

Equipment Registration Form

1.Clinic Details				2.Biomedical Equipments(BE) Details			
Clinic Name*	Klinik Kesihatan Tanjung Malim			BE No*	PRK033107	Date of Installation	
Clinic Code*	PRK004			BE Category*	Air Polisher		
Clinic Category	Kesihatan			BE General Name	Air Polisher		
Clinic Type	KK2			Model*	AIR FLOW S2	Serial No*	test12
Department Name				Manufacturer*	ATR SRL		
Location				Supplier/ServiceAgent			
Clinic Address				Supplier Contact Info			
District Name*	Muallim			BE Status*			
State*	Perak			Ownership*		Purchase Order No	
Contact Details	Name*			Purchase Order Date	2022-11-03	PO Value	
	Phone*			Warranty Start Date		Warranty End Date	
	Fax			Leased Period Start Date		Leased End Date	
	Email*			Software Rev.No	15963	Meter Reading	
				KEW .PA Reg.No	Test123	SPA Reg No	1234
3.Specification				4.Remarks			
Electrical: BF/CF/IEC-Safety Class/ Class II/ NA Type B Mechanical: Capcaity:							
5.Standard Components /Accessories				Register Done By(Engineer/Technician)		Verified Approved by User	
Sl.No	Part Description	Part No	Qty	Signature :		Signature :	
				Name : Date :		Name: Date : Stamp:	

Note:in the status field,except for the condition "function good" for all other conditions should carry a detailed explanation in the remarks field.
 FG: Functioning Good; NF :Not Functioning *Mandatory Field to be filled.