## مؤسسة المهند للأجهزة الطبية AL MOHANAD MEDICAL EQUIPMENT EST.



جـودة ا<u>قضـل لحيـاه المصل</u> Good Quality for Better <u>Life</u>

## تقرير الصيانة Maintenance Report

02687 No.

Equipment:  Manufacturer:  Machine No.:  Eng's. Action  Performed Sav	oxles River Lab	Location: Kronical Model : Serial No.: 2	Request	ed By:
the result	ose good. Moned	the staff	on ho	~ he
Drvie - c	roking well.			
The following Parts	are Required		Changed	
Part #	Description	on		Qty.
Job Completed on 4 / 11  Eng. Name / Sig.	/ At am/pm  Work Completed, Unit	Repair Time : Travel Time : Left Operational.	From From	to to
This Jop is Clinic / Lab Name & Date :	arts Required.	Approved E	By Eng.	