

 CLEAN SYSTEMS SINGAPORE	<u>FIELD SERVICE REPORT</u>		Serial No.: CSS/
	QUARTERLY PM (QPM)		CLEAN SYSTEM Technology (S) Pte Ltd 91 Defu Lane 10, #03-01, Singapore 539221 Tel: (065) 6369 0616 Fax: (065) 6286 0919
	Report No:	Customer ID:	
	Tool ID:	Model:	

CUSTOMER	Address:																				
	Contact Person:				Tel:																
Fault Reported:	QPM																				
Actual Fault:	Quarterly Preventive Maintenance																				
Action Taken:																					
As scheduled, performed quarterly preventive maintenance (QPM), -Disconnected column, bellows, valves and pipelines from scrubber -Cleaned inlet/outlet pipelines, bypass lines and valves -Checked all parameters and alarms/warnings are reset -System handed over, running under normal working conditions																					
						<table border="1"> <tr><td>Tool ID</td><td></td></tr> <tr><td>Col. Exh. Pressure</td><td></td></tr> <tr><td>Cab. Exh. Pressure</td><td></td></tr> <tr><td>Inlet Pres. Before PM</td><td></td></tr> <tr><td>Inlet Pres. After PM</td><td></td></tr> <tr><td>Last Refill Date</td><td></td></tr> </table>	Tool ID		Col. Exh. Pressure		Cab. Exh. Pressure		Inlet Pres. Before PM		Inlet Pres. After PM		Last Refill Date				
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Last Refill Date																					
Comments: Refer to attached checklist																					
WORKING HOURS																					
DAY	DATE: dd/mm/yy	Normal	Over Time	Night	Travel	Hotel															
MON						<input type="checkbox"/>															
TUE						<input type="checkbox"/>															
WED						<input type="checkbox"/>															
THU						<input type="checkbox"/>															
FRI						<input type="checkbox"/>															
SAT						<input type="checkbox"/>															
SUN						<input type="checkbox"/>															
TOTAL																					
Spares Replaced: KF Bellow - No. KF Bellow - No. KF40 'O' Rings - No.			<table border="1"> <tr> <td>Nature of work:</td> <td>Warranty <input type="checkbox"/></td> <td>Chargeable <input type="checkbox"/></td> </tr> <tr> <td>Maintenance <input type="checkbox"/></td> <td>Installation <input type="checkbox"/></td> <td>Commissioning <input type="checkbox"/></td> </tr> <tr> <td>Repair <input type="checkbox"/></td> <td>Callibration <input type="checkbox"/></td> <td>Modification <input type="checkbox"/></td> </tr> <tr> <td>Present status:</td> <td colspan="2">Handed over to customer <input type="checkbox"/></td> </tr> <tr> <td>Follow Up <input type="checkbox"/></td> <td>Under monitoring <input type="checkbox"/></td> <td>Job completed <input type="checkbox"/></td> </tr> </table>				Nature of work:	Warranty <input type="checkbox"/>	Chargeable <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Installation <input type="checkbox"/>	Commissioning <input type="checkbox"/>	Repair <input type="checkbox"/>	Callibration <input type="checkbox"/>	Modification <input type="checkbox"/>	Present status:	Handed over to customer <input type="checkbox"/>		Follow Up <input type="checkbox"/>	Under monitoring <input type="checkbox"/>	Job completed <input type="checkbox"/>
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Engineer/s:			Customer:																		
Date:			Date:																		
Signature:			Signature/company stamp																		