



CUSTOMER		SYSTEM	
Site name:	<u>Clínica Santa María</u>	Serial Number	<u>515 123</u>
Address:	<u>SANTIAGO</u> <u>CHILE</u>	Installation date	<u>02/2017</u>
		Software version	<u>Win 7 VDV</u>
Contact on site:	<u>Cristian Lopez</u>	Probe(s) S/N	<u>8830 m° 3039492</u> ☐ NA
		HVPS shocks	<u>2514189</u> ☐ NA

INTERVENTION DETAILS						
	☐ Warranty	☒ Service contract	☐ Loan	☐ RPP	☐ Billable	☐ _____
	☐ Installation	☐ Preventive	☐ Curative	☐ Application	☐ Upgrade	☐ _____
Work carried out:	* Coin battery of PLC replaced. * Alarm shot of PC + Flexform done. * we disconnected one battery which is dead (Same as last year) * We replaced the accessory board because the local IHM did not work properly.					
Comments:	* We went thoroughly through the checklist * Filter (water + PC) cleaned. The water was replaced as well as the clips and the membrane.					
Resolution code:	* Alarm patient dispense. The equipment is working fine.					

Customer observations:	
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EQUIPMENTS USED					
Type of tool	Serial Number	Validity date	Type of tool	Serial Number	Validity date
Multimeter	<u>SAV 190</u>	<u>7/01/24</u>	Antistatic protection	<u>SAV 1359</u>	<u>06/09/2023</u>
<u>See checklist</u>					

Field Service Engineer	Customer	Service Manager
Name: <u>Jorge F. Denis C.</u>	Name: <u>Cristian Lopez</u>	Name: _____
Signature:	Signature:	Signature: _____
Start date: <u>5/04/2023</u>	End date: <u>6/07/2023 + EST</u>	Duration: <u>Revision fragmented 18h</u> <u>trip = 48h</u>

Once completed, please send it back to ccc@edap-tms.com.