

NAME & ADDRESS OF BLOOD BANK

CALIBRATION AND PREVENTIVE MAINTAINANCE SCHEDULE (GD-13)



Licence No.:- _____

| SR NO. | NAME OF EQUIPMENT | EQUIPMENT SERIAL NO. | SERVICE PROVIDER | CONTACT DETAILS (ADD and PHONE NO.) | EQUIPMENT LOCATION | CALIBRATION PLAN | | | PM SCHEDULE | | | | | | | | | | | | WORK PERFORMED BY | DATE | SIGNATURE OF I/C | | | | | | | | | | | | | | | | | |
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| | | | | | | FREQUENCY REQUIRED | DATE OF LAST CALIBRATION | DUE DATE OF CALIBRATION | PM FREQ | JAN | FEB | MAR | APR | MAY | JUNE | JUL | AUG | SEP | OCT | NOV | | | | DEC | | | | | | | | | | | | | | | | |
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