



HANDOVER FORM- Q-SYS

Client Name: JACARANDA MATERNITY Branch: RUAKA

Date: 17/02/2026

Item	Initial Count	Additional Count	Current Total
No. of Kiosks	1	N/A	1
No. of Counters LEDs	3	N/A	3
No. of Service Points	17	N/A	17
No. of UPS	1	N/A	1
Number of Speakers	1	N/A	1
No. of TV Screens	N/A	N/A	N/A
No. of Media Controller Devices	1	N/A	1
No. of HDMI Cables		N/A	
No. of Amplifier	1	N/A	1
No. of Feedback Tablet	N/A	N/A	N/A

Name of Counters/Service points

RECEPTION 1 & 2	PHLEBOTOMY	
CASHIER	CONSULTATION ROOM 1 - 7	
TRIAGE		
CWC		
PHARMACY		
LAB		
ULTRA SOUND		

Escalation Matrix

Level	Name	Position	Contact No.	E-Mail Id
1	Duncan Njuki	Support Engineer	254781505519	Support.qsys@riana.co
2	Emmanuel Kimindu	Field Service Specialist	254741999159	Emanuel.Kimindu@riana.co
3	Winnie Giathi	Customer success lead	254715880606	Winnie.giathi@riana.co
4	Susan Gichuhi	Technical Team Lead	254721916649	Susan.gichuhi@riana.co
5	Samuel Mutuku	Sales Executive Q-SYS	254724867835	Samuel.mutuku@riana.co

CLIENT:

RIANA INFOTECH:

Client Name: Co-Phat

Engineer Name LYNETTE KAHU

Signature & stamp:

Signature

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