FORMULIR ISOLASI PERALATAN

Nomor: ELAB.UN57.FR.6.4.9

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| **IDENTITAS PERALATAN** | | | | | | | | | | |
|  | Nomor Id |  | | | | | | | | |
| Nama Alat |  | | | | | | | | |
| Merk |  | | | | | | | | |
| Type |  | | | | | | | | |
| Th Perolehan |  | | | | | | | | |
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| **RIWAYAT PEMAKAIAN TERAKHIR** | | | | | | | | | | |
|  | Tanggal |  | | | | | | | | |
| Nama Pemakai |  | | | | | | | | |
| Keperluan |  | | | | | | | | |
| Kondisi Sebelum |  | | | | | | | | |
|  | *\*Kondisi alat sebelum dipakai* | | | | | | | | |
| Kondisi Sesudah |  | | | | | | | | |
|  | *\*Kondisi setelah dipakai* | | | | | | | | |
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| **INSPEKSI AWAL PERALATAN** | | | | | | | | | | |
|  | Kondisi Fisik |  |  | Baik |  | Cacat |  |  | |
| Diagnosa Kerusakan | | | | | | | |  | |
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| **TINDAKAN LANJUTAN** | | | | | | | | | | |
|  | Rencana tindakan lanjutan | | | | | | | |  | |
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| (……………………………) | |