	Pass
3	200 / 150	200 / 151	0 / 1	5%	Pass

4.6) SPO2 Parameter :

Sr. No.	Master Reading BPM @60 % SpO2	UUC Reading % SpO2	Deviation % SpO2	Tolerance (±%)	Result
1	70	70	0	5%	Pass
2	85	85	0	5%	Pass
3	100	100	0	5%	Pass

4.7) Temperature :

Sr. No.	Master Reading °C	UUC Reading °C	Deviation °C	Tolerance (±%)	Result
1	25.0	24.8	-0.2	5%	Pass
2	30.0	29.2	-0.8	5%	Pass
3	40.0	39.3	-0.7	5%	Pass





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Certificate No. **BM.18.05.01.129**

Page No. 3 of 3

4.8) EST :

Sr. No.	Tests	Remarks
1	Power Cords, Cables Checking	Ok
2	Mains Socket Checking	Ok

FUNCTIONAL TEST:

Sr.No	Parameters	Type	Measured Values	Tolerance	Remarks
1	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 μ A	Pass
6	Earth Leakage Current	Normal Open (NO)	2.0	< 10 μ A	Pass
7	Enclosure Leakage Current	NCC	1.7	< 10 μ A	Pass
8	Enclosure Leakage Current	NOC	2.0	< 10 μ A	Pass
9	Enclosure Leakage Current	NCO	1.6	< 10 μ A	Pass
10	Patient Auxiliary Leakage Current	NCC	1.6	< 10 μ A	Pass
11	Patient Auxiliary Leakage Current	RCC	1.5	< 10 μ A	Pass
12	Patient Sink Leakage Current	NCC	2.1	< 10 μ A	Pass
13	Patient Sink Leakage Current	RCC	1.4	< 10 μ A	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.

Calibrated By

Anand
Calibration Engineer
Anand Dalvi.



Approved By

R.D. Bodhe
Quality Manager
R.D. Bodhe

RF-21, R0



May 2019 – May 2020



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CALIBRATION CERTIFICATE

1. CUSTOMER :-

Krishna Institute Of Medical Sciences
 Deemed University,
 Karad, Dist Satara- 415110
 Ambient Temp. :- 25 ± 4°C
 Relative Humidity :- <70% RH
 Location of cal.ⁿ :- In lab/On site
 Condition of Item :- OK

Page No. :- 1 of 3
 Certificate No. :- BM.19.04.20.093
 Date of Received :- 22.04.2019
 Date of Calibration :- 22.04.2019
 Next Calibration Due On :- 21.04.2020
 Calibration method No. :- RTS/BM/WI/04,01

2. Description of Item

Name :- Patient Monitor Make :- Skanray
 ID No. :- H14BB0339 Model No. :- Star 60
 Sr No. :- KH/W-14N/PM-06 Location :- NICU Ward No-14

3. Details of Equipment used for calibration

Name	Electrical Safety Analyzer	Vital Signs Simulator	SpO2 Functional Tester
Certificate No.	18.12.IH.001	18.12.IH.005	18.12.IH.007
Certified By	RTS	RTS	RTS
ID/Sr. No.	3366061	3364049	3364049
Calibration Validity	16.12.2019	20.12.2019	20.12.2019

4. Calibration Results :-

4.1) ECG (Beats/min) :

Sr. No.	Master Reading (BPM)	UUC Reading (BPM)	Deviation (BPM)	Tolerance (±%)	Result
1	30	30	0	5%	Pass
2	80	81	1	5%	Pass
3	120	120	0	5%	Pass
4	180	179	-1	5%	Pass
5	270	269	-1	5%	Pass

4.2) ECG Amplitude (mV) :

Sr. No.	Master Reading (mV)	UUC Reading (mV)	Deviation (mV)	Tolerance (±%)	Result
1	0.50	0.51	0.01	5%	Pass
2	1.00	1.02	0.02	5%	Pass
3	2.00	2.02	0.02	5%	Pass

4.3) Respiration Test (Breaths/min):

Sr. No.	Master Reading (mV)	UUC Reading (mV)	Deviation (mV)	Tolerance (±%)	Result
1	10	10	0	5%	Pass
2	30	30	0	5%	Pass
3	50	51	1	5%	Pass



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RIR CERTIFICATION
ISO 9001:2015



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IAS, USA
MSCB-127

Certificate No. BM.19.04.20.093

Page No. 2 of 3

4.4) ECG Arrhythmia :

Sr. No.	Set on Master	Observed on UUC	Set on Master	Observed on UUC	Result
1	V Tach 160bpm	Ok	TV Paced 75 bpm	Ok	Pass
2	V Tach 200bpm	Ok	A Fib Coarse	Ok	Pass

4.5) NIBP Parameter :

Sr. No.	Master Reading (mmHg)	UUC Reading (mmHg)	Deviation (mmHg)	Tolerance (±%)	Result
1	60 / 30	61 / 29	1 / -1	5%	Pass
2	120 / 80	121 / 80	1 / 0	5%	Pass
3	200 / 150	199 / 149	-1 / -1	5%	Pass

4.6) SPO2 Parameter :

Sr. No.	Master Reading @60 BPM % SpO2	UUC Reading % SpO2	Deviation % SpO2	Tolerance (±%)	Result
1	70	69	-1	5%	Pass
2	85	85	0	5%	Pass
3	100	99	-1	5%	Pass

4.7) Temperature :

Sr. No.	Master Reading °C	UUC Reading °C	Deviation °C	Tolerance (±%)	Result
1	25.0	24.0	-1.0	5%	Pass
2	30.0	29.8	-0.2	5%	Pass
3	40.0	39.7	-0.3	5%	Pass





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Certificate No. **BM.19.04.20.093**

4.8) EST :

Page No. 3 of 3

Sr. No.	Tests	Remarks
1	Power Cords, Cables Checking	Ok
2	Mains Socket Checking	Ok

FUNCTIONAL TEST:

Sr.No	Parameters	Type	Measured Values	Tolerance	Remarks
1	Supply Voltage	Live-Neutral	235.78	210 to 240 V	Pass
2	Supply Voltage	Live-Earth	237.18	210 to 240 V	Pass
3	Supply Voltage	Neutral-Earth	1.63	0 to 5 V	Pass
4	Protective Earth Resistance	-	0.876	< 5 ohm	Pass
5	Earth Leakage Current	Normal Close (NC)	110	< 500 μ A	Pass
6	Earth Leakage Current	Normal Open (NO)	116	< 500 μ A	Pass
7	Enclosure Leakage Current	Normal Close Close (NCC)	0.7	< 10 μ A	Pass
8	Enclosure Leakage Current	Normal Open Close (NOC)	0.8	< 10 μ A	Pass
9	Enclosure Leakage Current	Normal Close Open (NCO)	0.8	< 10 μ A	Pass
10	Patient Auxiliary Leakage Current	Normal Close Close (NCC)	0.5	< 10 μ A	Pass
11	Patient Auxiliary Leakage Current	Reverse Close Close (RCC)	0.4	< 10 μ A	Pass
12	Patient Sink Leakage Current	Normal Close Close (NCC)	0.3	< 10 μ A	Pass
13	Patient Sink Leakage Current	Reverse Close Close (RCC)	0.6	< 10 μ A	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.

Calibrated By

R. Sable
Asst. Technical Manager
Rahul Sable
RF-21, R0



Approved By

R. S.M.
Quality Manager
R.D. Bodhe



Neonatal Warmer Care

May 2016 – May 2017

PHOENIX

CERTIFICATE OF CALIBRATION

Certificate No: PMS/C100/16-17

Date of Issue: 23.05.2016

This is to certify that the following equipment has been calibrated as per the details referred below:

CUSTOMER : Krishna Institute of Medical Sciences, Karad

Ref: Service Report No and Date : I2156, 05.05.2016

EQUIPMENT Details:

Equipment	Model	Sl. 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 Equipment Used:

- Calibrated Probe – Phoenix Sl. No. A44532

DATE OF CALIBRATION : May 5th 2016

CALIBRATION NEXT DUE ON : May 4th 2017

Remarks:

- The recalibration interval should be determined based on the user's requirements
- The results stated in this certificate relate only to the item calibrated.

For Phoenix Medical Systems Pvt Ltd

AUTHORISED SIGNATORY



Phoenix Medical Systems Private Limited

32/4, Jawaharlal Nehru Salai, Ekkattuthangal, P.O.Box-3205, Chennai - 600 032, INDIA.
CIN : U85110TN1987PTC014743 ☎ : 91 44 2225 1177, 2225 1178 Fax : 91 44 2225 0194
Toll Free No. 1 800 425 3503

✉ : sales@pmsind.com 🌐 : www.phoenixmedicalsystems.com

June 2017 – June 2018

PHOENIX

CERTIFICATE OF CALIBRATION

Certificate No: PMS/C003/17-18

Date of Issue: 17.07.2017

This is to certify that the following equipment has been calibrated as per the details referred below:

CUSTOMER : Krishna Institute of Medical Sciences, Karad

Ref: Service Report No and Date : M2809 / 28.06.2017

EQUIPMENT Details:

Equipment	Model	Sl. No	Set Temperature	Baby Temp. On Calibrated Probe	Baby Temp. After Calibration
Neonatal Open Care System	NWC100	2278	36.5 °C	36.6 °C	36.5 °C

Master Equipment Used:

- Calibrated Probe – Phoenix Sl. No. A63624

DATE OF CALIBRATION : 28.06.2017

CALIBRATION NEXT DUE ON : 28.06.2018

Remarks:

- The recalibration interval should be determined based on the user's requirements
- The results stated in this certificate relate only to the item calibrated.

For Phoenix Medical Systems Pvt Ltd

AUTHORISED SIGNATORY



Phoenix Medical Systems Private Limited

32/4, Jawaharlal Nehru Salai, Ekkattuthangal, P.O.Box-3205, Chennai - 600 032, INDIA.
CIN : U85110TN1987PTC014743 ☎ : 91 44 2225 1177, 2225 1178 Fax : 91 44 2225 0194

Toll Free No. 1 800 425 3503

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May 2018 – May 2019

PHOENIX

CERTIFICATE OF CALIBRATION

Certificate No: PMS/C005/18-19

Date of Issue: 30.05.2018

This is to certify that the following equipment has been calibrated as per the details referred below:

CUSTOMER : Krishna Institute of Medical Sciences, Karad

Ref: Service Report No and Date : N02356 dt. 25.05.2018

EQUIPMENT DETAILS

Equipment	Model	Sl. 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 Instrument Used:

- Calibrated Probe – Phoenix Sl. No. A74760

DATE OF CALIBRATION : 25.05.2018

CALIBRATION NEXT DUE ON : 25.05.2019

Remarks:

- The recalibration interval should be determined based on the user's requirements
- The results stated in this certificate relate only to the item calibrated.

For Phoenix Medical Systems Pvt Ltd

AUTHORISED SIGNATORY

PHOENIX

Phoenix Medical Systems Private Limited

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May 2019 – May 2020

PHOENIX

CERTIFICATE OF CALIBRATION

Certificate No: PMS/C003/19-20

Date of Issue: 26.04.2019

This is to certify that the following equipment has been calibrated as per the details referred below:

CUSTOMER : Krishna Institute of Medical Science, Karad

Ref: Service Report No and Date : P1722 dt. 23.03.2019

EQUIPMENT DETAILS

Equipment	Model	Sl. 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 Instrument Used:

- Calibrated Probe – Phoenix Sl. No. A74760

DATE OF CALIBRATION : 23.03.2019

CALIBRATION NEXT DUE ON : 22.03.2020

Remarks:

- > The recalibration interval should be determined based on the user's requirements
- > The results stated in this certificate relate only to the item calibrated.

For Phoenix Medical Systems Pvt Ltd

AUTHORISED SIGNATORY



Phoenix Medical Systems Private Limited

32/4, Jawaharlal Nehru Salai, Ekkattuthangal, P.O.Box-3205, Chennai - 600 032, INDIA.
CIN : U85110TN1987PTC014743 ☎ : 91 44 2225 1177, 2225 1178 Fax : 91 44 2225 0194
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Defibrillator

May 2016 – May 2017



RELIABLE TECHNICAL SERVICES

"RELIABLE HOUSE" 497/2834-35, Sant Tukaram Nagar,
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E-mail : reliable1010@gmail.com
Web. : www.reliabletechnical.com



CALIBRATION CERTIFICATE

1. CUSTOMER :-
Krishna Institute Of Medical Sciences
Deemed University,
Karad, Dist.Satara- 415110

Ambient Temp. (°C) :- 23.7
Relative Humidity (%RH) :- 53
Location of calibration :- In lab/On site
Condition of Item :- OK

Page No. :- 1 of 1
Certificate No. :-
Date of Received :- B.16.05.01.079
Date of Calibration :- 08.05.2016
Next Calibration Due On :- 08.05.2016
Calibration method No. :- 07.05.2017 (Customer suggested)
RTS/BM/WI/05

2. Description of Item

Name :- Defibrillator
Id No :- KIMSDU/CVTS/DF-01
Sr No :-
Make :- Zoll
Model No. :- M series
Location :- CVTS (Ward No-1)

3. Details of Equipment used for calibration

Name :- Defibrillator Analyzer
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)

Parameter	Set	Observed	Set	Observed	Tolerance	Result
Heart Rate(Beats/min)	30 NSR	30 NSR	120 NSR	120 NSR	5%	Pass
	60 NSR	61 NSR	180 NSR	180 NSR	5%	Pass
	90 NSR	90 NSR	240 NSR	241 NSR	5%	Pass
Amplitude(mV)	0.5	0.5	1.5	1.3	5%	Pass
	1	1			5%	Pass
ECG Arrythmia	Bigeminy	OK	Vent fib	OK	-	Pass
	Vent tach	OK	Atrl fib	OK	-	Pass
	Atrl tach	OK	Supravent tach	OK	-	Pass

2. Energy Test (in Joule)

Set	Observed	Set	Observed	Tolerance	Result
5.00	5.01	50.00	50.00	5%	Pass
10.00	10.02	70.00	70.00	5%	Pass

3. CHARGE TIME TEST (in seconds)

Set Energy(joule)	Observed Energy(joule)	Tolerance(%)	Target Time(sec)	Charge Time(sec)	Result
200.00	200.03	5%	3.00	3.40	Pass
150.00	150.00	5%	5.00	5.00	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".

Calibrated By

Calibration Engineer
Y.N. Borse



Approved By

Quality Manager
R.D. Bodhe



May 2017 – May 2018



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CALIBRATION CERTIFICATE

1. CUSTOMER	:-	Page No.	:- 1 of 2
Krishna Institute Of Medical Sciences		Certificate No.	:- BM 17.05.03.400
Deemed University,		Date of Received	:- 11.09.2017
Karad, Dist Satara- 415110		Date of Calibration	:- 11.09.2017
Ambient Temp.	:- 25 ± 4°C	Next Calibration Due On	:- 10.09.2018
Relative Humidity	:- <70% RH	Calibration method No.	:- RTS/BM/WI/05.01
Location of calibration	:- In lab/On site		
Condition of Item	:- OK		

2. Description of Item			
Name	:- Defibrillator	Make	:- Zoll
ID No.	:- KH/W-1/DFB-01	Model No.	:- Biphasic
Sr No.	:- T12CL8192	Location	:- CVTS(WNO 1)

3. Details of Equipment used for calibration			
Name	:- Electrical Safety Analyzer	Defibrillator Analyzer	
Certificate No.	:- 16121280-ESA612-3366061-1	16121281-IMPULSE 7000DP-3387041-1	
Certified By	:- Tektronix	Tektronix	
ID/Sr. No.	:- 3366061	3387041	
Calibration Validity	:- 26.12.2017	26.12.2017	

4. Calibration Results

1. ECG Test (with ECG Cable or with Patient Pads)

Parameter	Set	Observed	Set	Observed	Tolerance (±%)	Result
Heart Rate (Beats/min)	30 NSR	30 NSR	120 NSR	120 NSR	5%	Pass
	60 NSR	60 NSR	180 NSR	180 NSR	5%	Pass
	90 NSR	90 NSR	240 NSR	240 NSR	5%	Pass
Amplitude (mV)	0.5	0.5	1.5	1.3	5%	Pass
	1	1	-	-	5%	Pass
ECG Arrhythmia	Bigeminy	OK	Vent fib	OK	-	Pass
	Vent tach	OK	Atrl fib	OK	-	Pass
	Atrl tach	OK	Supravent tach	OK	-	Pass

.Energy Test (in Joule)

Set	Observed	Set	Observed	Tolerance (±%)	Result
5.00	5.02	50.00	50.01	5%	Pass
10.00	10.05	70.00	70.04	5%	Pass

CHARGE TIME TEST (in seconds)

Set Energy (joule)	Observed Energy (joule)	Tolerance (±%)	Target Time (sec)	Charge Time (sec)	Result
200.00	200.05	5%	3.00	3.02	Pass
150.00	150.13	5%	5.00	5.05	Pass



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Certificate No. **BM.17.05.03.400** **Electrical Safety**

4 Test Results

A) Visual Test :

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

B-Body Type,BF-Body Float Type,CF-Cardiac Float Type
 I-Properly Earthed ,II-Double Insulation,III-With Extra Low Safety Voltage

B) FUNCTIONAL TEST:

Sr.No	Parameters	Measured Values		Remarks
1	Voltage between Live and Neutral (Vln)	236.10	(210-240V)	OK
2	Voltage between Live and Earth(Vle)	236.84	(210-240V)	OK
3	Voltage between Neutral and and Earth (Vne)	1.02	(0-5V)	OK
4	Enclosure Current	0.6	(0-10µA)	OK
5	Leakage Current (IL)	122	(0-500µA)	OK
6	Patient Leakage Current (PL)	0.4	(BF-0-100µA) (CF-0-10µA)	OK

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"

Calibrated By

 Calibration Engineer
 Rahul Sable
 RF-21, R0



Approved By

 Quality Manager
 R.D. Bodhe



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CALIBRATION CERTIFICATE

1. CUSTOMER	:-	Page No.	:- 1 of 3
Krishna Institute Of Medical Sciences		Certificate No.	:- BM.18.05.01.041
Deemed University,		Date of Received	:- 01.05.2018
Karad ,Dist Satara- 415110		Date of Calibration	:- 01.05.2018
Ambient Temp.	:- 25 ± 4°C	Next Calibration Due On	:- 30.04.2019
Relative Humidity	:- <70% RH	Calibration method No.	:- RTS/BM/WI/03,01
Location of calibration	:- On site		
Condition of Item	:- OK		

2. Description of Item			
Name	:- Defibrillator	Make	:- Zoll
ID No	:- KH/W-01/DF-01	Model No.	:- Biphasic
Sr No.	:- T12C128192	Location	:- CVTS Ward No-01

3. Details of Equipment used for calibration			
Name	:- Defibrillator Analyzer	Electrical Safety Analyzer	
Certificate No.	:- 18444405-IMPULSE 7000DP-3387041-1	18444407-ESA612-3366061-1	
Certified By	:- Tektronix	Tektronix	
ID/Sr. No.	:- 3387041	3366061	
Calibration Validity	:- 28.12.2018	27.12.2018	

4. Calibration Results :-

4.1) ECG Heart Rate(Beats/min) :					
Sr. No.	Master Reading (BPM)	UUC Reading (BPM)	Deviation (BPM)	Tolerance (±%)	Result
1	30	30	0	5%	Pass
2	81	80	-1	5%	Pass
3	119	120	1	5%	Pass
4	179	180	1	5%	Pass
5	269	270	1	5%	Pass

4.2) ECG Amplitude (mV) :					
Sr. No.	Master Reading (mV)	UUC Reading (mV)	Deviation (mV)	Tolerance (±%)	Result
1	0.51	0.50	-0.01	5%	Pass
2	1.02	1.00	-0.02	5%	Pass
3	2.05	2.00	-0.05	5%	Pass





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Certificate No.

BM.18.05.01.041

Page No. 3 of 3

FUNCTIONAL TEST:

Sr.No	Parameters	Type	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 μ A	Pass
6	Earth Leakage Current	Normal Open (NO)	1.8	< 10 μ A	Pass
7	Enclosure Leakage Current	NCC	1.1	< 10 μ A	Pass
8	Enclosure Leakage Current	NOC	0.7	< 10 μ A	Pass
9	Enclosure Leakage Current	NCO	0.4	< 10 μ A	Pass
10	Patient Auxiliary Leakage Current	NCC	1.4	< 10 μ A	Pass
11	Patient Auxiliary Leakage Current	RCC	1.5	< 10 μ A	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.

Calibrated By

Calibration Engineer

Rahul Sable

RF-21, R0



Approved By

Quality Manager

R.D.Bodhe



May 2019 – May 2020



RELIABLE TECHNICAL SERVICES

(Division of Reliable Technocare Pvt. Ltd.)

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RIR CERTIFICATION
ISO 9001:2015



CALIBRATION CERTIFICATE

1.CUSTOMER	:-	Page No.	:- 1 of 3
Krishna Institute Of Medical Sciences		Certificate No.	:- BM.19.04.20.022
Deemed University,		Date of Received	:- 24.04.2019
Karad ,Dist.Satara- 415110		Date of Calibration	:- 24.04.2019
Ambient Temp.	:- 25 ± 4°C	Next Calibration Due On	:- 23.04.2020
Relative Humidity	:- <70% RH	Calibration method No.	:- RTS/BM/WI/05,01
Location of calibration	:- On site		
Condition of Item	:- OK		

2. Description of Item			
Name	:- Defibrillator	Make	:- Zoll
ID No	:- KH/W-01/DF-01	Model No.	:- Biphasic
Sr No.	:- T12C128192	Location	:- CVTS Ward No-01

3.Details of Equipment used for calibration			
Name	:- Defibrillator Analyzer	Electrical Safety Analyzer	
Certificate No.	:- 18.12.IH.004	18.12.IH.001	
Certified By	:- RTS	RTS	
ID/Sr. No.	:- 3387041	3366061	
Calibration Validity	:- 19.12.2019	16.12.2019	

4. Calibration Results :-

4.1) ECG Heart Rate(Beats/min) :					
Sr. No.	Master Reading (BPM)	UUC Reading (BPM)	Deviation (BPM)	Tolerance (±%)	Result
1	30	31	1	5%	Pass
2	81	80	-1	5%	Pass
3	121	120	-1	5%	Pass
4	180	180	0	5%	Pass
5	270	270	0	5%	Pass

4.2) ECG Amplitude (mV) :					
Sr. No.	Master Reading (mV)	UUC Reading (mV)	Deviation (mV)	Tolerance (±%)	Result
1	0.51	0.50	-0.01	5%	Pass
2	1.02	1.00	-0.02	5%	Pass
3	2.05	2.00	-0.05	5%	Pass





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Certificate No.

BM.19.04.20.022

Page No. 2 of 3

3) ECG Arrhythmia :

Sr. No.	Set on Master	Observed on UUC	Set on Master	Observed on UUC	Result
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 Master	Set on UUC	Observed on Master	Set on UUC	Tolerance (±%)	Result
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	Set on UUC	Tolerance (±%)	Target Time(sec)	Charge Time(sec)	Result
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
1	Power Cords, Cables Checking	Ok
2	Mains Socket Checking	Ok



Dialysis Machine

May 2016 – May 2017

**FRESENIUS
MEDICAL CARE**
THE RENAL COMPANY

CALIBRATION CERTIFICATE

CUSTOMER NAME:	Krishna Hospital, Karad
EQUIPMENT :	HEMODIALYSIS MACHINE (Fresenius)
MODEL:	40085
SERIAL NUMBER:	8VCAKR93
HMED	20164808 calibration validity from 15/06/2015 to 14/06/2016
90XL Meter	9X003071 calibration validity from 15/06/2015 to 14/06/2016

DATE: 7/5/16

Next Due: 6/5/17

With the help of HMED & 90XL 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°C	37°C
Conductivity Check	14.5 ms/cm	14.0 ms/cm
Dialysate Flow		
800ml/min	837 ml/min	837 ml/min
500ml/min	528 ml/min	528 ml/min
300ml/min	393 ml/min	393 ml/min
TMP Check		Good
Arterial Pressure Check		Good
Venus Pressure Check		Good
Blood Leak	5.0	5.0
Final Check		
T1 Test Performed		Test Passed
Hot Disinfection		Done.



R. Kumar
Service Engineer Signature

Fresenius Medical Care (India) Pvt. Ltd.

CIN: U24231DL2006FTC147436

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New Delhi - 110017
Tel. : 011 - 4569 9500, 4564 3300
Fax : 011 - 4569 9506, 4564 3306

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Andheri (East), Mumbai - 400 093
Tel. : 022 - 4217 6500
Telefax : 022 - 4217 6501

Branch Office Kolkata :
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EM bypass, Kolkata - 700107
Tel. : 033 - 3090 9500
Telefax : 033 - 3090 9506

Branch Office Chennai :
No. 6 & 7, 3rd Floor, Kasi Arcade,
116, Sri Thyagaraya Road,
Thyagaraya Nagar, Chennai - 600 017
Tel. : 044 - 4396 0900
Fax : 044 - 4396 0915

May 2017 – May 2018



CALIBRATION CERTIFICATE

CUSTOMER NAME:	KRISHNA INSTITUTE MEDICAL HOSPITAL, KARAD
EQUIPMENT :	HEMODIALYSIS MACHINE(Fresenius)
MODEL:	4008S
SERIAL NUMBER:	8VCAKR93
HMED	20204808 calibration validity from 25/07/2016 to 24/07/2017
90XL Meter	9X003071 calibration validity from 25/07/2016 to 24/07/2017

DATE: 5/5/2017
4/5/2018

With the help of HMED & 90XL 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	<u>1.2 bar</u>	<input type="text" value="1.1 bar"/>
Dialysis Mode		
Temperature	<u>37°C</u>	<input type="text" value="36.9°C"/>
Conductivity Check	<u>14.5</u>	<input type="text" value="14.0"/>
Dialysate Flow		
800ml/min	<u>837</u>	<input type="text" value="828"/>
500ml/min	<u>537</u>	<input type="text" value="519"/>
300ml/min	<u>330</u>	<input type="text" value="339"/>
TMP Check		<input type="text" value="Done"/>
Arterial Pressure Check		<input type="text" value="Done"/>
Venus Pressure Check		<input type="text" value="Done"/>
Blood Leak	<u>5.0V</u>	<input type="text" value="5.0V"/>
Final Check		
T1 Test Performed		<input type="text" value="Passed"/>
Hot Disinfection		<input type="text" value="Done"/>

[Signature]
Service Engineer Signature

Fresenius Medical Care India Private Limited

CIN - U24231DL2006FTC147436

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The Medicity, Sec-38,
Gurgaon-122071

Tel : 0124 - 6642500
Fax : 0124 - 6642506

Branch Office Mumbai :
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Mahakali Caves Road,
Andheri (East), Mumbai - 400 093
Tel : 022 - 4217 6500
Telefax : 022 - 4217 6501

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Thyagaraya Nagar, Chennai - 600 017
Tel : 044 - 4396 0900
Fax: 044 - 4396 0915

NOTE 8 PRO CAMERA

May 2018 – May 2019


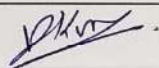


CALIBRATION CERTIFICATE

CUSTOMER NAME:	KRISHNA INSTITUTE MEDICAL HOSPITAL, KARAD
EQUIPMENT:	HEMODIALYSIS MACHINE(Fresenius)
MODEL:	4008 S
SERIAL NUMBER:	8YCAKR93
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

With the help of HMED & 90XL 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	<u>1.2 bar</u>	<input checked="" type="checkbox"/>
Dialysis Mode		
Temperature	<u>37°C</u>	<input checked="" type="checkbox"/>
Conductivity Check	<u>14.0 mS/cm</u>	<input checked="" type="checkbox"/>
Dialysate Flow		
800ml/min	<u>816</u>	<input checked="" type="checkbox"/>
500ml/min	<u>528</u>	<input checked="" type="checkbox"/>
300ml/min	<u>319</u>	<input checked="" type="checkbox"/>
TMP Check		<input checked="" type="checkbox"/>
Arterial Pressure Check		<input checked="" type="checkbox"/>
Venus Pressure Check		<input checked="" type="checkbox"/>
Blood Leak	<u>5.0V</u>	<input checked="" type="checkbox"/>
Final Check		
T1 Test Performed		<input checked="" type="checkbox"/>
Hot Disinfection		<input checked="" type="checkbox"/>
 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 Mediocity, Sec-38,
Gurgaon-122001,
Tel : 0122-4142400
Fax : 0124-6642506

Branch Office Mumbai :
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Mahakall Caves Road,
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Tel : 022-4217 6500
Telefax : 022-4217 6501

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Thyagaraya Nagar, Chennai - 600 017
Tel : 044-4396 0900
Fax : 044-4396 0915

May 2019 – May 2020



CALIBRATION CERTIFICATE

CUSTOMER NAME:	Krishna Institute of Medical Sciences.
EQUIPMENT:	HEMODIALYSIS MACHINE(Fresenius)
MODEL:	40085
SERIAL NUMBER:	9VCAKR93
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

DATE: 10/5/2019 to 9/05/2020

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°C	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	5.0V
Final Check		
T1 Test Performed		Done
Hot Disinfection		Done
Authorized Signatory	Service Engineer Signature	

Fresenius Medical Care India Private Limited

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Telefax : 022 - 4217 6501

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Tel. : 033 - 3090 9500
Telefax : 033 - 3090 9506

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

BPL Medical
Technologies

Test Report on	E.C.G. Machine
Date of Calibration	2-Mar-16
Calibration Due Date	1-Mar-17
Calibration Report No.	bpl/hms/16C02L05

Name and Address of the organisation	Krishna Institute of Medical Science Deemed University Malkapur, Karad, Satara - 415539, Maharashtra
Description of Item	Electo-Cardiogram Machine Model - CARDIART 9108 Sr.No. - DUTD4L2854
Tests Done	Calibration

Equipments Used for testing:

Name of the equipment	Equipment serial no	Due Date
Multipara Simulator/ Fluke/ prosim 4	3231007	11-Aug-16

Performance Check :

SL.NO	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
5	Battery Trickle Charge check	OK / NOT OK	OK
6	Battery Charge voltage at BAT+	15.4V - 17.6 V	15.8V
7	Lead Off indication at all leads	OK / NOT OK	OK
8	Real Time Clock display & Adjustments	OK / NOT OK	OK
9	Set up menu display and Adjustments	OK / NOT OK	OK
10	Display	No ambiguities	OK

BPL Medical Technologies Private Limited
207, Inizio, Opp. P & G, Cardinal Gracious Rd, Chakala, Andheri East, Mumbai - 400 099, India
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SL.NO	PARAMETER	SPECIFICATION	VALUE
11	Printing & Display Formats Check	OK / NOT OK	OK
12	DC Offset (At max gain)	1 Pixel max	OK
13	Noise at short circuit.	2 Pixels max	1pix
14	50Hz Notch Filter operation	2 Pixels max	1pix
15	CMRR	2 Pixels max	2pix
16	GAIN / Sensitivity selections (mm)		
	05 mm	+/-1mm	05 mm
	10 mm	+/-1mm	10 mm
	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)		
	at 25mm/sec	+/-1mm	25mm/sec
	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	OK
24	Low Battery Indication	OK / NOT OK	OK
25	HV Break Down test@ 1.5KV for 1 minute	OK / NOT OK	OK
26	DF Discharge check - Sampling for 5 sets	OK / NOT OK	OK
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	OK

TESTED & CALIBRATED BY


 For BPL Medical Technologies Pvt. Ltd.

April 2017 - Mar 2018

BPL Medical
Technologies

Test Report on	
Date of Calibration	E.C.G. Machine
Calibration Due Date	1-Apr-17
Calibration Report No.	31-Mar-18
	bpimpt/KHK/17D01L12

Name and Address of the organisation	KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED UNIVERSITY KARAD DIST-SATARA MAHARASHTRA
Description of Item	Electo-Cardiogram Machine Model - CARDIART 9108 Sr.No. - DUTD4L2854
Tests Done	Calibration

Equipments Used for testing:

Name of the equipment	Calibration report No.	Due Date
MPM simulator / FLUKE Prosim4 / 2767019	16121290-Prosim 4-2767019-1	29-Dec-17

Performance 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
	Line LED indication	OK / NOT OK	OK
5	Battery Trickle Charge check	OK / NOT OK	OK
6	Battery Charge voltage at BAT+	15.4V - 17.6 V	15.8V
7	Lead Off indication at all leads	OK / NOT OK	OK
8	Real Time Clock display & Adjustments	OK / NOT OK	OK
9	Set up menu display and Adjustments	OK / NOT OK	OK
10	Display	No ambiguities	OK
11	Printing & Display Formats Check	OK / NOT OK	OK
12	DC Offset (At max gain)	1 Pixel max	OK
13	Noise at short circuit.	2 Pixels max	1pix
14	50Hz Notch Filter operation	2 Pixels max	1pix
15	CMRR	2 Pixels max	2pix
16	GAIN / Sensitivity selections (mm)		05 mm
	05 mm	+/-1mm	

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BPL Medical Technologies Private Limited
Regd. Office : 11th KM, Bannerghatta Road, Arakere, Bangalore - 560 076, India.
CIN : U33110KA2012PTCO67282



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	10 mm	+/-1mm	10 mm
	20 mm	+/-1mm	20 mm
	Memory Check	OK / NOT OK	OK
	Printing Linearity Check	OK / NOT OK	OK
	Paper Transportation Speed (mm/sec)		
	at 25mm/sec	+/-1mm	25mm/sec
	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	OK
24	Low Battery indication	OK / NOT OK	OK
25	HV Break Down test@ 1.5KV for 1 minute	OK / NOT OK	OK
26	DF Discharge check - Sampling for 5 sets	OK / NOT OK	OK
27	Reset Recovery within 0.5s after defibrillation	OK / NOT OK	OK
28	All self tests	OK / NOT OK	OK

CALIBRATION STATUS	OK
--------------------	----

TESTED BY


Ajit Parab
11/6/17

AJIT PARAB

For BPL Medical Technologies Pvt. Ltd



April 2018 - April 2019



BPL
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Test Report on	E.C.G. Machine
Date of Calibration	2-Apr-18
Calibration Due Date	1-Apr-19
Calibration Report No.	bpimtpl/kh/18A02L00

Name and Address of the organisation	KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED UNIVERSITY KARAD DIST-SATARA MAHARASHTRA
Description of Item	Electro-Cardiogram Machine Model - CARDIART 9108 Sr.No. - DUTD4L2854
Tests Done	Calibration

Equipments Used for testing:

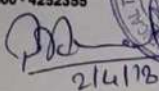
Name of the equipment	Calibration report No.	Due Date
VITAL SIGNS SIMULATOR/ FLUKE/PROSIM4/2767019	1844273-PROSIM4-2767019-1	09-Jan-19





Performance Check :

SL.NO	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
5	Battery Trickle Charge check	OK / NOT OK	OK
6	Battery Charge voltage at BAT+	15.4V - 17.6 V	15.7V
7	Lead Off indication at all leads	OK / NOT OK	OK
8	Real Time Clock display & Adjustments	OK / NOT OK	OK
9	Set up menu display and Adjustments	OK / NOT OK	OK
10	Display	No ambiguities	OK

BPL Medical Technologies Private Limited

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 2/4/18

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May 2019 - May 2020



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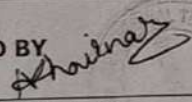
Test Report on		E.C.G. Machine	
Date of Calibration		15-May-19	
Calibration Due Date		14-May-20	
Machine Calibration Report No.		BMTPL/19-20/CALR/K261605	
Name and Address of the organisation		KRISHNA CHARITABLE TRUST HOSPITAL Khanapur Road, Agashivnagar, dist. Satara, Malakapur, Maharashtra-415539, INDIA.	
Description of Item		Electro-Cardiogram Machine Model - 9108 Sr.No. - DUTD4L2854	
Equipments Used for testing:			
Name of the equipment		Calibration report No.	Due Date
VITAL SIGNS STIMULATOR		1915868-7-PROSIM 4-2767019-1	11-Feb-20
Performance Check :			
SR.NO	PARAMETER	SPECIFICATION	VALUE
1	Key operations	OK / NOT OK	OK
2	LED Alignment	OK / NOT OK	OK
3	Line-Battery LED indication	OK / NOT OK	OK
4	Battery Trickle Charge check	OK / NOT OK	OK
5	Lead Off indication at all leads	OK / NOT OK	OK
6	Real Time Clock display & Adjustments	OK / NOT OK	OK
7	Set up menu display and Adjustments	OK / NOT OK	OK
8	Display	No ambiguities	OK
9	Printing & Display Formats Check	OK / NOT OK	OK
10	50Hz Notch Filter operation	2 mm max	1mm
11	Gain (sensitivity) at 10mm Gain at lead II @ speed 25mm/sec & 60 bpm		
	5mm	+/-1mm	5 mm
	10mm	+/-1mm	10 mm
	20mm	+/-1mm	20 mm



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SR.NO	PARAMETER	SPECIFICATION	VALUE
12	Paper Transportation Speed (mm/sec) @ Gain 10mm/sec		
	at 25mm/sec	+/-1mm	25mm/sec
	at 50mm/sec	+/-2mm	50mm/sec
	Heart Rate indications @ 10mm/mv & 25mm/sec		
13	30 BPM	+/-1 BPM	30 BPM
	60 BPM	+/-1 BPM	60 BPM
	120 BPM	+/-1 BPM	120 BPM
14	Memory Check	OK / NOT OK	OK
15	Printing Linearity Check	OK / NOT OK	OK
16	Thermal Head Alignment	OK / NOT OK	OK
17	Paper Sensor testing	OK / NOT OK	OK
18	LCD contrast check	No fading	OK
19	Low Battery indication	OK / NOT OK	OK
20	All self tests	OK / NOT OK	OK

TESTED BY


AMIT KHAIRNAR

CALIBRATION STATUS	All Parameters found well within specifications
--------------------	---

Cautery Machine

May 2016 - May 2017



RELIABLE TECHNICAL SERVICES

"RELIABLE HOUSE" 497/2834-35, Sant Tukaram Nagar,
Pimpri, Pune - 411018. Telefax : 020-27421170
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Web. : www.reliabletechnicals.com



CALIBRATION CERTIFICATE

1. CUSTOMER Krishna Institute Of Medical Sciences Deemed University, Karad, Dist Satara- 415110 Ambient Temp. (°C) :- 22.6 Relative Humidity (%RH) :- 51 Location of calibration :- In lab/On site Condition of Item :- OK	Page No. :- 1 of 2 Certificate No. :- B.16.05.01.025 Date of Received :- 07.05.2016 Date of Calibration :- 07.05.2016 Next Calibration Due On :- 06.05.2017 (Customer suggested) Calibration method No. :- RTS/BM/WI/06
--	--

2. Description of Item			
Name :- Cautery Machine	Make :- Skanray		
Id No :- KIMSDU/OT-1/CM-01	Model No. :- Mestra plus		
Sr No :- E14BA1129	Location :- OT-1		

3. Details of Equipment used for calibration			
Name :- Electrical Safety Analyzer	Electrosurgical Analyzer		
Certified By :- Fluke	Fluke		
ID/Sr. No. :- 3366061	202687		
Calibration Validity :- 23.12.2016	19.01.2017		

4. Calibration Results :-

4.1) Monopolar Cut:				
Set Values(Watts)	Master Instrument Reading (Watts)	Deviation Noted(Watts)	Tolerance(Watts)	Result
10	9	-1	±1.5	Pass
30	29	-1	±5	Pass
50	48	-2	±7.5	Pass
100	92	-8	±15	Pass
200	190	-10	±30	Pass

4.2) Coagulation:				
Set Values(Watts)	Master Instrument Reading (Watts)	Deviation Noted(Watts)	Tolerance(Watts)	Result
10	10	0	±1.5	Pass
30	29	-1	±5	Pass
50	46	-4	±7.5	Pass
120	111	-9	±18	Pass

4.3) Bipolar:				
Set Values(Watts)	Master Instrument Reading (Watts)	Deviation Noted(Watts)	Tolerance(Watts)	Result
10	10	0	±1.5	Pass
25	24	-1	±5	Pass
45	42	-3	±6.75	Pass
70	66	-4	±10.5	Pass





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Certificate No. **B.16.05.01.025**

4.4) Visual Test :

Sr. No.	Tests	Remarks
1	Power Cords, Cables Checking	Ok
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-Cardiac Float Type	I
	I-Properly Earthed ,II-Double Insulation,III-With Extra Low Safety Voltage	

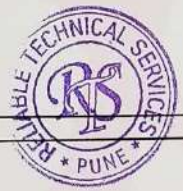
B) FUNCTIONAL TEST:

Sr.No	Parameters	Measured Values	Remarks
1	Voltage between Live and Neutral (Vin)	235.43 (210-240V)	OK
2	Voltage between Live and Earth (Vle)	237.10 (210-240V)	OK
3	Voltage between Neutral and and Earth (Vne)	1.95 (0-5V)	OK
4	Enclosure Current	0.8 (0-10µA)	OK
5	Leakage Current (IL)	127 (0-500µA)	OK
6	Patient Leakage Current (PL)	0.6 (BF-0-100µA) (CF-0-10µA)	OK

- 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".

Calibrated By

 Calibration Engineer
 Shafik Chorgaste
 RF-21, R0



Approved By

 Quality Manager
 R.D. Bodhe



May 2017 - May 2018



RELIABLE TECHNICAL SERVICES

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CALIBRATION CERTIFICATE

1.CUSTOMER	-	Page No.	-	1 of 2
Krishna Institute Of Medical Sciences		Certificate No.	-	BM.17.05.03.315
Deemed University,		Date of Received	-	06.05.2017
Karad ,Dist.Satara- 415110		Date of Calibration	-	06.05.2017
Ambient Temp. (°C)	-	Next Calibration Due On	-	05.05.2018
Relative Humidity (%RH)	-	Calibration method No.	-	RTS/BM/WI/06.01
Location of calibration	-			
Condition of Item	-			

2. Description of Item					
Name	-	Cautery Machine	Make	-	Skarway
Id No	-	KH/OT/CM-09	Model No.	-	Master Plus 100
Sr No.	-	E14BA1129	Location	-	OT

3.Details of Equipment used for calibration				
Name	-	Electrical Safety Analyzer	Electrosurgical Analyzer	
Certificate No.	-	16121280-ESA612-3366061-1	16121282-QA ESII-202687-1	
Certified By	-	Tektronix	Tektronix	
ID/Sr. No.	-	3366061	202687	
Calibration Validity	-	26.12.2017	27.12.2017	

4.Calibration Results

4.1) Power Test For Monopolar Cut(Watts)							
Pure		Low		Blend		Tolerance (±%)	Result
Set	Observed	Set	Observed	Set	Observed		
10	11	10	11	10	11	10%	Pass
50	51	50	50	50	50	10%	Pass
150	151	150	151	150	151	10%	Pass

4.2) Power Test For Monopolar Coagulation(Watts)							
Desiccate		Fulgurate		Spray		Tolerance (±%)	Result
Set	Observed	Set	Observed	Set	Observed		
10	11	10	10	10	10	10%	Pass
50	51	50	50	50	50	10%	Pass
100	101	100	101	100	100	10%	Pass

4.3) Power Test For Bipolar (Watts)							
Precise		Standard		Macro		Tolerance (±%)	Result
Set	Observed	Set	Observed	Set	Observed		
10	11	10	11	10	11	10%	Pass
45	46	45	46	45	45	10%	Pass
70	70	70	71	70	71	10%	Pass





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Certificate No. **BM.17.05.03.315**

Electrical Safety

5. Test Results

A) Visual Test :

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

B-Body Type, BF-Body Float Type, CF-Cardiac Float Type
 I- Properly Earthed, II- Double Insulation, III- With Extra Low Safety Voltage

B) FUNCTIONAL TEST:

Sr.No	Parameters	Measured Values	Remarks
1	Voltage between Live and Neutral (Vln)	235.50 (210-240V)	OK
2	Voltage between Live and Earth (Vle)	238.15 (210-240V)	OK
3	Voltage between Neutral and and Earth (Vne)	2.87 (0-5V)	OK
4	Enclosure Current	0.8 (0-10µA)	OK
5	Leakage Current (IL)	116 (0-500µA)	OK
6	Patient Leakage Current (PL)	0.8 (BF-0-100µA) (CF-0-10µA)	OK

- 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".

Calibrated By

 Calibration Engineer
 Rahul Sable
 RF-21, RO



Approved By

 Quality Manager
 R.D. Bodhe



May 2018 - May 2019



RELIABLE TECHNICAL SERVICES

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Web. : www.reliabletechnical.com



CALIBRATION CERTIFICATE

1. CUSTOMER		Page No.	:- 1 of 2	
Krishna Institute Of Medical Sciences		Certificate No.	:- BM.18.04.29.019	
Deemed University,		Date of Received	:- 29.04.2018	
Karad ,Dist.Satara- 415110		Date of Calibration	:- 29.04.2018	
Ambient Temp.	:- 25 ± 4°C	Next Calibration Due On	:- 28.04.2019	
Relative Humidity	:- <70% RH	Calibration method No.	:- RTS/BM/WI/06,01	
Location of calibration	:- On site			
Condition of Item	:- OK			

2. Description of Item				
Name	:- Cautery Machine	Make	:- Skanray	
ID No	:- KH/OT/CM-09	Model No.	:- Plus 100	
Sr No.	:- E14BA1129	Location	:- OT	

3. Details of Equipment used for calibration				
Name	:- Electrosurgery Analyzer	Electrical Safety Analyzer		
Certificate No.	:- 18444403-QA ESII-202687-1	18444407-ESA612-3366061-1		
Certified By	:- Tektronix	Tektronix		
ID/Sr. No.	:- 202687	3366061		
Calibration Validity	:- 28.12.2018	27.12.2018		

4. Calibration Results :-

4.1) Power Test For Monopolar Cut(Watts)							
Pure		Low		Blend		Tolerance (±%)	Result
Set	Observed	Set	Observed	Set	Observed		
10	10.0	10	8.3	10	9.1	10%	Pass
50	48.9	50	48.7	50	51.9	10%	Pass
150	151.9	150	149.2	150	151.2	10%	Pass

4.2) Power Test For Monopolar Coagulation(Watts)							
Desiccate		Fulgurate		Spray		Tolerance (±%)	Result
Set	Observed	Set	Observed	Set	Observed		
10	12.0	10	8.2	10	11.6	10%	Pass
50	51.7	50	51.7	50	49.1	10%	Pass
100	98.3	100	100.9	100	101.7	10%	Pass

4.3) Power Test For Bipolar (Watts)							
Precise		Standard		Macro		Tolerance (±%)	Result
Set	Observed	Set	Observed	Set	Observed		
10	10.9	10	11.7	10	11.4	10%	Pass
45	43.5	45	46.4	45	44.8	10%	Pass
70	71.0	70	68.7	70	69.9	10%	Pass



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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 Checking	Ok

FUNCTIONAL TEST:

Sr.No	Parameters	Type	Measured Values	Tolerance	Remarks
1	Supply Voltage	Live-Neutral	235.53	210 to 240 V	Pass
2	Supply Voltage	Live-Earth	237.10	210 to 240 V	Pass
3	Supply Voltage	Neutral-Earth	1.80	0 to 5 V	Pass
4	Protective Earth Resistance	--	1.74	< 5 ohm	Pass
5	Earth Leakage Current	Normal Close (NC)	2.2	< 10 μ A	Pass
6	Earth Leakage Current	Normal Open (NO)	1.7	< 10 μ A	Pass
7	Enclosure Leakage Current	NCC	1.3	< 10 μ A	Pass
8	Enclosure Leakage Current	NOC	0.8	< 10 μ A	Pass
9	Enclosure Leakage Current	NCO	0.5	< 10 μ A	Pass
10	Patient Auxiliary Leakage Current	NCC	1.7	< 10 μ A	Pass
11	Patient Auxiliary Leakage Current	RCC	1.9	< 10 μ A	Pass

Note:

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- 3) Calibration point were selected as per customer specifications.
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- 5) The Standard used are traceable to National / International Standard.

Calibrated By

Anand
 Calibration Engineer
 Anand Dalvi
 RF-21, R0



Approved By

R.D. Bodhe
 Quality Manager
 R.D. Bodhe



May 2019 - May 2020



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CALIBRATION CERTIFICATE

1.CUSTOMER		Page No.	:- 1 of 2	
Krishna Institute Of Medical Sciences		Certificate No.	:- BM.19.04.20.247	
Deemed University,		Date of Received	:- 28.04.2019	
Karad ,Dist.Satara- 415110		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/06,01	
Location of calibration	:- On site			
Condition of Item	:- OK			

2. Description of Item				
Name	:- Cautery Machine	Make	:- Skanray	
ID No	:- KH/OT/CM-09	Model No.	:- Plus 100	
Sr No.	:- E14BA1129	Location	:- OT	

3.Details of Equipment used for calibration				
Name	:- Electrosurgery Analyzer	Electrical Safety Analyzer		
Certificate No.	:- 18.12.IH.003	18.12.IH.001		
Certified By	:- RTS	RTS		
ID/Sr. No.	:- 202687	3366061		
Calibration Validity	:- 18.12.2019	16.12.2019		

4.Calibration Results

4.1) Power Test For Monopolar Cut(Watts)

Pure		Low		Blend		Tolerance (±%)	Result
Set	Observed	Set	Observed	Set	Observed		
10	11	10	10	10	12	10%	Pass
50	50	50	51	50	51	10%	Pass
150	150	150	152	150	152	10%	Pass

4.2) Power Test For Monopolar Coagulation(Watts)

Desiccate		Fulgurate		Spray		Tolerance (±%)	Result
Set	Observed	Set	Observed	Set	Observed		
10	10	10	12	10	12	10%	Pass
50	51	50	51	50	51	10%	Pass
100	106	100	102	100	102	10%	Pass

4.3) Power Test For Bipolar (Watts)

Precise		Standard		Macro		Tolerance (±%)	Result
Set	Observed	Set	Observed	Set	Observed		
10	10	10	10	45	44	10%	Pass
45	46	45	44	70	72	10%	Pass
70	72	70	72			10%	Pass



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Certificate 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

FUNCTIONAL TEST:

Sr.No	Parameters	Type	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 μ A	Pass
6	Earth Leakage Current	Normal Open (NO)	192.2	< 500 μ A	Pass
7	Enclosure Leakage Current	Normal Close Close (NCC)	1.0	< 10 μ A	Pass
8	Enclosure Leakage Current	Normal Open Close (NOC)	0.8	< 10 μ A	Pass
9	Enclosure Leakage Current	Normal Close Open (NCO)	0.6	< 10 μ A	Pass

Note:

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

Calibrated By

R. Sable

Asst. Technical Manager

Rahul Sable

F-21, R0



Approved By

R. SM.

Quality Manager

R.D. Bodhe



Anaesthesia Machine

Feb 2016 - Feb 2017

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Pune-Satara Road, Pune - 411 009. INDIA
Contact : 020 2420 8200

Services | Calibration | Training

Calibration Report

ospital	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

ELECTRICAL SAFETY

1) VISUAL TEST

Sr. No.	Tests	Remarks
1	Power Cords, Cables Checking	OK
2	Mains Socket Checking	OK
3	Equipment Type (B,BF,CF)	B
4	Equipment Class(I,II,III)	I
B-Body Type , BF- Body Float Type , CF- Cardiac Float Type		
I- Properly Earthed , II- Double Insulation , III- With extra Low Safety Voltage		

2) FUNCTIONAL TEST

Sr. No.	Parameters	Measured Values	Remarks
1	Voltage between Live and Neutral (Vln)	229.20 (210 - 240 V)	OK
2	Voltage between Live and Earth (Vle)	229.10 (210 - 240 V)	OK
3	Voltage between Neutral and Earth (Vnc)	1.20 (0 - 5 V)	OK
4	Enclosure Current	0.4 (0 - 10 µA)	OK
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)	OK

Tested By - TRUCAL	Certified By - TRUCAL
Name: Prakash Gaikwad	Authorised Signatory
Date: 4/2/2016	Date: 8/2/2016





Certificate of Traceable Calibration

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

TRUCAL recommended Call interval: 12 Months
 * The due date may be established (by the customer) by adding the "Recommended Cal Interval" to the "Date Placed in 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 written approval of the calibration faculty.

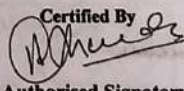
Instrument Procedure

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

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	Pass
--------------------	-------------

Date Issued	8/2/2016	Certified By  Authorised Signatory
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CALIBRATION CERTIFICATE

1.CUSTOMER	:-	Page No.	:- 1 of 2
Krishna Institute Of Medical Sciences	:-	Certificate No.	:- BM.17.05.03.082
Deemed University,	:-	Date of Received	:- 06.05.2017
Karad ,Dist.Satara- 415110	:-	Date of Calibration	:- 06.05.2017
Ambient Temp.	:- 25 ± 4°C	Next Calibration Due On	:- 05.05.2018
Relative Humidity	:- <70% RH	Calibration method No.	:- RTS/BM/WI/09.01
Location of calibration	:- In lab/On site		
Condition of Item	:- OK		

2. Description of Item			
Name	:- Anesthesia Machine	Make	:- GE
ID No	:- KH/W-01/OT-1/AM-01	Model No.	:- Datex Omed
Sr No.	:- APHR00827	Location	:- OT-1 (Ward No-01)

3.Details of Equipment used for calibration			
Name	:- Electrical Safety Analyzer	Gas Flow Analyzer	
Certificate No.	:- 16121280-ESA612-3366061-1	16121278-VT MOBILE-3392002-1	
Certified By	:- Tektronix	Tektronix	
ID/Sr. No.	:- 3366061	3392002	
Calibration Validity	:- 26.12.2017	28.12.2017	

4.Calibration Results			
4.1) Ventilation Mode			
IPPV(Inspired Positive Pressure Ventilation)	YES	CMV(Cont.Mandatory Ventilation) VC/PC	BIPAP (Bi-Level Positive Airway Pressure)
PSV (Pressure Support Ventilation)		HFV (High Frequency Ventilation)	CPAP(Cont.Positive Airway Pressure)
SIMV(Synch.Intermittent Mandatory Ventilation)		AC (Assist Controlled)	

4.2) Testing On Patient Mode						
Parameter	Set	Observed	Set	Observed	Tolerance (±%)	Result
Inspiratory Tidal Volume (Vti)(ml)	100	101.0	350	351.0	5%	Pass
Expiratory Tidal Volume(Vte)(ml)	100	100.0	350	349.0	5%	Pass
Frequency(f)(bpm)	12	12	14	14.0	5%	Pass
Peak Inspiratory Pressure(PIP)(cmH2O)	11	11.0	23	23.0	5%	Pass
Positive End-Expiratory Pressure(PEEP)(cmH2O)	5	5.0	4	4.0	5%	Pass
I:E Ratio	1:2	1:1.8	1:2	1:2.3	5%	Pass
Inspiratory Time (Ti) (Sec)	2.1	2.10	3	2.97	5%	Pass
Expiratory Time (Te) (Sec)	0.5	0.5	0.5	0.5	5%	Pass
Peak Flow Rate(L/min)	7	7	14	14	5%	Pass
Oxygen O2 %	21	21.00	-	-	5%	Pass
	100	100.00	-	-	5%	Pass
Minute Volume (L)	2	2.400	-	-	5%	Pass
	5	5.000	-	-	5%	Pass



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Certificate No. **BM.17.05.03.082** Page No. 2 of 2

5. Test Results Electrical Safety

A) Visual Test :

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

B-Body Type, BF-Body Float Type, CF-Cardiac Float Type
 I-Properly Earthed ,II-Double Insulation, III-With Extra Low Safety Voltage

B) FUNCTIONAL TEST:

Sr.No	Parameters	Measured Values	Remarks
1	Voltage between Live and Neutral (Vln)	236.08 (210-240V)	OK
2	Voltage between Live and Earth (Vle)	236.92 (210-240V)	OK
3	Voltage between Neutral and and Earth (Vne)	0.96 (0-5V)	OK
4	Enclosure Current	0.5 (0-10µA)	OK
5	Leakage Current (IL)	113 (0-500µA)	OK
6	Patient Leakage Current (PL)	0.8 (BF-0-100µA) (CF-0-10µA)	OK

Note:
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Calibrated By

 Calibration Engineer
 Rahul Sable
 RF-21, R0



Approved By

 Quality Manager
 R.D. Bodhe



May 2018 - May 2019



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CALIBRATION CERTIFICATE

1. CUSTOMER	-	Page No.	- 1 of 2
Krishna Institute Of Medical Sciences		Certificate No.	- BM.18.05.01.038
Deemed University,		Date of Received	- 01.05.2018
Karad ,Dist.Satara- 415110		Date of Calibration	- 01.05.2018
Ambient Temp.	- 25 ± 4°C	Next Calibration Due On	- 30.04.2019
Relative Humidity	- <70% RH	Calibration method No.	- RTS/BM/WI/09,01
Location of calibration	- In lab/On site		
Condition of Item	- OK		

2. Description of Item			
Name	- Anesthesia Machine	Make	- GE
ID No	- KH/W-01/OT-1/AM-01	Model No.	- Datex Omeda
Sr No.	- APHR00827	Location	- CVTS OT-1 (Ward No-01)

3.Details of Equipment used for calibration			
Name	- Electrical Safety Analyzer	Gas Flow Analyzer	
Certificate No.	- 18444407-ESA612-3366061-1	18444401-VT MOBILE-3392002-1	
Certified By	- Tektronix	Tektronix	
ID/Sr. No.	- 3366061	3392002	
Calibration Validity	- 27.12.2018	25.12.2018	

4. Calibration Results			
4.1) Ventilation Mode			
IPPV(Inspired Positive Pressure Ventilation)	YES	CMV(Cont.Mandatory Ventilation) VC/PC	BIPAP (Bi-Level Positive Airway Pressure)
PSV (Pressure Support Ventilation)		HFV (High Frequency Ventilation)	CPAP(Cont.Positive Airway Pressure)
SIMV(Synch.Intermittent Mandatory Ventilation)		AC (Assist Controlled)	

4.2) Testing On Patient Mode						
Parameter	Set	Observed	Set	Observed	Tolerance (±%)	Result
Inspiratory Tidal Volume (Vt _i)(ml)	100	99.3	350	349.3	5%	Pass
Expiratory Tidal Volume(Vt _e)(ml)	100	101.6	350	349.7	5%	Pass
Frequency(f)(bpm)	12	12.1	14	14.9	5%	Pass
Peak Inspiratory Pressure(PIP)(cmH ₂ O)	11	11.2	23	23.5	5%	Pass
Positive End-Expiratory Pressure(PEEP)(cmH ₂ O)	5	5.0	4	4.0	5%	Pass
I:E Ratio	1:2	1:1.8	1:2	1:2.2	5%	Pass
Inspiratory Time (T _i) (Sec)	2.1	2.16	3	2.99	5%	Pass
Expiratory Time (T _e) (Sec)	0.5	0.5	0.5	0.5	5%	Pass
Peak Flow Rate(L/min)	7	7	14	14	5%	Pass
Oxygen O ₂ %	21	21.00	-	-	5%	Pass
	100	100.00	-	-	5%	Pass
Minute Volume (L)	2	2.400	-	-	5%	Pass
	5	5.000	-	-	5%	Pass
Low Pressure(cmH ₂ O)	1	1.4	-	5.5	5%	Pass





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Certificate No. **BM.18.05.01.038** Page No. **2 of 2**

EST :		Tests	Remarks
Sr. No.			
1		Power Cords, Cables Checking	Ok
2		Mains Socket Checking	Ok

FUNCTIONAL TEST:					
Sr.No	Parameters	Type	Measured	Tolerance	Remarks
1	Supply Voltage	Live-Neutral	235.40	210 to 240 V	Pass
2	Supply Voltage	Live-Earth	237.15	210 to 240 V	Pass
3	Supply Voltage	Neutral-Earth	1.88	0 to 5 V	Pass
4	Protective Earth Resistance	--	1.14	< 5 ohm	Pass
5	Earth Leakage Current	Normal Close (NC)	2.1	< 10 μ A	Pass
6	Earth Leakage Current	Normal Open (NO)	2.0	< 10 μ A	Pass
7	Enclosure Leakage Current	NCC	0.5	< 10 μ A	Pass
8	Enclosure Leakage Current	NOC	0.9	< 10 μ A	Pass
9	Enclosure Leakage Current	NCO	1.2	< 10 μ A	Pass
10	Patient Auxiliary Leakage Current	NCC	2.2	< 10 μ A	Pass
11	Patient Auxiliary Leakage Current	RCC	2.1	< 10 μ A	Pass

- Note:**
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 - 5) The Standard used are traceable to National / International Standard.

Calibrated By

 Anand Dalvi
 Calibration Engineer
 RF-21, R0



Approved By

 Quality Manager
 R.D. Bodhe



May 2019 - May 2020



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1.CUSTOMER		CALIBRATION CERTIFICATE	
Krishna Institute Of Medical Sciences Deemed University, Karad ,Dist.Satara- 415110		Page No	- 1 of 2
Ambient Temp.	- 25 ± 4°C	Certificate No.	- BM.19.04.20.019
Relative Humidity	- <70% RH	Date of Received	- 24.04.2019
Location of calibration	- In lab/On site	Date of Calibration	- 24.04.2019
Condition of Item	- OK	Next Calibration Due On	- 23.04.2020
		Calibration method No.	- RTS/BM/WI/09,01

2. Description of Item			
Name	- Anesthesia Machine	Make	- GE
ID No	- KH/W-01/OT-1/AM-01	Model No.	- Datex Omed
Sr No.	- APhR00827	Location	- CVTS OT-1 (Ward No-01)

3.Details of Equipment used for calibration			
Name	- Electrical Safety Analyzer	Gas Flow Analyzer	
Certificate No.	- 18.12.IH.001	18.12.IH.002	
Certified By	- RTS	RTS	
ID/Sr. No.	- 3366061	3392002	
Calibration Validity	- 16.12.2019	17.12.2019	

4. Calibration Results			
4.1) Ventilation Mode			
Volume Control (VC)	YES	Pressure Control (PC)	BIPAP (Bi-Level Positive Airway Pressure)
Volume Support (VS)		PSV (Pressure Support Ventilation)	CPAP(Cont.Positive Airway Pressure)
IPPV(Inspired Positive Pressure Ventilation)		CMV(Cont.Mandatory Ventilation) VC/PC	AC (Assist Controlled)
SIMV(Synch.Intermittent Mandatory Ventilation)		HFV (High Frequency Ventilation)	

4.2) Testing On Patient Mode						
Parameter	Set	Observed	Set	Observed	Tolerance (±%)	Result
Inspiratory Tidal Volume (Vti)(ml)	100	101.5	350	348.8	5%	Pass
Expiratory Tidal Volume(Vte)(ml)	100	98.5	350	351.3	5%	Pass
Frequency(f)(bpm)	12	12.2	14	14.1	5%	Pass
Peak Inspiratory Pressure(PIP)(cmH2O)	11	11.2	23	23.1	5%	Pass
Positive End-Expiratory Pressure(PEEP)(cmH2O)	5	5.1	4	4.1	5%	Pass
I:E Ratio	1:2	1:1.9	1:2	1:2.1	5%	Pass
Inspiratory Time (Ti) (Sec)	2.1	2.11	3	2.99	5%	Pass
Expiratory Time (Te) (Sec)	0.5	0.5	0.5	0.5	5%	Pass
Peak Flow Rate(L/min)	7	7	14	14	5%	Pass
Oxygen O2 %	21	21.4			5%	Pass
	100	100.2			5%	Pass
Minute Volume (L)	2	2.0			5%	Pass
	5	5.0			5%	Pass
Low Pressure(cmH2O)	1	1.0			5%	Pass



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RIR CERTIFICATION
ISO 9001:2015



Certificate No. **BM.19.04.20.019** Page No. 2 of 2

Sr. No.	Tests	Remarks
1	Power Cords, Cables Checking	Ok
2	Mains Socket Checking	Ok


FUNCTIONAL TEST:					
Sr.No	Parameters	Type	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	Pass
5	Earth Leakage Current	Normal Close (NC)	170.2	< 500 μ A	Pass
6	Earth Leakage Current	Normal Open (NO)	205.6	< 500 μ A	Pass
7	Enclosure Leakage Current	Normal Close Close	0.4	< 10 μ A	Pass
8	Enclosure Leakage Current	Normal Open Close	1.3	< 10 μ A	Pass
9	Enclosure Leakage Current	Normal Close Open	0.7	< 10 μ A	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.
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Calibrated By *R. Sable*
Asst. Technical Manager
Rahul Sable
RF-21, R0

Approved By *R. S.M.*
Quality Manager
R.D.Bodhe



RELIABLE



Manman Drill Machine

May 2016 - May 2017



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CALIBRATION CERTIFICATE

1. CUSTOMER	:-	Page No.	:- 1 of 1
Krishna Institute Of Medical Sciences		Certificate No.	:- B.16.05.01.028
Deemed University,		Date of Received	:- 07.05.2016
Karad ,Dist.Satara- 415110		Date of Calibration	:- 07.05.2016
Ambient Temp. (°C) :- 23.1		Next Calibration Due On	:- 06.05.2017 (Customer suggested)
Relative Humidity (%RH) :- 54		Calibration method No.	:- RTS/BM/WI/01
Location of calibration :- In lab/On site			
Condition of Item :- OK			

2. Description of Item			
Name	:- Nero Manman Drill	Make	:- Manman
ID No	:- KIMSDU/OT-4/DM-01	Location	:- OT-4
Model No	:- --	Sr.No	:- K574

3.Details of Equipment used for calibration	
Name	:- Electrical Safety Analyzer
Certified By	:- Fluke
ID/Sr. No.	:- 3366061
Calibration Validity	:- 23.12.2016

4. Test Results :- Electrical Safety

A) Visual Test :		
Sr. No.	Tests	Remarks
1	Power Cords, Cables Checking	Ok
2	Mains Socket Checking	Ok
3	Equipment Type (B, BF, CF)	B
4	Equipment Class (I, II, III)	I
B-Body Type,BF-Body Float Type,CF-Cardiac Float Type		
I-Properly Earthed ,II-Double Insulation,III-With Extra Low Safety Voltage		

B) FUNCTIONAL TEST:			
Sr.No	Parameters	Measured Values	Remarks
1	Voltage between Live and Neutral (Vln)	235.07 (210-240V)	OK
2	Voltage between Live and Earth(Vle)	237.50 (210-240V)	OK
3	Voltage between Neutral and and Earth (Vne)	2.71 (0-5V)	OK
4	Enclosure Current	0.8 (0-10µA)	OK
5	Leakage Current (IL)	118 (0-500µA)	OK
6	Patient Leakage Current (PL)	0.6 (BF-0-100µA) (CF-0-10µA)	OK

Note:
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2) The calibration results reported in the certificate are valid at the time of and under the stated conditions of measurement.
3) 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".

Tested By
R. Sable
Calibration Engineer
Rahul Sable
RF-21, R0



Approved by
R.D. Bodhe
Quality Manager
R.D. Bodhe



May 2017 - May 2018



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1. CUSTOMER	-	Page No.	-	1 of 1	
Krishna Institute Of Medical Sciences		Certificate No.	-	BM.17.05.03.160	
Deemed University,		Date of Received	-	04.05.2017	
Karad ,Dist.Satara- 415110		Date of Calibration	-	04.05.2017	
Ambient Temp.	-	25 \pm 4°C	Next Calibration Due On	-	03.05.2018
Relative Humidity	-	<70% RH	Calibration method No.	-	RTS/BM/WI/01
Location of calibration	-	In lab/On site			
Condition of Item	-	OK			

2. Description of Item					
Name	-	Manman Driving Unit	Make	-	Manman
ID No	-	KH/OT-07/MDU-01	Model No.	-	-
Sr No.	-	K574	Location	-	OT-07

3. Details of Equipment used for calibration					
Name	-	Electrical Safety Analyzer			
Certificate No.	-	16121280-ESA612-3366061-1			
Certified By	-	Tektronix			
ID/Sr. No.	-	3386061			
Calibration Validity	-	26.12.2017			

4. Test Results :- Electrical Safety

A) Visual Test :		
Sr. No.	Tests	Remarks
1	Power Cords, Cables Checking	Ok
2	Mains Socket Checking	Ok
3	Equipment Type (B, BF, CF)	B
4	Equipment Class (I, II, III)	I

B-Body Type,BF-Body Float Type,CF-Cardiac Float Type
I- Properly Earthed ,II-Double Insulation,III-With Extra Low Safety Voltage

B) FUNCTIONAL TEST:			
Sr.No	Parameters	Measured Values	Remarks
1	Voltage between Live and Neutral (Vin)	236.10 (210-240V)	OK
2	Voltage between Live and Earth(Vle)	237.25 (210-240V)	OK
3	Voltage between Neutral and and Earth (Vne)	1.35 (0-5V)	OK
4	Enclosure Current	0.7 (0-10µA)	OK
5	Leakage Current (IL)	118 (0-500µA)	OK
6	Patient Leakage Current (PL)	0.4 (BF-0-100µA) (CF-0-10µA)	OK

Note:

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Calibrated By

Calibration Engineer
Y.N.Borse

RF-21, R0

Approved By

Quality Manager
R.D.Bodhe



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1. CUSTOMER		Page No.	:- 1 of 1
Krishna Institute Of Medical Sciences		Certificate No.	:- BM.18.04.29.071
Deemed University, Karad, Dist. Satara- 415110		Date of Received	:- 28.04.2018
Ambient Temp.	:- 25 ± 4°C	Date of Calibration	:- 28.04.2018
Relative Humidity	:- <70% RH	Next Calibration Due On	:- 27.04.2019
Location of calibration	:- On site	Calibration method No.	:- RTS/BM/WI/01
Condition of Item	:- OK		

2. Description of Item			
Name	:- Manman Driving Unit	Make	:- Manman
ID No	:- KH/OT-07/MDU-01	Model No.	:- -
Sr No.	:- K574	Location	:- OT-07

3. Details of Equipment used for calibration	
Name	:- Electrical Safety Analyzer
Certificate No.	:- 18444407-ESA612-3366061-1
Certified By	:- Tektronix
ID/Sr. No.	:- 3366061
Calibration Validity	:- 27.12.2018

4. Calibration Results		EST :
Sr. No.	Tests	Remarks
1	Power Cords, Cables Checking	Ok
2	Mains Socket Checking	Ok

FUNCTIONAL TEST:					
Sr.No	Parameters	Type	Measured Values	Tolerance	Remarks
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
4	Protective Earth Resistance	--	0.76	< 5 ohm	Pass
5	Earth Leakage Current	Normal Close (NC)	2.1	< 10 µA	Pass
6	Earth Leakage Current	Normal Open (NO)	1.3	< 10 µA	Pass
7	Enclosure Leakage Current	NCC	0.7	< 10 µA	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	Patient Auxiliary Leakage Current	RCC	0.7	< 10 µA	Pass

Note:

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Calibrated By Calibration Engineer Y.N. Borse.	Approved By Quality Manager R.D. Bodhe
--	--



April 2019 - April 2020



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1. CUSTOMER		Page No.	- 1 of 1
Krishna Institute Of Medical Sciences		Certificate No.	- BM.19.04.20.300
Deemed University, Karad, Dist.Satara- 415110		Date of Received	- 27.04.2019
Ambient Temp.	- 25 ± 4°C	Date of Calibration	- 27.04.2019
Relative Humidity	- <70% RH	Next Calibration Due On	- 26.04.2020
Location of calibration	- On site	Calibration method No.	- RTS/BM/WI/01
Condition of Item	- OK		

2. Description of Item			
Name	- Manman Driving Unit	Make	- Manman
ID No	- K574	Model No.	-
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
Certified By	- RTS
ID/Sr. 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

FUNCTIONAL TEST:					
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	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 Open (NO)	174.7	< 500 µA	Pass
7	Enclosure Leakage Current	Normal Close Close	1.0	< 10 µA	Pass
8	Enclosure Leakage Current	Normal Open Close	0.5	< 10 µA	Pass
9	Enclosure Leakage Current	Normal Close Open	1.1	< 10 µA	Pass

Note:

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Calibrated By
Rahul Sable
Ass't. Technical Manager
Rahul Sable
RF-21, R0



Approved By
R.S.M.
Quality Manager
R.D.Bodhe



OT Light

May 2016 – May 2017



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1. CUSTOMER		Page No.	:- 1 of 1
Krishna Institute Of Medical Sciences Deemed University, Karad, Dist. Satara- 415110		Certificate No.	:- B.16.05.01.030
Ambient Temp. (°C)	:- 23.3	Date of Received	:- 07.05.2016
Relative Humidity (%RH)	:- 52	Date of Calibration	:- 07.05.2016
Location of calibration	:- In lab/On site	Next Calibration Due On	:- 06.05.2017 (Customer suggested)
Condition of Item	:- OK	Calibration method No.	:- RTS/BM/WI/08

2. Description of Item			
Name	:- OT Light	Make	:- Technomed
Id No	:- KIMSDU/OT-4/OTL-2	Model No.	:- --
Sr No	:- -	Location	:- OT Store

3. Details of Equipment used for calibration	
Name	:- LUX METER
Certified By	:- HI-TECH
ID/Sr. No.	:- RTS-LX-01
Calibration Validity	:- 04.05.2017

4. Calibration Results			
Distance From Light Source(cm)	100		
Intensity (LUX)	48500	48000	48400

- Note:**
- 1) This certificate refers only to the particular item submitted for calibration. UUC stands for Unit Under Calibration.
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Calibrated By

Calibration Engineer
Shafik Chorgaste
RF-21, R0



Approved By

Quality Manager
R.D. Bodhe



May 2017 - May 2018



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Krishna Institute Of Medical Sciences		Certificate No.	- BM.17.05.03.149
Deemed University, Karad, Dist Satara- 415110		Date of Received	- 04.05.2017
Ambient Temp.	- 25 ± 4°C	Date of Calibration	- 04.05.2017
Relative Humidity	- <70% RH	Next Calibration Due On	- 03.05.2018
Location of calibration	- 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.	- KH/OT-04/OL-02	Model No.	- -
Sr No.	- 150666	Location	- OT-04

3. Details of Equipment used 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			
Distance From Light Source(cm)	100		
Intensity (LUX)	48526	49436	48464

- Note:**
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Calibrated By
Rahul Sable
Calibration Engineer
Rahul Sable
RF-21, R0



Approved By
R.D. Bodhe
Quality Manager
R.D. Bodhe



May 2018 -May 2019



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Krishna Institute Of Medical Sciences		Certificate No.	:- BM.18.04.29.048
Deemed University,		Date of Received	:- 29.04.2018
Karad ,Dist.Satara- 415110		Date of Calibration	:- 29.04.2018
Ambient Temp.	:- 25 ± 4°C	Next Calibration Due On	:- 28.04.2019
Relative Humidity	:- <70% RH	Calibration method No.	:- RTS/BM/WI/08
Location of calibration	:- On site		
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.	:- SM/XIX - 2677		
Certified By	:- S.M. Engineers		
ID/Sr. No.	:- RTS-LX-01		
Calibration Validity	:- 21.08.2018		

4.Calibration Results			
:-			
Distance From Light Source(cm)	100		
Intensity (LUX)	48429	49343	49345

- Note:**
- 1) This certificate refers only to the particular item submitted for calibration. UUC stands for Unit Under Calibration.
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Calibration Engineer
Rahul Sable
RF-21, R0



Approved By
R.D. Bodhe
Quality Manager
R.D. Bodhe



May 2019 - May 2020



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1.CUSTOMER	:-	Page No.	:- 1 of 1
Krishna Institute Of Medical Sciences		Certificate No.	:- BM.19.04.20.277
Deemed University,		Date of Received	:- 28.04.2019
Karad ,Dist.Satara- 415110		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		
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

Distance From Light Source(cm)	100		
Intensity (LUX)	48531	49446	48520

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.
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Calibrated By

Rahul Sable
Asst. Technical Manager
Rahul Sable
RF-21, R0



Approved By

R.D. Bodhe
Quality Manager
R.D.Bodhe



Phaco Machine

May 2016 - May 2017



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Krishna Institute Of Medical Sciences		Certificate No.	:- B.16.05.01.038	
Deemed University,		Date of Received	:- 07.05.2016	
Karad ,Dist.Satara- 415110		Date of Calibration	:- 07.05.2016	
Ambient Temp. (°C)	:- 22.4	Next Calibration Due On	:- 06.05.2017 (Customer suggested)	
Relative Humidity (%RH)	:- 49	Calibration method No.	:- RTS/BM/WI/01	
Location of calibration	:- In lab/On site			
Condition of Item	:- OK			

2. Description of Item			
Name	:- Faco Machine	Make	:- Biomedix
ID No	:- KIMSDU/OT-3/PM-2	Location	:- OT-3
Model No	:- --	Sr.No	:- 0308172

3. Details of Equipment used for calibration	
Name	:- Electrical Safety Analyzer
Certified By	:- Fluke
ID/Sr. No.	:- 3366061
Calibration Validity	:- 23.12.2016

4. Test Results :- **Electrical Safety**

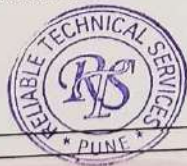
A) Visual Test :		
Sr. No.	Tests	Remarks
1	Power Cords, Cables Checking	Ok
2	Mains Socket Checking	Ok
3	Equipment Type (B, BF, CF)	B
4	Equipment Class (I, II, III)	I
B-Body Type, BF-Body Float Type, CF-Cardiac Float Type		
I-Properly Earthed ,II-Double Insulation,III-With Extra Low Safety Voltage		

B) FUNCTIONAL TEST:			
Sr.No	Parameters	Measured Values	Remarks
1	Voltage between Live and Neutral (Vln)	235.46 (210-240V)	OK
2	Voltage between Live and Earth(Vle)	237.27 (210-240V)	OK
3	Voltage between Neutral and and Earth (Vne)	1.99 (0-5V)	OK
4	Enclosure Current	0.7 (0-10µA)	OK
5	Leakage Current (IL)	118 (0-500µA)	OK
6	Patient Leakage Current (PL)	0.7 (BF-0-100µA) (CF-0-10µA)	OK

Note:
 1) This certificate refers only to the particular item submitted for calibration.
 2) The calibration results reported in the certificate are valid at the time of and under the stated conditions of measurement.
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Tested By

 Calibration Engineer
 Shafik Chougaste
 RF-21, R0



Approved By

 Quality Manager
 R.D. Bodhe

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CALIBRATION CERTIFICATE

1.CUSTOMER		Page No.	:- 1 of 1	
Krishna Institute Of Medical Sciences Deemed University, Karad ,Dist.Satara- 415110		Certificate No.	:- BM.17.05.03.139	
Ambient Temp.	:- 25 ± 4°C	Date of Received	:- 04.05.2017	
Relative Humidity	:- <70% RH	Date of Calibration	:- 04.05.2017	
Location of calibration	:- In lab/On site	Next Calibration Due On	:- 03.05.2018	
Condition of Item	:- OK	Calibration method No.	:- RTS/BM/WI/01	
2. Description of Item				
Name	:- Phaco Machine	Make	:- Biomedix	
ID No	:- KH/OT-03/PM-01	Model No.	:- -	
Sr No.	:- 0308172	Location	:- OT-03	
3.Details of Equipment used for calibration				
Name	:- Electrical Safety Analyzer			
Certificate No.	:- 16121280-ESA612-3366061-1			
Certified By	:- Tektronix			
ID/Sr. No.	:- 3366061			
Calibration Validity	:- 26.12.2017			
4.Test Results :- Electrical Safety				
A) Visual Test :				
Sr. No.	Tests	Remarks		
1	Power Cords, Cables Checking	Ok		
2	Mains Socket Checking	Ok		
3	Equipment Type (B, BF, CF)	B		
4	Equipment Class (I, II, III)	I		
B-Body Type,BF-Body Float Type,CF-Cardiac Float Type				
I-Properly Earthed ,II-Double Insulation,III-With Extra Low Safety Voltage				
B) FUNCTIONAL TEST:				
Sr.No	Parameters	Measured Values		Remarks
1	Voltage between Live and Neutral (Vin)	235.72	(210-240V)	OK
2	Voltage between Live and Earth (Vle)	238.18	(210-240V)	OK
3	Voltage between Neutral and and Earth (Vne)	2.61	(0-5V)	OK
4	Enclosure Current	0.9	(0-10µA)	OK
5	Leakage Current (IL)	111	(0-500µA)	OK
6	Patient Leakage Current (PL)	0.4	(BF-0-100µA) (CF-0-10µA)	OK
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".				
Calibrated By		Approved By		
Calibration Engineer Y.N. Borse		Quality Manager R.D. Bodhe		
RF-21, R0				

E R T I F I C A T E



April 2018 – April 2019



RELIABLE TECHNICAL SERVICES

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CALIBRATION CERTIFICATE

1. CUSTOMER		Page No.	- 1 of 1
Krishna Institute Of Medical Sciences		Certificate No.	- BM.18.04.29.045
Deemed University,		Date of Received	- 29.04.2018
Karad, Dist.Satara- 415110		Date of Calibration	- 29.04.2018
Ambient Temp.	- 25 ± 4°C	Next Calibration Due On	- 28.04.2019
Relative Humidity	- <70% RH	Calibration method No.	- RTS/BM/WI/01
Location of calibration	- On site		
Condition of Item	- OK		

2. Description of Item			
Name	- Phaco Machine	Make	- Biomedix
ID No	- KH/OT-03/PM-01	Model No.	- -
Sr No.	- 0308172	Location	- OT-03

3. Details of Equipment used for calibration	
Name	- Electrical Safety Analyzer
Certificate No.	- 18444407-ESA612-3366061-1
Certified By	- Tektronix
ID/Sr. No.	- 3366061
Calibration Validity	- 27.12.2018

4. Calibration Results		EST :
Sr. No.	Tests	Remarks
1	Power Cords, Cables Checking	Ok
2	Mains Socket Checking	Ok

FUNCTIONAL TEST:					
Sr.No	Parameters	Type	Measured Values	Tolerance	Remarks
1	Supply Voltage	Live-Neutral	235.80	210 to 240 V	Pass
2	Supply Voltage	Live-Earth	238.17	210 to 240 V	Pass
3	Supply Voltage	Neutral-Earth	2.60	0 to 5 V	Pass
4	Protective Earth Resistance	--	0.88	< 5 ohm	Pass
5	Earth Leakage Current	Normal Close (NC)	1.7	< 10 µA	Pass
6	Earth Leakage Current	Normal Open (NO)	1.7	< 10 µA	Pass
7	Enclosure Leakage Current	NCC	0.9	< 10 µA	Pass
8	Enclosure Leakage Current	NOC	1.0	< 10 µA	Pass
9	Enclosure Leakage Current	NCO	0.8	< 10 µA	Pass
10	Patient Auxiliary Leakage Current	NCC	1.3	< 10 µA	Pass
11	Patient Auxiliary Leakage Current	RCC	2.2	< 10 µA	Pass

- Note:**
- 1) This certificate refers only to the particular item submitted for calibration. UUC stands for Unit Under Calibration.
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 - 5) The Standard used are traceable to National / International Standard.

Calibrated By
Rahul Sable
Calibration Engineer
Rahul Sable



Approved By
R.D. Bodhe
Quality Manager
R.D. Bodhe

RF-21.20 NOTE 8 PRO

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CALIBRATION CERTIFICATE

<p>1. CUSTOMER Krishna Institute Of Medical Sciences Deemed University, Karad, Dist Salara- 415110 Ambient Temp. :- 25 ± 4°C Relative Humidity :- <70% RH Location of calibration :- On site Condition of item :- OK</p>	<p>Page No. :- 1 of 1 Certificate No. :- BM.19.04.20.274 Date of Received :- 28.04.2019 Date of Calibration :- 28.04.2019 Next Calibration Due On :- 27.04.2020 Calibration method No. :- RTS/BM/W/01</p>
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2. Description of item	
Name :- Phaco Machine	Make :- Biomedix
ID No. :- 0308172	Model No. :-
Sr No. :- KH/OT-03/PM-01	Location :- OT-03

3. Details of Equipment used for calibration

Name :- Electrical Safety Analyzer
Certificate No. :- 18.12.IH.001
Certified By :- RTS
ID/St. No. :- 3366081
Calibration Validity :- 16.12.2019

Sr. No.	Tests	Remarks
1	Power Cords, Cables Checking	Ok
2	Mains Socket Checking	Ok

Sr.No	Parameters	Type	Measured Values	Tolerance	Remarks
1	Supply Voltage	Live-Neutral	235.67	210 to 240 V	Pass
2	Supply Voltage	Live-Earth	237.26	210 to 240 V	Pass
3	Supply Voltage	Neutral-Earth	1.71	0 to 5 V	Pass
4	Protective Earth Resistance	--	1.30	< 5 ohm	Pass
5	Earth Leakage Current	Normal Close (NC)	170.3	< 500 µA	Pass
6	Earth Leakage Current	Normal Open (NO)	179.8	< 500 µA	Pass
7	Enclosure Leakage Current	Normal Close Close	1.1	< 10 µA	Pass
8	Enclosure Leakage Current	Normal Open Close	1.2	< 10 µA	Pass
9	Enclosure Leakage Current	Normal Close Open	1.1	< 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.
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 - 5) The Standard used are traceable to National / International Standard.

Calibrated By
Rahul
Asst. Technical Manager
Rahul Sable
RF-21, RO



Approved By
R.D. Bodhe
Quality Manager
R.D. Bodhe

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R.D. Bodhe
REGISTRAR
Krishna Institute of Medical Sciences
"Deemed To Be University", Karad