**REKAPITULASI**

**DAFTAR KALIBRASI ALAT MEDIS**

**BULAN ………………………………. TAHUN…………………………….**

**Nama RS ................................................**

**Alamat :**

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| **No.** | **NAMA ALAT** | **KEPEMILIKAN** | | | **TANGGAL KALIBRASI** | **TANGGAL KADALUWARSA** | **KET.** |
| **RS** | **DOKTER** | **PIHAK III** |
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