



Worksheet (form)

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BSC Servicing form

Equipment number :		Laboratory name:	
Equipment:	BSC CLASS (circle) I IIA IIB	Brand name:	
Purchase date:		Model/type:	
Location within laboratory:		Serial no.	
Warranty expiry date:			
Manufacturer:		Tel:	
Technical service representative:		Tel:	

Annual external certification (retain certificate on file)		
Date	Company	Operator (name & contact #)

Failure events or other incidents			
Date	Event	Corrective action taken	Operator