

# Customer Service Report

**DELHI**   
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Fax : 91-11 - 26950011  
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**MUMBAI**   
Naimex House, BSEL Tech Park, B Wing 11th Floor, Sector 30 A, Plot No. 39/5 & 39/5A, Opp. Vashi Railway Station, Vashi, Navi Mumbai - 400 705  
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**BENGALURU**   
Naimex House, 88/1, Outer Ring Road, Nagavara, Bangalore - 560 045  
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Email : csgblr.aimil.com

**KOLKATA**   
"Shrachi Tower" 6th Floor, C&D Block, 686, Anandapur, E.M Bypass, Kolkata - 700 107  
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Fax : 91-33 - 24433305  
Email : servicekol@aimil.com

**CHENNAI**   
L-19, Dr. VSI Estate, Phase-II, Thiruvanmiyur, Chennai - 600041  
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Fax : 044-40201250  
Email : chennai@aimil.com

**HYDERABAD**   
314 & 316, 3rd Floor, Swapnalok Complex, S.D. Road, Secunderabad - 500 003 (A.P.)  
Tel : 91-40 - 30280500  
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Email : hyderabad@aimil.com

**VADODARA**   
901-902, Gunjan Towers, Off. Alembic - Gorwa Road, Subhanpura, Vadodara 390 023  
Tel : 91-265 - 3050000  
Fax : 91-265 - 3050010  
Email : service\_vad@aimil.com

**CHANDIGARH**   
Tower 'C' 11th Floor, DLF Info City Developers Chandigarh Ltd. Plot No. 22-23, Rajiv Gandhi Tech. Park, Chandigarh 160 101  
Tel : 0172 - 3042049  
Fax : 0172 - 3042048  
Email : chandigarh@aimil.com

**GUWAHATI**   
Mitra Building, Ashram Road, Ulubari, Guwahati - 781 007  
Tel : 0361 - 2465008  
Email : pranabdeka@aimil.com

**BHUBANESWAR**   
HIG-208, Kanan Vihar, Phase-I, Nandan Kanan Road, Patia, Bhubaneswar, Orissa - 751 024  
Tel : 0674-2745530 Fax : 0674-2745530  
Email : aimibbsr@aimil.com

**INDORE**   
47, Ground Floor, Srinagar Main, Indore - 452 018  
Tel : 0731-2561161  
Fax : 0731-2561160  
Email : indore@aimil.com

**ALSO RESIDENT REPRESENTATIVES AT :**  
• Lucknow • Kochi

www.aimil.com

Report No. : SK/8999 / R.C. Shem

Date : 05/05/2016

Engr. Name/Code : Santosh Kolhe

VBT : CSG 12nd

References	Customer	Principal	AIMIL
	<u>127/RCPI/ER/2015/16</u>		<u>21403160004</u>
Date			

Service Nature  Installation  Warranty  Paid Service  Service Contract of  Miscellaneous

Customer : R.C. Shem college of Pharmacy, Shirpur, Dhule  
Contact Person : Mr. Pardeewi  
Tel./Mob. No. : \_\_\_\_\_  
E-mail : \_\_\_\_\_

Principal : MALVERN  
Instrument : ZetaSizer  
Model : nano ZS90  
Serial No. : MAL1051945  
Software Version : 620

Reported Problem : Reference beam count low Error.

Probable Cause : \_\_\_\_\_

Action taken : checked system check for operational checks found ok. For zeta potential measurement REF count error displayed so opened covers checked Ref light path, found disturbed. Realigned same. set ref beam count at proper level.

checked users samples.

Engineer Comments/Follow-up action : Now instrument is functioning ok.

Spares Utilised : SOURCE  Customer Stock  AIMIL Stock  Local Purchase

Billing Instructions : \_\_\_\_\_

Service Period On	From Hrs.	To Hrs.	Service Period On	From Hrs.	To Hrs.	Total Hrs
<u>05/05/16</u>	<u>10.00</u>	<u>15.00</u>				

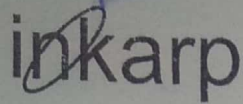
Customer Certification on Job Status  Complete  Incomplete

Customer Comments : \_\_\_\_\_

Customer Satisfaction Index  Satisfied  Not Satisfied

Engineer Name & Signature : Santosh Kolhe

Customer Signature with Date & Seal : [Signature] 05/05/2016



**INKARP INSTRUMENTS SERVICES**

310/311, B-Wing, Dhamji Shamji Corporate Square Building,  
Next to Kanara Business Centre, Laxmi Nagar, Ghatkopar (E),  
Mumbai-400075. Tel. : +91 22 25008277/75, Fax : +91 22 25006724  
E-mail : servicemumbai@inkarp.co.in http://www.inkarp.co.in

**SERVICE REPORT**

No. : **467**

Ref. No.	Principals :			
Customer Details <i>R.C. Patil College of Pharmacy Shripur Dhule Dr. H.S. Mahajan.</i>	Model :	<i>Paroder 2K</i>		
	SI No.	<i>6470</i>		
		Contract	( )	
		Warranty	( )	
		Billable	<input checked="" type="checkbox"/>	
		Job Complete	Yes ( )	No <input checked="" type="checkbox"/>
Purpose of visit : <i>machine making noise &amp; pressure problem</i>				
Travelling Time :		Working Time :		
Service Details :		Parts replaced :		
<ul style="list-style-type: none"> <li>* check found that machine making noise we check found machine leveling problem. we level is &amp; fix the problem</li> <li>* check Home valve found both valve are weak we have to Replace. customer dont have stock.</li> <li>* given demo to New Students</li> <li>* machine working satisfactory</li> </ul>				
Special Note / Further action :				
The service requested by us has been handled successfully by <i>Narresh Sutar</i>				
who visited us on <i>20/07/2016</i> He has carried out the work to our satisfaction.				
Are you happy with inkarp Serviced <input type="checkbox"/> Yes <input type="checkbox"/> No				
Customer Report :				
Place <i>Shripur</i>	<i>Patil</i> Engineer Sign.	<i>H.S. Mahajan</i> Customer Sign (With Seal) <i>9423457043</i>		
Date <i>20/7/16</i>				



SERVICE REPORT

Service Report No. **87878**

Customer Name & Address  
 R.C. Patel College of pharmacy  
 Kawand Naka  
 Shirpur, Dhule - 425405

Contact Person: **Dr. Pankaj Nerkar**  
 Designation: **Assistant Professor**  
 Dept.: **Dept. of pharmacetics**  
 Tel. No.:  
 Fax No.: **9420151343**  
 E-mail ID: **nerkarpankaj@rediffmail.com**

Engineer Name: **Rajendra Nagpure**

Code: **64**

Service Order No. **5085503** Date **Dec-2017** Region

Date of Visit **28/Dec-2017** Visit No. I / II / III / IV / V / Activity Start Time **9:30** End Time **18:00**

Model	Sr.No.	Type of Visit	Functional Location Change Indicator
<b>DSC 1</b>	<b>5132121914</b>	Warranty	
<b>module - DSC1/500/1386</b>		CAMC	Chargeable
<b>Fan cooling</b>		AMC	Stamping
WRTY/CAMC/AMC Ref. No.			

Defect Noticed	Action Taken
<b>Replacement of DSC sensor &amp; furnace sensor pt100</b>	<b>Opened the furnace assembly, opened the protective furnace cover removed old defective sensor. Cleaned the sensor capillary which found contaminated. Done the proper reinstallation of DSC sensor &amp; furnace sensor. Done total</b>

Completion Remarks / Pending Reason: **Calibration & checked the zinc & Indium calibration found the system is working within Specification satisfactory**

Customer's Remarks **OK**  
 Customer Name & Signature: **Pankaj P. Nerkar**  
 Mobile / Direct No. **9420151343**

Engineer's Remarks **OK**  
 Engineer Name & Signature: **Rajendra Nagpure**  
 Mobile No. **9673000158**

Imp note to customer - The customer is hereby informed that as per the relevant provisions of the Standards of Weights & Measure (W & M) Enforcement Act 1985 and rules made there under, every weight and measure sold by us shall be verified and stamped before putting it to commercial use. The customer is directed not to use weights & measure and/or equipment shall be liable to be seized, confiscated and penalty imposed by the W & M Authorities. Mettler Toledo India Pvt. Ltd. shall not be held responsible for any violation, if the customer uses the weights, measures and/or without verification and stamping

Mettler Toledo India Pvt. Ltd. Amar Hill, Saki Vihar Road, Powai, Mumbai - 400 072.  
 Fax No. +91-22-2857 5071 E-mail ID : servicecare.mtin@mt.com  
 Kindly log complaints at our Toll Free No. 1800 22 8884 or optionally at 022-42910111 Ext - 130. Kindly send spares orders at spares.mtin@mt.com. Service contract orders to be sent at service.mtin@mt.com



for online help.

Customer Service Event Summary

Service Order Number: 6002266722  
 Instrument ID Number: RCPIPER-HPLC 109/1  
 Customer Name: RCPIPER College  
 Customer Contact: P. P. Nerkar.  
 Address: Shriepur Dept. of  
 Designation: Asst. Prof.  
Pharmacy  
 Telephone: 9420151343  
 E-mail Address: nerkarpankaj@rediffmail.com  
 Product Number: G-1311A  
 Sales Order Number: NA  
 Product Description: HPLC  
 Purchase Order Number: NA  
 Product Serial Number: DE62965782  
 Request Received Date: NA  
 Standard Hours: 5:00 / Travel Hours: 12:00  
 Schedule Date / Time: -  
 Service Start Date / Time: 19/09/2017  
 Service End Date / Time: 19/09/2017  
 Problem Description: EE0063 error in detector, 12012 error

Services Provided: checked the system, found leak in vacuum chamber need to clean. done cleaning. done module dusting. flush the system with water! FPA. performed diagnostic test found ok. system working satisfactory. Run sample found ok  
 Note: If still leak error persist need to replace vacuum chamber. also lamp hours maximum need to replaced

- Customer feedback:
- Root cause of problem and preventive action explained to you by engineer?  Yes  No  N/A
  - Area left clean and tidy after job was completed?  Yes  No  N/A
  - Problem has been resolved to my satisfaction & no further action needed.  Yes  No  N/A
  - Customer acceptance for closure  Yes  No  N/A

Customer Comments: Instrument is now working.

Parts Used / Recommended

Qty.	Part Number	Description	Use Code
	<u>NA</u>	<u>NA</u>	<u>NA</u>

Dinkar Kambede  
Customer Engineer Name

P. P. Nerkar.  
Customer Name

[Signature]  
Customer Engineer Signature

[Signature]  
Customer Signature

19/09/2017  
Date

19/09/2017.  
Date

ORIGINAL FOR CUSTOMER

Shubham - 9324005280

170, G. S. Road, 1st Floor,  
Sardar Vallabhbhai Patel,  
17, M. Jyoti Marg,  
Lower Patel, Mumbai - 400 011.



Phone : 022-2571 5155, 2571 5156  
Fax : 022-2571 5000  
e-mail : info@toshvin.com  
Web : www.toshvin.com

SERVICE REPORT

Customer : R.C. Patel Pharmacy College	Product : Shimadzu UV-VIS	Call Type : ID / CR / WR
Contact : Dr. Abul-Shirihudkar	Model No. : UV-1700	Sr. No. A11524352876
Dept. : Pharmacy	Arrival Date : 11/12/2015	Dep. Date : 11/12/2015
Address & : Shipar	Time In : 9:30	Time Out : 10:00
Tel. No. :	Service Contract / Visit No.	Revisit Required : <input checked="" type="checkbox"/> Yes
Fax No. :	Product working satisfactorily <input checked="" type="checkbox"/>	Date of Revisit Committed :
E-mail :	Send to Service Div. <input type="checkbox"/>	Beyond Papers <input type="checkbox"/>
Total Days : 1 (one)		

SYMPTOM

① AMC visit.  
② \*  
Quota to be sent for.  
① D2 lamp    ② W1 Lamp  
③ Power supply PCB.    ④ RS232 cable.

REPAIR ACTION

① Error Found instrument error to check during initialisation.  
② Found problem of relay in power PCB. Rectified it.  
③ Performed AME as per checklist.  
④ Installed software & demonstrated it.  
⑤ Checked instrument working. Instrument is working ok.

Customer's Remarks

ACTION REQUIRED BY:

<input type="checkbox"/> Customer	<input type="checkbox"/> Engineer

Consumed	Comments To be indicated	Serial
① W1 Lamp	- R.C. Patel.	- 1760.

Service Engineer's Name: Arnel + Shubham  
Signature: *[Signature]*  
Work Accepted by: *[Signature]*  
Signature: *[Signature]*

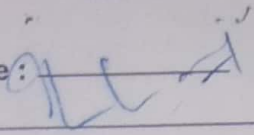
# SERVICE- REPORT

I hereby permit the Service Engineer to start his job.

6445

Start Time : 11.00

End Time : 18.15

Customer Signature: 

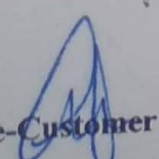
M/s. <b>RC. Patel GI. of Pharmacy</b>	Date : <b>29/11/16</b>
Address : <b>Karwand Naka Shirpur - Dhule - 425405</b>	Type of Visit / Job :- <input checked="" type="checkbox"/> Installation & Demonstration <input type="checkbox"/> Inspection <input type="checkbox"/> Repairs / Service <input type="checkbox"/> Annual Maintenance Contract (AMC) If AMC, then visit no. <input type="checkbox"/> 1. <input type="checkbox"/> 2.      Or <input type="checkbox"/> Breakdown <input type="checkbox"/> OTS
Tel.:	
E-mail Id : <b>09423487043 hsmahajan@rediffmail.com</b>	
C. Person : <b>Dr. H. S. Mahajan</b>	
Department : <b>Pharmaceuticals</b>	

Instrument : <b>Brookfield Rheometer</b>	Serial No. : <b>7120128</b>
Model No : <b>RSTCC</b>	
Symptoms : <b>Installation &amp; Demo.</b>	

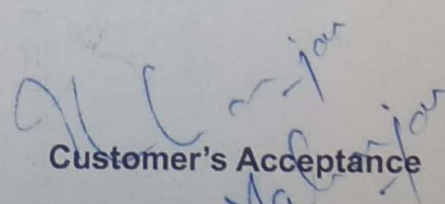
Action Taken : **Above instrument & Rheo3000 software installed. Check with BIF standard working O.K. Demonstrate the instrument & software to users.**

Engineer's Remarks : **Above instrument working satisfactory**

Customer's Remarks : **Installation and demonstration done as per our set requirements and satisfactory**

Executive-Customer Support  
  
**Atul**

BRK Instruments India LLP

  
Customer's Acceptance  
**Dr. H. S. Mahajan**

S.J. House, 1st floor,  
 Sitaram Mills Compound,  
 N. M. Joshi Marg,  
 Lower Parel, Mumbai - 400 011.

Phone : (022) 23015096, 6450 7214  
 Fax : (022) 2301 3592  
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 Web : www.toshvin.com



**SERVICE REPORT**

Customer : RC Patel Pharmacy college	Product : UV Vis Spectrophotometer	Model No : UV 1700 Sr. No A11024302876		Call Type : ID / CR / WR FR / APP / S/C
Contact : Mr. Atul Shirkhedkar	Arrival Date : 03/08/2016	Dep. date : 03/08/2017		
Dept : Analysis lab	Time In : 10:00AM	Time Out : 03:30PM	Total Days : 1	
Address & : Shirpur	Service Contract Visit No.1	Revisit Required: <input type="checkbox"/> No	Date of Revisit Committed	
Tel No. :	Product working satisfactory OK		Send to Service Div. <input type="checkbox"/>	Beyond Repairs <input type="checkbox"/>
Fax No. :				
E-mail :				

SYMPTOM	REPAIR ACTION
AMC visit	1. Performed AMC as per Checklist of Toshvin analytical 2. Performed fine base line and auto validation found ok 3. Instrument working satisfactory
Customer's Remarks	<b>ACTION REQUIRED BY :</b> Customer <input type="checkbox"/> Engineer <input type="checkbox"/>

Consumed	Components To be Indented	Source	Service Engineer's Name	Work accepted by
			Pawan Signature	[Signature] Signature

Pawan - 8983578553

**ANNUAL MAINTENANCE CHECK LIST CUM REPORT - UV(A Type)**

CUSTOMER NAME AND PLACE : RC Patel Pharmacy SRQ NO: \_\_\_\_\_  
 USER NAME AND DEPARTMENT: Analytical DATE: 03/08 to 03/08/2017  
 MODEL: UV1700 SERIAL NO. A11024302876

**MAINTENANCE:**

Activity	Check	Procedure	Status (Mark '✓' in the box if OK)
1. Cleaning of instrument	Check dust outside and inside of the Instrument and also on the PCBs.	Switch off the instrument.  Clean the instrument from outside. Also clean sample compartment and light source compartment. Open the Top cover (without opening Monochromator) of the instrument. Clean the instrument from inside by using soft tissue and Brush. Clean all PCB's with soft brush.	<input checked="" type="checkbox"/>
	Physical observation of monochromator optics	Switch off the instrument. Open the monochromator cover and observe the optics for good shining and / or no fogginess / scratches. Report problem observed if any. Close the monochromator cover.	<input checked="" type="checkbox"/>
	Sample compartment windows	Clean sample compartment windows with soft tissue	<input checked="" type="checkbox"/>
2. Optics checking	Check light source mirror condition	Switch off the instrument and observe Light source mirror. The mirror should not have fogging or scratches.	<input checked="" type="checkbox"/>
	Physical observation of monochromator optics	Switch off the instrument. Open the monochromator cover and observe the optics for good shining. Also it should not have any fogging or scratches. Report problem observed if any. Close the monochromator cover.	<input checked="" type="checkbox"/>
	Sample compartment windows	Clean sample compartment windows with soft tissue.	<input checked="" type="checkbox"/>



3. Checking of connections	Check all important connection.	Confirm all connectors are fixed properly on PCBs. Check pin contacts of ICs mounted in the socket (EEPROMS) and also for lamps (D2 and Visible lamps).	<input checked="" type="checkbox"/>
4. Mains Power Supply check	Check Supply Voltage to the Instrument through UPS/Stabilizer	Check the AC Voltage For 230VAC +/- 10 %. Check Grounding Voltage less than 2 VAC Line - Neutral : <u>229.0</u> VAC Line - Earth : <u>228.0</u> VAC Neutral - Earth : <u>0.1</u> VAC	<input checked="" type="checkbox"/>
5. Basic tests	Check Initialization  Base line check    D2 peaks check	1. Observe initialization steps from LSI to $\lambda$ Check. All should pass without any error. 2. Run Baseline in air from 190 to 1100nm. Measure the flatness of base line. Measured Value:- <u><math>\pm 0.002</math></u> abs Acceptance Criteria:- Baseline within $\pm 0.002$ abs If base line is not within acceptable limit, run base line correction and measure the baseline flatness again. 3. Measure D2 peaks at 656.1 & 486nm Measured Peak At 656.1 = <u>656.1</u> nm ( $\pm 0.1$ nm) At 486nm = <u>486.0</u> nm ( $\pm 0.3$ nm)	<input checked="" type="checkbox"/>  <input checked="" type="checkbox"/>  <input checked="" type="checkbox"/>
6. Lamp hours Measurement	Check lamp hours for D2 and WI	Measure life time used for lamps from Maintenance Menu.  Max. lifetime for D2:-2000hrs. Measured life time for D2 lamp:- <u>156</u> hrs  Max. lifetime for WI:-2000hrs. Measured life time for WI lamp:- <u>189</u> hrs  Replace the lamp if lifetime used exceeds the specified max. lifetime.	<input checked="" type="checkbox"/>  <input checked="" type="checkbox"/>  <input checked="" type="checkbox"/>

7. Performance Checking	Check noise level, Resolution and wavelength accuracy.	Use Maintenance / Validation/ auto items to check. Noise level : <math>\leq 0.002</math> p-p Abs @ 700nm  Resolution: $1 \pm 0.2$ nm  Wave length accuracy 1. $656.1 \pm 0.1$ nm 2. $486 \pm 0.3$ nm	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
8. Printer attachment ( If applicable)	Printer Check	Connect Printer to UV and check communication.	<input checked="" type="checkbox"/>
9. PC attachment ( If applicable)	PC Check	Connect PC to UV. Check Communication	<input checked="" type="checkbox"/>
10. Check Cuvetts	Check the Transmission of cuvettes	Check as per certificate supplied along with the cuvetts for any deviation. Report problems if any.	<input checked="" type="checkbox"/>

Routine AMC has been completed with above listed items checked.

Service Engineer's Name and Signature: Pawan Lavate Pawan

Customer's Name and Signature : Dr. H. S. Mahajan H.S.

RECEIVED AT  
 STATION NO. 12345  
 DATE 10/27/2023  
 TIME 14:30  
 BY [Signature]  
 TITLE [Title]

RECEIVED AT  
 STATION NO. 12345  
 DATE 10/27/2023  
 TIME 14:30  
 BY [Signature]  
 TITLE [Title]

RECEIVED AT  
 STATION NO. 12345  
 DATE 10/27/2023  
 TIME 14:30  
 BY [Signature]  
 TITLE [Title]

Customer Service Event Summary

Service Order Number : 6002774291  
 Customer Name : R.C. Patel Institute of  
 Address : pharmacy, Shirpur,  
Dhule,  
 Product Number : G1311A  
 Product Description : 1200 Series  
 Product Serial Number : DE62965782  
 Standard Hours : 07 / Travel Hours : 08  
 Service Start Date / Time : 04/08/18, 09:00

Instrument ID Number : RCPJEPR/2008-09/11  
 Customer Contact : Pankaj Nerkar  
 Designation : Asst. Professor  
 Telephone : 8999935966 / 9420151343  
 E-mail Address : nerkarpankaj@rediffmail.com  
 Sales Order Number : NA  
 Purchase Order Number : NA  
 Request Received Date : NA  
 Schedule Date / Time : 04/08/18  
 Service End Date / Time : 04/08/18, 16:00

Problem Description: Error 2052 on pump initialization

Services Provided:  
 - checked related issue & observed degasser not working properly. Cleaned it but still the same issue.  
 - flushed system with water. Prime all ports, still the same issue. Hence from all diagnosis degasser pump & chambers found faulty & needs to be replaced.

- Customer feedback: Quotation for the same will send.
- Root cause of problem and preventive action explained to you by engineer?  Yes  No  N/A
  - Area left clean and tidy after job was completed?  Yes  No  N/A
  - Problem has been resolved to my satisfaction & no further action needed.  Yes  No  N/A
  - Customer acceptance for closure  Yes  No  N/A

Customer Comments: \_\_\_\_\_

Parts Used / Recommended			
Qty.	Part Number	Description	Use Code

Yogeshwar Achi  
 Customer Engineer Name  
Dr P.P. Nerkar  
 Customer Name

[Signature]  
 Customer Engineer Signature  
[Signature]  
 Customer Signature

04/08/18  
 Date  
04/08/18  
 Date

ORIGINAL FOR CUSTOMER

103, S. J. House, 1st Floor,  
Sitarani Mills Compound,  
N. M. Joshi Marg,  
Lower Parel, Mumbai - 400 011.



Phone : (022) 2301 5096, 6450 7214  
Fax : (022) 2301 3592  
E-mail : info@toshvin.com  
Web : www.toshvin.com

SERVICE REPORT

Customer : R.C. Patel collage, Shirpur	Product : UV- Vis spectrophotometer	SRQ No.:
Contact : Mr. Mahajan	Model No. : UV-1700 Sr. No. A11024302876	Call Type : ID / CR / WR
Dept. : Pharmaceutics	Arrival Date : 15/12/18 Dep. Date. : 15/12/18	FR / APP / S / C
Address & : Shirpur	Time In : 10:00 Time Out :	Total Days : /
Tel. No. : 9423487043	Service Contract Visit No. 1 Revisit Required : <input checked="" type="checkbox"/>	Date of Revisit Committed :
Fax No. : NA	Product working satisfactorily <input type="checkbox"/>	Send to Service Div. <input type="checkbox"/> Beyond Repairs <input type="checkbox"/>
E-mail : hsmahajan@rediffmail.com		

SYMPTOM	REPAIR ACTION
UV- Breakdown	<ol style="list-style-type: none"> <li>1. Checked lambda check (X) &amp; found OK.</li> <li>2. Instrument initialised successfully &amp; no error found in initialization.</li> <li>3. performed fine baseline.</li> <li>4. Checked customer's sample &amp; found all OK.</li> <li>5. Instrument is working satisfactorily OK.</li> </ol>

Customer's Remarks

6. Performed AMC ACTION REQUIRED BY: as per checklist of

<input type="checkbox"/> Customer	<input type="checkbox"/> Engineer
-----------------------------------	-----------------------------------

*Toshvin Analytical*  
*Chandok*

Consumed	Components To be Indented	Source

Service Engineer's Name <i>Shetalak Bundre</i> <i>BSB</i>	Work Accepted by <i>[Signature]</i>
Signature 15/12/2018	Signature 15/12/2018

103, S. J. House, 1st Floor,  
Sitarani Mills Compound,  
N. M. Joshi Marg,  
Lower Parel, Mumbai - 400 011.



Phone : (022) 2301 5096, 2301 3964  
Fax : (022) 2301 3592  
E-mail : info@toshvin.com  
Web : www.toshvin.com

SERVICE REPORT

Customer : fic Patel institute of pharmacy	Product : UV-vis spectrophotometer	SRQ No.:
Contact : Dr. Adul Shirkekar	Model No. : UV-1700	Sr. No. A11024302876
Dept. : Pharmaceutics	Arrival Date : 28/06/19	Dep. Date : 28/06/19
Address & : Shirpur	Time In : 12:30	Time Out : 18:00
Tel. No. : 8781149631	Service Contract Visit No. 1	Revisit Required : Y/N
Fax No. :	Product working satisfactorily <input checked="" type="checkbox"/>	Send to Service Div. <input type="checkbox"/> Beyond Repairs <input type="checkbox"/>
E-mail : pharmashailesh@rediffmail.com		Date of Revisit Committed :

SYMPTOM	REPAIR ACTION
Spare ID - (Source mirror)	• check instrument & power supply & found OK. • change source mirror with new
D2 = 612 H	Dispatched mirror.
WT = 666 H	• adjust source mirror for Both Lamp on slit. Performed Baseline correction.
	• Performed auto validation & found all test passed.

Customer's Remarks → Variations in absorbance was found (Chancyclovir). This may be due to gratings. Need to change to solve the above problem.

ACTION REQUIRED BY :

Customer  Engineer

• instrument working fine.

• Need to change grating for smooth work.

Consumed	Components To be Indented	Source
/	/	/

Service Engineer's Name : Dipak Patil.

Signature: [Signature]

Work Accepted by: [Signature]

Signature: [Signature] 28/06/19

Remark : — Variations in absorbance was found (Chancyclovir). This is due to gratings.

## STATEMENT OF WORK

Name of the Company: R.C. Patel Pharmaceutical Institute Date: 27/07/2019  
 (Shirpur - Shule)

**1. Machinery :**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Box Compression Tester              | <input checked="" type="checkbox"/> Universal Testing Machine | <input type="checkbox"/> Crush Tester                 |
| <input checked="" type="checkbox"/> Bursting Strength Tester | <input type="checkbox"/> Puncture Resistance Tester           | <input type="checkbox"/> Vibration Tester             |
| <input type="checkbox"/> Drop Tester                         | <input type="checkbox"/> Substance Indicator                  | <input type="checkbox"/> Calliper Thickness Gauge     |
| <input checked="" type="checkbox"/> Tensile Strength Tester  | <input type="checkbox"/> Tear Resistance Tester               | <input type="checkbox"/> Cone/Core Compression Tester |

**2. Model and Description :** Tensile-229 & BST-LX-4441

**3. Service Type :**  AMC  OTS  UGP  Installation

**4. Service No. :**  1<sup>st</sup> Service  2<sup>nd</sup> Service  3<sup>rd</sup> Service  4<sup>th</sup> Service

**5. Pneumatic Operations :**  Checked  Not Applicable

Clamping System <input type="checkbox"/> OK <input type="checkbox"/> Not OK <input type="checkbox"/> NA	Solenoid Valve <input type="checkbox"/> OK <input type="checkbox"/> Not OK <input type="checkbox"/> NA
Pressure Regulator <input type="checkbox"/> OK <input type="checkbox"/> Not OK <input type="checkbox"/> NA	Pressure Indicator <input type="checkbox"/> OK <input type="checkbox"/> Not OK <input type="checkbox"/> NA

**6. Hydraulic System :**  Checked  Not Applicable

Piston Assembly <input checked="" type="checkbox"/> OK <input type="checkbox"/> Not OK <input type="checkbox"/> NA	Fluid Level <input checked="" type="checkbox"/> OK <input type="checkbox"/> Not OK <input type="checkbox"/> NA
Control Valves <input checked="" type="checkbox"/> OK <input type="checkbox"/> Not OK <input type="checkbox"/> NA	Rubber Diaphragm <input checked="" type="checkbox"/> OK <input type="checkbox"/> Not OK <input type="checkbox"/> NA

**7. Electrical System :**  Checked  Not Applicable

Motor & Gear Box <input checked="" type="checkbox"/> OK <input type="checkbox"/> Not OK <input type="checkbox"/> NA	Mains ON/OFF <input checked="" type="checkbox"/> OK <input type="checkbox"/> Not OK <input type="checkbox"/> NA
Test Start Button <input checked="" type="checkbox"/> OK <input type="checkbox"/> Not OK <input type="checkbox"/> NA	Emergency Stop Switch <input checked="" type="checkbox"/> OK <input type="checkbox"/> Not OK <input type="checkbox"/> NA
Limit Switches <input checked="" type="checkbox"/> OK <input type="checkbox"/> Not OK <input type="checkbox"/> NA	Push Button Functions <input type="checkbox"/> OK <input checked="" type="checkbox"/> Not OK <input type="checkbox"/> NA
Selector Switch <input checked="" type="checkbox"/> OK <input type="checkbox"/> Not OK <input type="checkbox"/> NA	Contactors <input type="checkbox"/> OK <input checked="" type="checkbox"/> Not OK <input type="checkbox"/> NA

**8. Instrumentation :**

Digital Indicators <input checked="" type="checkbox"/> OK <input type="checkbox"/> Not OK <input type="checkbox"/> NA	Key Pads <input type="checkbox"/> OK <input checked="" type="checkbox"/> Not OK <input type="checkbox"/> NA
Pressure Gauges <input checked="" type="checkbox"/> OK <input type="checkbox"/> Not OK <input type="checkbox"/> NA	Scale & Indicator <input type="checkbox"/> OK <input type="checkbox"/> Not OK <input checked="" type="checkbox"/> NA

**9. Power Supply**  Single Phase Phase I 230 V Phase II      V Phase III      V  
 Three Phase Neutral      V Earth      V P.D. 3.0 V

**Details of repair/fault** BST- Instrument working properly & Calibration & Servicing work completed  
Tensile:- Due to limit switch electrical of instrument not possible.

**Remarks :** Requirement:- 2- Limit switch for Tensile & 1- Rubber Diaphragm Board for BST

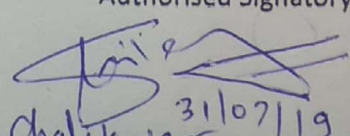
PARTS REPLACED ARE PROVIDED BY THE PARTY

Note : In case the equipment is required to be sent to our work ensure details of fault are mentioned and send a copy of this document with your comments duly signed along with the equipment as per dispatch instructions from our I.O. Please ensure the equipment is carefully packed with appropriate packaging. We are not responsible for transit damage.

Please acknowledge the observations mentioned herewith are true and verified in your presence.

Stamp & Signature  
 Customer/Executive/In-charge/ .....

Authorized Signatory,

  
Dr. S.S. Chalikwar 31/07/19  
 Customer's Signature and Seal

# EQUIPMENT SERVICE

No. : 45280

Date : \_\_\_\_\_

To,  
**SAURASHTRA MARKETING CORPORATION**  
 102-104, Shilpin Centre,  
 40, G.D. Ambekar Road,  
 Wadala, Mumbai - 400 031.

Dear Sir,

We hereby confirm that your engineer visited our works on July-19 and has installed / serviced our equipment supplied by you. The details of the work carried out and the equipment is mentioned overleaf in the statement of work. The calibration certificate / validation documents for the same have also been provided.

Details of parts replaced / purchased :

No.	Parts Replaced	Quantity	Value
	Tensile! - observation! - limit switch removed from instrument when I observe. it is removed from customer's person ii - due to limit switch instrument would not work. BST - hydraulic fluid filling work completed. ii - piston Assembly & motor Alignment work completed. iii - Servicing & Calibration work completed.		
	Total		

\*\*Customer's signature and seal is mandatory to certify the completion of work. Please ensure the statement of work is duly filled and acknowledge the same with your signature and seal.

For Saurashtra Marketing Corporation,



Service Engineer Signature,

Name : Deepak D. Balghare (9019087337)

P.T.O.



103, S. J. House, 1st Floor,  
Sitaran Mills Compound,  
N. M. Joshi Marg,  
Lower Parel, Mumbai - 400 011.



Phone : (022) 2301 5096, 6450 7214  
Fax : (022) 2301 3592  
E-mail : info@toshvin.com  
Web : www.toshvin.com

SERVICE REPORT

Customer : R. C. Patel college of pharmacy	Product : Shimadzu UV-44	SRQ No.:
Contact : Dr. H.S. Mahajan	Model No. : UV-1700 Sr. No. A 1102430287647	Call Type : ID/CR/WR
Dept. : Lab / Mr. Salunke.	Arrival Date : 22/08/2019 Dep. Date : 23/08/2019	FR/APP/SIC
Address & : Shirpur.	Time In : 10:00 Time Out : 16:00	Total Days : 1 (only)
Tel. No. : 92844 92173	Service Contract Visit No.	Revisit Required : <input checked="" type="checkbox"/> Y/N
Fax No. :	Product working satisfactorily <input checked="" type="checkbox"/>	Send to Service Div. <input type="checkbox"/> Beyond Repairs <input type="checkbox"/>
E-mail : hsmahajan@rediffmail.com.		Date of Revisit Committed :

SYMPTOM  
① Failing in initialisation

Customer's Remarks

REPAIR ACTION  
① Found heavy dust inside instrument & on CPD PCB  
② Cleaned dust. ③ Adjusted mirror.  
④ Observed power pcb & Light source motor is defective. & may need replacement in future. ⑤ Now instrument is working ok.  
⑥ Re-installed software due to few bugs.

ACTION REQUIRED BY :

Customer  Engineer

Consumed	Components To be Indented	Source

Service Engineer's Name : Anil Baku  
Signature : *[Signature]*  
9324282141

Work Accepted by : *[Signature]*  
Signature

Service Report No. <b>181918</b>		Contact Person	Drs. C.V. Pardeshi	
Customer Name & Address	Cust. ID No.	Designation	Asst. Pnf.	
R. C. Patel Institute of Pharmaceuticals Education & Research. Karwand Naka, Shirpur		Dept.	Pharmaceutics	
		Tel. No.		Dir. / Extn.
		Fax No.		
		E-mail ID		

Engineer Name: **Swapnil Dhande** Code: **381**

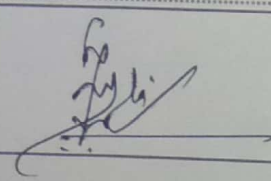
Service Order No. **..7029958** Date **—** Region **West**

Date of Visit **27/09/2019 to 28/09/2019** Visit No.  I /  II /  III /  IV /  V / Activity Start Time **—** End Time **—**

Model	Sr.No.	Type pf Visit				
DSC 1	5132121914	Warranty		Courtesy	Functional Location Change Indicator	
		CAMC		Chargeable		<input checked="" type="checkbox"/>
		AMC		Stamping		
		WRTY/CAMC/AMC Ref. No.				

Defect Noticed	Action Taken
Fatal Error	Opened and cleaned DSC sensor. Found black spots on sensor. After fixing sensor, Fatal error not observed. Reinstalled STARE software due to DB error. Performed temperature and heatflow calibration. found OK. Performed sample analysis.

Completion Remarks / Pending Reason: **It is strongly recommended to keep DSC sensor in stock.**

Customer's Remarks	Engineer's Remarks
Customer Name & Signature 	Engineer Name & Signature <b>Swapnil Dhande</b>
Mobile / Direct No.	Mobile No. <b>9987983298</b>

Imp note to customer - The customer is hereby informed that as per the relevant provisions of the Standards of Weights & Measure (W & M) Enforcement Act 1985 and rules made there under, every weight and measure sold by us shall be verified and stamped before putting it to commercial use. The customer is directed not to use weights & measure and/or equipment weights, measures and/or without verification and stamping. Mettler Toledo India Pvt. Ltd. shall not be held responsible for any violation, if the customer uses the

Mettler Toledo India Pvt. Ltd. Amar Hill, Saki Vihar Road, Powai, Mumbai - 400 072. Fax No. +91-22-2857 5071 E-mail ID : servicecare.mtin@mt.com

Kindly log complaints at our Toll Free No. 1800 22 8884 or optionally at 022-42910111 Ext - 130. Kindly send spares orders at spares.mtin@mt.com. Service contract orders to be sent at service.mtin@mt.com

# EQUIPMENT SERVICE

No. : 45991

Date : \_\_\_\_\_

To,  
**SAURASHTRA MARKETING CORPORATION**  
 102-104, Shilpin Centre,  
 40, G.D. Ambekar Road,  
 Wadala, Mumbai - 400 031.

Dear Sir,

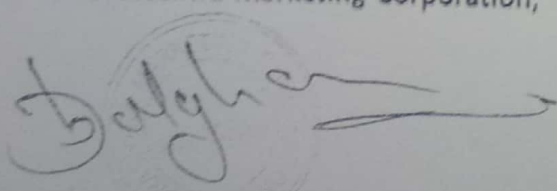
We hereby confirm that your engineer visited our works on oct-19 and has installed / serviced our equipment supplied by you. The details of the work carried out and the equipment is mentioned overleaf in the statement of work. The calibration certificate / validation documents for the same have also been provided.

Details of parts replaced / purchased :

No.	Parts Replaced	Quantity	Value
<del>21</del>	LCD-229- Tensile Tester, Display & Load Cell Sending to pune. i- Test-start command got directly to <del>instrument</del> when instrument power on. ii- up & down (command) not working Platen up & down function not working iii- when FRC cable removed & fix The display got black out. iv- L.S. cut off function not working Platen goes down & up direction after L.S. cut off		
	Total		

\*\*Customer's signature and seal is mandatory to certify the completion of work. Please ensure the statement of work is duly filled and acknowledge the same with your signature and seal.

For Saurashtra Marketing Corporation,



Service Engineer Signature.

Name : Deepak D. Balghare (9619087337)

P.T.O.

STATEMENT OF WORK

Name of the Company:

*Energy Storage Solutions*

Date: *01/01/2023*

1. Machinery <input type="checkbox"/> Rear Contention Tester <input type="checkbox"/> Rigid Strength Tester <input type="checkbox"/> Trip Tester <input type="checkbox"/> Flexible Strength Tester		<input type="checkbox"/> Universal Testing Machine <input type="checkbox"/> Pressure Resistance Tester <input type="checkbox"/> Substance Indicator <input type="checkbox"/> Tear Resistance Tester		<input type="checkbox"/> Crush Tester <input type="checkbox"/> Yarn Action Tester <input type="checkbox"/> Caliper Thickness Gauge <input type="checkbox"/> Compressing Compression Tester	
2. Model and Description: <i>Verano 812A 6 P55-UVV1</i>					
3. Service Type: <input checked="" type="checkbox"/> Asst <input type="checkbox"/> OVS <input type="checkbox"/> VCP <input type="checkbox"/> Installation					
4. Service No.: <i>2</i> <input type="checkbox"/> 1st Service <input type="checkbox"/> 2nd Service <input type="checkbox"/> 3rd Service <input type="checkbox"/> 4th Service					
5. Pneumatic Operations: <input type="checkbox"/> Checked <input checked="" type="checkbox"/> Not Applicable Clamping System: <input type="checkbox"/> OK <input type="checkbox"/> Not OK <input type="checkbox"/> NA      Solenoid Valve: <input type="checkbox"/> OK <input type="checkbox"/> Not OK <input type="checkbox"/> NA Pressure Regulator: <input type="checkbox"/> OK <input type="checkbox"/> Not OK <input type="checkbox"/> NA      Pressure Indicator: <input type="checkbox"/> OK <input type="checkbox"/> Not OK <input type="checkbox"/> NA					
6. Hydraulic System Piston Assembly: <input type="checkbox"/> OK <input type="checkbox"/> Not OK <input type="checkbox"/> NA      Fluid Level: <input type="checkbox"/> OK <input type="checkbox"/> Not OK <input type="checkbox"/> NA Control Valves: <input type="checkbox"/> OK <input type="checkbox"/> Not OK <input type="checkbox"/> NA      Rubber Diaphragm: <input type="checkbox"/> OK <input type="checkbox"/> Not OK <input type="checkbox"/> NA					
7. Electrical System Motor & Gear Box: <input type="checkbox"/> OK <input type="checkbox"/> Not OK <input type="checkbox"/> NA <input type="checkbox"/> Not Applicable Test Start Button: <input type="checkbox"/> OK <input type="checkbox"/> Not OK <input type="checkbox"/> NA      Emergency Stop Switch: <input type="checkbox"/> OK <input type="checkbox"/> Not OK <input type="checkbox"/> NA Limit Switches: <input type="checkbox"/> OK <input type="checkbox"/> Not OK <input type="checkbox"/> NA      Dual Button Functions: <input type="checkbox"/> OK <input type="checkbox"/> Not OK <input type="checkbox"/> NA Selector Switch: <input type="checkbox"/> OK <input type="checkbox"/> Not OK <input type="checkbox"/> NA      Contactors: <input type="checkbox"/> OK <input type="checkbox"/> Not OK <input type="checkbox"/> NA					
8. Instrumentation Digital Indicators: <input type="checkbox"/> OK <input type="checkbox"/> Not OK <input type="checkbox"/> NA      Key Pads: <input type="checkbox"/> OK <input type="checkbox"/> Not OK <input type="checkbox"/> NA Pressure Gauges: <input type="checkbox"/> OK <input type="checkbox"/> Not OK <input type="checkbox"/> NA      Scale & Indicator: <input type="checkbox"/> OK <input type="checkbox"/> Not OK <input type="checkbox"/> NA					
9. Power Supply <input type="checkbox"/> Single Phase      Phase I: <i>240</i> <input type="checkbox"/> Phase II: <input type="checkbox"/> <input type="checkbox"/> Phase III: <input type="checkbox"/> <input type="checkbox"/> Three Phase      Neutral: <input type="checkbox"/> Earth: <input type="checkbox"/> Y PD: <i>0.5</i> <input type="checkbox"/> Y					
10. Details of repair/issue: <i>Details of repair/issue: 1st, instrument working properly. Calibration work completed. Calibration &amp; load cell sending to R</i>					
Remarks:					

Here in case the equipment is required to be sent for our work ensure details of fault are mentioned and send a copy of this document with your comments for approval. The equipment is per dispatch instructions for H/O. Please ensure the equipment is carefully packed with appropriate packaging for the risk of damage in transit.

PARTS REQUIRED ARE PROVIDED BY THE PARTY

Authorised Signatory,

Customer's Signature and Seal

## STATEMENT OF WORK

Name of the Company : R.C. Patel College Institute  
(Shirpur)

Date : 07/10/2019

**1. Machinery :**

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Box Compression Tester   | <input type="checkbox"/> Universal Testing Machine  | <input type="checkbox"/> Crush Tester                 |
| <input checked="" type="checkbox"/> Bursting Strength Tester | <input type="checkbox"/> Puncture Resistance Tester | <input type="checkbox"/> Vibration Tester             |
| <input type="checkbox"/> Drop Tester                         | <input type="checkbox"/> Substance Indicator        | <input type="checkbox"/> Caliper Thickness Gauge      |
| <input checked="" type="checkbox"/> Tensile Strength Tester  | <input type="checkbox"/> Tear Resistance Tester     | <input type="checkbox"/> Cone/Core Compression Tester |

**2. Model and Description :** Tensile - 224 & BST - 4441

**3. Service Type :**  AMC  OTS  UGP  Installation

**4. Service No. :**  1<sup>st</sup> Service  2<sup>nd</sup> Service  3<sup>rd</sup> Service  4<sup>th</sup> Service

**5. Pneumatic Operations :**  Checked  Not Applicable

Clamping System	<input type="checkbox"/> OK <input type="checkbox"/> Not OK <input type="checkbox"/> NA	Solenoid Valve	<input type="checkbox"/> OK <input type="checkbox"/> Not OK <input type="checkbox"/> NA
Pressure Regulator	<input type="checkbox"/> OK <input type="checkbox"/> Not OK <input type="checkbox"/> NA	Pressure Indicator	<input type="checkbox"/> OK <input type="checkbox"/> Not OK <input type="checkbox"/> NA

**6. Hydraulic System :**  Checked  Not Applicable

Piston Assembly	<input type="checkbox"/> OK <input type="checkbox"/> Not OK <input type="checkbox"/> NA	Fluid Level	<input checked="" type="checkbox"/> OK <input type="checkbox"/> Not OK <input type="checkbox"/> NA
Control Valves	<input type="checkbox"/> OK <input type="checkbox"/> Not OK <input type="checkbox"/> NA	Rubber Diaphragm	<input checked="" type="checkbox"/> OK <input type="checkbox"/> Not OK <input type="checkbox"/> NA

**7. Electrical System :**  Checked  Not Applicable

Motor & Gear Box	<input type="checkbox"/> OK <input checked="" type="checkbox"/> Not OK <input type="checkbox"/> NA	Mains ON/OFF	<input checked="" type="checkbox"/> OK <input type="checkbox"/> Not OK <input type="checkbox"/> NA
Test Start Button	<input type="checkbox"/> OK <input type="checkbox"/> Not OK <input type="checkbox"/> NA	Emergency Stop Switch	<input type="checkbox"/> OK <input checked="" type="checkbox"/> Not OK <input type="checkbox"/> NA
Limit Switches	<input type="checkbox"/> OK <input type="checkbox"/> Not OK <input type="checkbox"/> NA	Push Button Functions	<input type="checkbox"/> OK <input checked="" type="checkbox"/> Not OK <input type="checkbox"/> NA
Selector Switch	<input checked="" type="checkbox"/> OK <input type="checkbox"/> Not OK <input type="checkbox"/> NA	Contactors	<input type="checkbox"/> OK <input checked="" type="checkbox"/> Not OK <input type="checkbox"/> NA

**8. Instrumentation :**

Digital Indicators	<input type="checkbox"/> OK <input checked="" type="checkbox"/> Not OK <input type="checkbox"/> NA	Key Pads	<input type="checkbox"/> OK <input checked="" type="checkbox"/> Not OK <input type="checkbox"/> NA
Pressure Gauges	<input checked="" type="checkbox"/> OK <input type="checkbox"/> Not OK <input type="checkbox"/> NA	Scale & Indicator	<input type="checkbox"/> OK <input checked="" type="checkbox"/> Not OK <input type="checkbox"/> NA

**9. Power Supply**  Single Phase  Three Phase  
 Phase I 230 V Phase II      V Phase III      V  
 Neutral      V Earth      V P.D. 0.5 V

**Details of repair/fault** Bst. Instrument working properly & calibration work completed. Tensile Display & load cell sending to pun

**Remarks :**

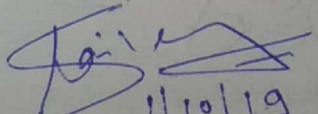
**PARTS REPLACED ARE PROVIDED BY THE PARTY**

Note : In case the equipment is required to be sent to our work ensure details of fault are mentioned and send a copy of this document with your comments duly signed along with the equipment as per dispatch instructions from our H.O. Please ensure the equipment is carefully packed with appropriate packaging. We are not responsible for transit damage.

Please acknowledge the observations mentioned herewith are true and verified in your presence.

Stamp & Signature  
Customer/Executive/In-charge/.....

Authorised Signatory,

  
11/10/19  
Customer's Signature and Seal

### Customer Service Event Summary

Service Order Number : \_\_\_\_\_

Customer Name : RC. Padel College

Address : Ghispur

Product Number : G1311A

Product Description : \_\_\_\_\_

Product Serial Number : DE62965782

Standard Hours : 3:00 / Travel Hours : 12:00

Service Start Date / Time : Nov 21, 2019

Problem Description : HPLC instrument Connection issue

Instrument ID Number : HPLC-01

Customer Contact : Pankaj Nerkar

Designation : Asso. prof.

Telephone : 9420151343

E-mail Address : HP

Sales Order Number : HP

Purchase Order Number : HP

Request Received Date : HP

Schedule Date / Time : \_\_\_\_\_

Service End Date / Time : Nov 21, 2019

Services Provided : checked the system, found connection issue

Removed module found main board issue.

cross check with replacing from other module

found ok. we need to replace main board

of detector module, inform to customer.

Return instrument in previous phase.

**Customer feedback:**

- Root cause of problem and preventive action explained to you by engineer? Yes  No  N/A
- Area left clean and tidy after job was completed? Yes  No  N/A
- Problem has been resolved to my satisfaction & no further action needed. Yes  No  N/A
- Customer acceptance for closure Yes  No  N/A

Customer Comments : \_\_\_\_\_

**Parts Used / Recommended**

Qty.	Part Number	Description	Use Code
01	<del>G1315B-</del> G1315-65865	Main board	Required

Dinkar Karmade  
 Customer Engineer Name

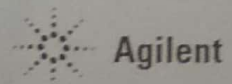
[Signature]  
 Customer Engineer Signature

Nov 21, 2019  
 Date

Pankaj P. Nerkar  
 Customer Name

[Signature]  
 Customer Signature

21/11/2019  
 Date



ORIGINAL FOR CUSTOMER