



Quality Management System Record
Division of Metrology

Issue Date:

2016-08-20

Rev.:

1

DM/FM/04 Request of Calibration/ Test Item(s)

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Company & Address /Fax No.		Responsible person / Title/ Tel. No.	
Factory location (If required)		Responsible person / Title/ Tel. No.	

Calibration/Test Item	Serial/ Identification No.	Calibration location* ; Lab/ on site	Required range for calibration/unit	Division/ unit	Accuracy required*	Previous calibration reference No. (if available)	Remarks
1)							
2)							
3)							
4)							
5)							

* Please note that for certain types of calibration, the item must be sent to the SLSI laboratory. This can be arranged in consultation with the laboratory.

** This should not be confused with the division or least count. . This is the accuracy expected from the intended use of calibration/ test item.

Notes (i) All calibration/ test items shall be in good working order.

(ii) For pressure gauges, the pressure medium shall be specified.

(iii) The depth of immersion of thermometer (if different from the recommended depth) shall be clearly stated.

(iv) The mode of operation of testing machine (Compression/Tension) shall be stated.

(v) Maximum distance between two jaws / Plates of testing machine shall be stated.

Mode of dispatch of reports : **by hand / post**

I certify that all calibration/ testing items listed in the above are in good working order.

Client/ / Title :

Signature / Date:

Prepared by Quality Manager

Approved by Director (Metrology)



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Calibration/Test Item	Serial/ Identification No.	Calibration location* ; Lab/ on site	Required range for calibration/unit	Division/ unit	Accuracy required*	Previous calibration reference No. <i>(if available)</i>	Remarks
6)							
7)							
8)							
9)							
10)							
11)							
12)							
13)							
14)							

I certify that all calibration/ testing items listed in the above are in good working order.

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Client/ / Title :

Signature / Date:

Prepared by Quality Manager

Approved by Director (Metrology)