



# ALTAMEDICA INCORPORATED

## SERVICE REPORT (Customer'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 Warranty
 ☐ Service Equipment
 ☐ Government

### Job Details

☐ Installation
 ☐ Preventive
 ☐ Corrective
 ☐ Calibration
 ☐ Programming
 ☐ Product Demonstration
 ☐ Check-up

Complaints / Problem:

### Findings:

### Solutions:

### Remarks / Recommendation:

### Routine Checkup:

- Checked AC electrical system: ☐ Pass ☐ Fail ☐ N/A
- Checked DC electrical /electronic system: ☐ Pass ☐ Fail ☐ N/A
- Checked mechanical system: ☐ Pass ☐ Fail ☐ N/A
- Checked optical system: ☐ Pass ☐ Fail ☐ N/A
- Checked fluidic system: ☐ Pass ☐ Fail ☐ N/A
- Checked H.M.I.: ☐ Pass ☐ Fail ☐ N/A
- Checked I/O ports and devices: ☐ Pass ☐ Fail ☐ N/A
- Run standard and/or controls: ☐ Pass ☐ Fail ☐ N/A
- Checked overall performance: ☐ Pass ☐ Fail ☐ N/A

Start time:

End time:

### Instrument Status:

Total number of hours:

Labor charge:

- ☐ Further Repair
 ☐ Further Preventive Maintenance  
☐ Further Calibration
 ☐ Fully Operational  
☐ Further Observation
 ☐ Others: \_\_\_\_\_

Catalog Number	Description	Quantity	Amount	Remarks

Received by:

Performed by:

Noted by:

Approved by:

\_\_\_\_\_  
Customer's Name & Signature

\_\_\_\_\_  
Position

\_\_\_\_\_  
Service Engr./Tech./P.S.

**Engr. Rey Christopher Alipe**  
Technical Manager

**Diana Jean V. Mesa, RMT**  
General Manager



# ALTAMEDICA INCORPORATED

## SERVICE REPORT (Engineer'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 Warranty
 ☐ Service Equipment
 ☐ Government

### Job Details

☐ Installation
 ☐ Preventive
 ☐ Corrective
 ☐ Calibration
 ☐ Programming
 ☐ Product Demonstration
 ☐ Check-up

Complaints / Problem:

### Findings:

### Solutions:

### Remarks / Recommendation:

### Routine Checkup:

- Checked AC electrical system: ☐ Pass ☐ Fail ☐ N/A
- Checked DC electrical /electronic system: ☐ Pass ☐ Fail ☐ N/A
- Checked mechanical system: ☐ Pass ☐ Fail ☐ N/A
- Checked optical system: ☐ Pass ☐ Fail ☐ N/A
- Checked fluidic system: ☐ Pass ☐ Fail ☐ N/A
- Checked H.M.I.: ☐ Pass ☐ Fail ☐ N/A
- Checked I/O ports and devices: ☐ Pass ☐ Fail ☐ N/A
- Run standard and/or controls: ☐ Pass ☐ Fail ☐ N/A
- Checked overall performance: ☐ Pass ☐ Fail ☐ N/A

Start time:

End time:

### Instrument Status:

Total number of hours:

Labor charge:

- ☐ Further Repair
 ☐ Further Preventive Maintenance  
☐ Further Calibration
 ☐ Fully Operational  
☐ Further Observation
 ☐ Others: \_\_\_\_\_

Catalog Number	Description	Quantity	Amount	Remarks

Received by:

Performed by:

Noted by:

Approved by:

\_\_\_\_\_  
Customer's Name & Signature

\_\_\_\_\_  
Position

\_\_\_\_\_  
Service Engr./Tech./P.S.

**Engr. Rey Christopher Alipe**  
Technical Manager

**Diana Jean V. Mesa, RMT**  
General Manager



# ALTAMEDICA INCORPORATED

## SERVICE REPORT (Accounting'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 Warranty
 ☐ Service Equipment
 ☐ Government

### Job Details

☐ Installation
 ☐ Preventive
 ☐ Corrective
 ☐ Calibration
 ☐ Programming
 ☐ Product Demonstration
 ☐ Check-up

Complaints / Problem:

### Findings:

### Solutions:

### Remarks / Recommendation:

### Routine Checkup:

- Checked AC electrical system: ☐ Pass ☐ Fail ☐ N/A
- Checked DC electrical /electronic system: ☐ Pass ☐ Fail ☐ N/A
- Checked mechanical system: ☐ Pass ☐ Fail ☐ N/A
- Checked optical system: ☐ Pass ☐ Fail ☐ N/A
- Checked fluidic system: ☐ Pass ☐ Fail ☐ N/A
- Checked H.M.I.: ☐ Pass ☐ Fail ☐ N/A
- Checked I/O ports and devices: ☐ Pass ☐ Fail ☐ N/A
- Run standard and/or controls: ☐ Pass ☐ Fail ☐ N/A
- Checked overall performance: ☐ Pass ☐ Fail ☐ N/A

Start time:

End time:

### Instrument Status:

Total number of hours:

Labor charge:

- ☐ Further Repair
 ☐ Further Preventive Maintenance  
☐ Further Calibration
 ☐ Fully Operational  
☐ Further Observation
 ☐ Others: \_\_\_\_\_

Catalog Number	Description	Quantity	Amount	Remarks

Received by:

Performed by:

Noted by:

Approved by:

\_\_\_\_\_  
Customer's Name & Signature

\_\_\_\_\_  
Position

\_\_\_\_\_  
Service Engr./Tech./P.S.

**Engr. Rey Christopher Alipe**  
Technical Manager

**Diana Jean V. Mesa, RMT**  
General Manager