

TEST AND MAINTENANCE REPORT FORM

Company Name: Gel Craft Healthcare (P) Limited (GC)
Service Location: INMAS
Contact Person:
Manufacturer: GC **Size:** Std **Model:** Basic/ Advance/ Customized
Date of Report:

Licence No.: 1135
Phone No.:
Device Type: ORCS (Poorn Swachh)
Warranty: Applicable/ Expired
Items:

INSTRUCTIONS TO APPROVED SERVICE PERSONNEL: All applicable information must be filled. Please use "Y" or "N" to respond to YES or NO questions. Visit www.ultraswachh.in for download more forms.

INITIAL INSPECTION

MACHINE IS NOT GETTING STARTED		WATER LEAKING FROM UNIT	
RUSTED, BROKEN OR SCRATCHES IF ANY		OZONE GAS IS COMING OUT (SMELL) BUT NO FOG	
DENT ON MAIN BODY		FUEL CELL FAULTY	
WATER LEVELS FAULTY		HUMIDITY MONITOR MISSING/ DAMAGED	
LED NOT WORKING		NO FOG BUT OZONE METER IS SHOWING READING	
SWITCHES NOT WORKING		CONTROL PANEL BOX SEAL DAMAGED	
SINGLE SWITCH ON NOT WORKING		FANS NOT WORKING	
NOZZLE BROKEN		LOCATION OF UNIT CHANGED	

ASSESSMENT REPORT / ACTION REQUIRED:

DEVICE CHANGED (IF ANY UNDER WARRANTY) / QUOTATION (IF WARRANTY IS EXPIRED)

Date: _____/_____/_____

Device Type: ORCS (Poorn Swachh) Manufacturer: Gel Craft Healthcare (P) Limited Size: Standard

Model: Basic/ Advance/ Customized Serial No.:

Device Passed: Yes/ No Date Tested:

In case warranty is not applicable, Estimated Service Cost:

+ 18% GST Applicable

The above report is certified to be true.

RETURN ORIGINAL TO:

Signature of Approved Service Provider

Gel Craft Healthcare (P) Limited
49/41. Golden Protein Complex
Sahibabad, Industrial Area Site 4,
Ghaziabad, UP-201010, India
+91-9810717192
www.ultraswachh.in

Testing Company