



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:		
<input type="checkbox"/> Under Warranty <input type="checkbox"/> Service Warranty <input type="checkbox"/> Non Warranty <input type="checkbox"/> Service Equipment <input type="checkbox"/> Government				
Job Details				
<input type="checkbox"/> Installation <input type="checkbox"/> Preventive <input type="checkbox"/> Corrective <input type="checkbox"/> Calibration <input type="checkbox"/> Programming <input type="checkbox"/> Product Demonstration <input type="checkbox"/> Check-up				
Complaints / Problem:				
Findings:		Solutions:		
Remarks / Recommendation:		Routine Checkup:		
		<ul style="list-style-type: none"> • Checked AC electrical system: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A • Checked DC electrical /electronic system: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A • Checked mechanical system: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A • Checked optical system: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A • Checked fluidic system: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A • Checked H.M.I.: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A • Checked I/O ports and devices: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A • Run standard and/or controls: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A • Checked overall performance: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A 		
Start time:		End time:		Instrument Status:
Total number of hours:		Labor charge:		<input type="checkbox"/> Further Repair <input type="checkbox"/> Further Preventive Maintenance <input type="checkbox"/> Further Calibration <input type="checkbox"/> Fully Operational <input type="checkbox"/> Further Observation <input type="checkbox"/> Others: _____
Catalog Number	Description	Quantity	Amount	Remarks
Received by:		Performed by:	Noted by:	Approved by:
<div>_____</div> <div>Customer's Name & Signature Position</div>		<div>_____</div> <div>Service Engr./Tech./P.S.</div>	<div>Engr. Rey Christopher Alipe</div> <div>Technical Manager</div>	<div>Diana Jean V. Mesa, RMT</div> <div>General Manager</div>