**REQUEST FOR CALIBRATION FORM**

**FACILITY DETAILS**

|  |  |
| --- | --- |
| FACILITY NAME |  |
| FACILITY MFL CODE |  |
| COUNTY |  |
| LABORATORY MANAGER NAME |  |
| LABORATORY EMAIL ADDRESS |  |
| LABORATORY PHONE CONTATCS |  |

**EQUIPMENT DETAILS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ITEM NO** | **EQUIPMENT TYPE** | **MANUFACTURER** | **SERIAL NO** | **UNIQUE NO** | **CALIBRATION RANGE** |
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**TERMS & CONDITIONS**

By signing this request form, you are participating in a contract where by you are agreeing to the terms & conditions of calibration services offered by NPHL COE which are: 1. Calibration is offered using NPHL COE resources 2. All calibrations validity is one year unless stipulated otherwise by the client in writing 3. Calibrations have a specified TAT of minimum 10 days 4. NPHL COE has a right to deny its services based on reasons they deem fit.

PACKAGED & SENT BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RECEIVED AT COE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COLLECTED AT COE : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_