ALTAME	DICA INCORPOR	ATED			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 W		☐ Service Equipment	☐ Government		
Job Details	Service Warranty		/arranty	Service Equipment	_ Government		
☐ Installation ☐ Prev	rentive   Corrective	Calibration	☐ Programmin	g □ Product Demon	stration 🗆 Check-up		
Complaints / Problem:	entive - Corrective -	Calibration	- Flogrammin	g   Froduct Demon	stration - check-up		
complaines, Froblem.							
Findings:			Solutions:				
Remarks / Recommendati	ion:		Routine Checkup				
Nemarks / Necommendati	10111		Checked AC electric		☐ Pass ☐ Fail ☐ N/A		
				cal /electronic system:	□ Pass □ Fail □ N/A		
			Checked mechanica	al system:	□ Pass □ Fail □ N/A		
			• Checked optical sys		□ Pass □ Fail □ N/A		
			Checked fluidic syst	tem:	□ Pass □ Fail □ N/A		
			Checked H.M.I.:		□ Pass □ Fail □ N/A		
			<ul><li>Checked I/O ports a</li><li>Run standard and/o</li></ul>		□ Pass □ Fail □ N/A □ Pass □ Fail □ N/A		
			Checked overall pe		□ Pass □ Fail □ N/A		
Start time:	End time:		Instrument Statu		21433 21411 2117/1		
3.2.7 4	2.12 3.11101		☐ Further Repair	□ Further Preventi	ve Maintenance		
Total number of hours: Labor charge:			☐ Further Calibration				
100011101110010111100101			☐ Further Observation				
Catalog Number	Description		Quantity	Amount	Remarks		
	ф.2.22		,,				
		1					
Received by:		Performed b	y:	Noted by:	Approved by:		
				Engr. Rey Christopher Alipe	<u>Diana Jean V. Mesa, RMT</u>		
Customer's Name & Sigr	nature Position	Service Engr./Tech./P.S.		Technical Manager	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				
-	Service Warranty	□ Non \	Warranty	☐ Service Equipment	☐ Government		
Job Details							
☐ Installation ☐ Preventive	☐ Corrective ☐	Calibration	☐ Programmin	g 🗆 Product Demon	stration ☐ Check-up		
Complaints / Problem:							
Findings:			Solutions:				
Remarks / Recommendation:			Routine Checkup				
			Checked AC electric		□ Pass □ Fail □ N/A		
			Checked DC electri     Checked mechanic	ical /electronic system:	□ Pass □ Fail □ N/A □ Pass □ Fail □ N/A		
			Checked optical sy:	'	□ Pass □ Fail □ N/A		
			Checked fluidic sys		□ 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/		☐ Pass ☐ Fail ☐ N/A		
	T		Checked overall per		□ Pass □ Fail □ N/A		
Start time:	End time:		Instrument Statu	IS:			
			☐ Further Repair	☐ Further Preventi			
Total number of hours:	Labor charge:		☐ Further Calibration	☐ Fully Operational			
			☐ Further Observatio				
Catalog Number	Description		Quantity	Amount	Remarks		
Received by:		Performed	bv:	Noted by:	Approved by:		
		. s. ioiinica					
				Enga Day Chataka di ca Ali	Diana Joan V Mass DNAT		
Customer's Name & Signature	Position	Service Engr./Tech./P.S.		Engr. Rey Christopher Alipe Technical Manager	<u>Diana Jean V. Mesa, RMT</u> General Manager		

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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 ☐ 5	Service Warranty	□ Non W	/arranty	☐ Service Equipment	☐ Government		
Job Details	,		•				
☐ Installation ☐ Preventive	☐ Corrective ☐ (	Calibration	☐ Programmin	g 🗆 Product Demon	stration ☐ Check-up		
Complaints / Problem:							
Findings:			Solutions:				
Remarks / Recommendation:			Routine Checkup				
Nemarks / Necommendation.			Checked AC electric		☐ Pass ☐ Fail ☐ N/A		
				cal /electronic system:	□ Pass □ Fail □ N/A		
			Checked mechanica	☐ Pass ☐ Fail ☐ N/A			
			• Checked optical sys	☐ Pass ☐ Fail ☐ N/A			
			Checked fluidic syst	tem:	□ Pass □ Fail □ N/A		
			Checked H.M.I.:		□ Pass □ Fail □ N/A		
			• Checked I/O ports a		□ Pass □ Fail □ N/A		
			• Run standard and/o		□ Pass □ Fail □ N/A		
tout times.			Checked overall performance:      Pass   Fail   N/A    Instrument Status:				
Start time:	End time:		Instrument Status		in Maintan		
Total number of barrer	Labor charge:		☐ Further Repair ☐ Further Calibration	☐ Further Preventi ☐ Fully Operationa			
Total number of hours: Labor charge:		☐ Further Observation		I			
Catalog Number	Description		1		Pomorks		
Catalog Number	Description		Quantity	Amount	Remarks		
Received by:		Performed b	V:	Noted by:	Approved by:		
,				,			

Service Engr./Tech./P.S.

Customer's Name & Signature

Position

Diana Jean V. Mesa, RMT

Engr. Rey Christopher Alipe Technical Manager