					TE	ECH-FM-SR	Rev.04 S.202	
ALTAMEDICA INCORPORATED					SERVICE REPORT			
77011	on intoon (JIM TEB			(Cust	omer's C	ору)	
Customer's Details				Fam. Na				
Name:				Form No.	:			
Address:				Date:				
Contact Person:				Tel. No.:				
Equipment Details								
Type of Instrument:			Model:					
Serial Number:			Date Purchased:					
			We-Care Tracking	Number:				
	Service Warranty	□ Non V	Varranty	Service Equipme	nt [Gover	nment	
Job Details								
☐ Installation ☐ Preventive	e 🗆 Corrective	Calibration	□ Programming	□ Product Der	monstration	□ Che	eck-up	
Complaints / Problem:								
Findings:			Solutions:					
Remarks / Recommendation:			Routine Checkup:					
			Checked AC electrica	system:	□ Pass	□ Fail	□ N/A	
			Checked DC electrica	-	□ Pass	□ Fail	□ N/A	
			 Checked mechanical 	-	□ Pass	□ Fail	\square N/A	
			 Checked optical systematics 		☐ Pass	□ Fail	□ N/A	
			 Checked fluidic syste 	m:	□ Pass	□ Fail	□ N/A	
			Checked H.M.I.:		□ Pass	□ Fail	□ N/A	
			Checked I/O ports ar		□ Pass	□ Fail	□ N/A	
			Run standard and/orChecked overall perf		□ Pass	□ Fail	□ N/A	
Chamb bins a	Fu d kins s		·		□ Pass	□ Fail	□ N/A	
Start time:	End time:		Instrument Status:					
			☐ Further Repair		ventive Mainten	iance		
Total number of hours:	Labor charge:		☐ Further Calibration	☐ Fully Operational				
			☐ Further Observation	□ Others:				
Catalog Number	Description	1	Quantity	Amount		Remark	KS	

Performed by:

Service Engr./Tech./P.S.

Noted by:

Engr. Rey Christopher Alipe

Technical Manager

Customer's Name & Signature

Received by:

Position

Diana Jean V. Mesa, RMT

General Manager

Approved by:

					TECH-FN	M-SR Rev.04 S.202
AM ALTANAEDICA IN	ICODDODATED				SERVICE	REPORT
ALTAMEDICA IN	ICORPORATED				(Engineer	's Copy)
Customer's Details						
Name:			Fo	orm No.:		
Address:			Da	ate:		
Contact Person:			Te	l. No.:		
Equipment Details						
Type of Instrument:		Model:				
Serial Number:		Date Purchased:				
	-					
		We-Care Tracking	g Number:			
☐ Under Warranty ☐ Service	e Warranty 🗀 Non W	/arranty	☐ Service Ed	quipment	□ Go	overnment
Job Details						
☐ Installation ☐ Preventive ☐ C	Corrective Calibration	☐ Programmin	g 🗆 Prod	luct Demonst	ration \square	Check-up
Complaints / Problem:						
Findings:		Solutions:				
Remarks / Recommendation:		Routine Checkup:				
		Checked AC electric	al system:		□ Pass □ F	
		Checked DC electric	,	stem:		Fail □ N/A
		Checked mechanical Checked antical systems	-			Fail □ N/A
		Checked optical sys Checked fluidia syst				Fail □ N/A
		Checked fluidic syst	tem:			Fail □ N/A
		Checked H.M.I.: Checked H.M.I.:	and daylage.			Fail □ N/A
	Checked I/O ports and devices: □ Pass □ Fail □ N/A Run standard and/or controls: □ Pass □ Fail □ N/A					
		Checked overall per				Fail □ N/A
Start time: End	time:	Instrument Status				
		☐ Further Repair		ırther Preventive	Maintenance	
Total number of hours: Labo	or charge:	☐ Further Calibration		illy Operational	wianitonante	
Laboration in the control of the con	or charge.	☐ Further Observation		thers:		
Catalog Number	Description				Dor	marks
Catalog Number	Description	Quantity	Amo	ulil	ker	marks

Performed by:

Service Engr./Tech./P.S.

Customer's Name & Signature

Received by:

Position

Diana Jean V. Mesa, RMT

General Manager

Approved by:

Noted by:

Engr. Rey Christopher Alipe

Technical Manager

					TEC	CH-FM-SR	Rev.04 S.20	
AAA ALTANAEDIO	A INCORD				SERVI	CE REF	PORT	
ALTAMEDIC	A INCORPO	JRATED			(Accou	nting's (Copy)	
Customer's Details								
Name:				Form No.:				
Address:				Date:				
Contact Person:				Tel. No.:				
Equipment Details								
Type of Instrument:			Model:					
· .								
Serial Number:			Date Purchased:					
			We-Care Tracking	Number:				
□ Under Warranty □	Service Warranty	□ Non \		☐ Service Equipment		Gover	nment	
Job Details								
☐ Installation ☐ Preventive	e 🗆 Corrective	☐ Calibration	☐ Programming	g 🗆 Product Demo	nstration	□ Che	eck-up	
Complaints / Problem:								
Findings:			Solutions:					
Remarks / Recommendation:			Routine Checkup:					
			Checked AC electrication	-	☐ Pass	□ Fail	□ N/A	
			Checked DC electric Chacked machanica	-	□ Pass	□ Fail	□ N/A	
			Checked mechanicaChecked optical sys		□ Pass □ Pass	□ Fail □ Fail	□ N/A □ N/A	
			Checked optical sys Checked fluidic systems		□ Pass	□ Fail	□ N/A	
			Checked H.M.I.:	OIII.	□ Pass		□ N/A	
			Checked I/O ports a	nd devices:	□ Pass	□ Fail	□ N/A	
			Run standard and/o		□ Pass	□ Fail	□ N/A	
			 Checked overall per 	formance:	□ Pass	□ Fail	□ N/A	
Start time:	End time:		Instrument Status	:				
			☐ Further Repair	☐ Further Prever	ntive Maintena	ince		
Total number of hours:	Labor charge:		☐ Further Calibration		☐ Fully Operational			
			☐ Further Observation	Others:			-	
Catalog Number	Description		Ouantity	Amount		Remark	(S	

Performed by:

Service Engr./Tech./P.S.

Noted by:

Engr. Rey Christopher Alipe

Technical Manager

Customer's Name & Signature

Received by:

Position

Diana Jean V. Mesa, RMT

General Manager

Approved by: