



APPLICATION FOR CALIBRATION SERVICES FORM

Revision No. : 1
 Issue No. : 3
 Effective Date : 03/03/2023

A. CUSTOMER DETAILS

Name of Applicant : _____
 Institution/Company Address : _____
 Email : _____
 Tel. No. : _____

B. PRODUCT / SAMPLE INFORMATION

Service request : Calibration of Standard Weight
 Balance

Please fill A or B where applicable.

A Standard Weight (SW) Details

- a. SW range : _____ (Ex. 1 g - 500 g)
- b. No. of pieces : _____
- c. No. of set : _____
(If more than 1 set, please attach a list. Refer to next page for minimum info needed)
- d. SW classification : _____ * E2 / F1 / F2 / M1 / M1-2 / M2
- e. Type of material : _____ * Stainless Steel / Copper / Alloy
- f. ID / Serial No. : _____

B Balance Calibration Details

- a. Brand : _____
- b. Model : _____
- c. Capacity : _____
- d. Resolution : _____
- e. ID / Serial No. : _____
- f. No. of unit : _____

(If more than 1 unit, please attach a list. Refer to next page for minimum info needed)

C. COVENANT OF APPLICANT / PAYEE / SUPERVISOR

I have read and fully understood and agreed to abide by the Terms and Conditions applied to the calibration services offered.

Signature : _____
 Name : _____
 Designation/Position : _____
 Date : _____

***FOR INTERNAL USE**

DATE OF APPLICATION RECEIVED : _____ / _____

D. TYPE OF PAYMENT

JOB NO.

<input type="checkbox"/> Cash / Cheque / Bank Draft (payable to BENDAHARI)	<input type="checkbox"/> Vote Transfer No.: _____ Current Balance : _____	_____ / ____ / _____
<input type="checkbox"/> Purchase Order (PO) PO No.: _____		

E. CHECKLIST FOR CALIBRATION APPLICATION

	Yes	No	Remarks
1. SW is in good condition	<input type="checkbox"/>	<input type="checkbox"/>	If no, return SW to customer
2. No of pieces in every set / box is determined beforehand.	<input type="checkbox"/>	<input type="checkbox"/>	
3. Certificate issued and calibrated SW will be self-collected	<input type="checkbox"/>	<input type="checkbox"/>	If no, extra cost will be imposed for postage. Despatch inside UPM only.
4. Date of SW received	:		_____
5. Expected time of completion (agreed)	:		_____

*** All customer information is protected under ION2 policy**

List of Standard Weight (minimum info needed)

No.	Equipment	Asset ID	Location/Lab	Department	Range of Mass	No of pieces	Class	PIC Contact No.

List of Balance (minimum info needed)

No.	Equipment	Asset ID	Location/Lab	Department	Capacity	Readability (g)	Model/Brand	PIC Contact No.

Reviewed by:

(Technical Staff / Science Officer)

Name :

Date :