

**Data on the user of the Laboratory services**

Name of user:	
Address:	
Telephone/fax:	
E-mail:	
Lab General Supervisor:	

**List of measuring instruments for which calibration is requested**

No.	Measuring instrument name/type	Manufacturer	Measuring instrument serial/inventory number	Required range of calibration Number of calibration points
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Special notes/Enclosures

Place stamp here

Signature of the user's responsible person

**TO BE COMPLETED BY THE CALIBRATION LABORATORY PERSON  
IN CHARGE**

Request code (Laboratory):	Date of receipt:
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<b>DATA ON THE SUBJECT OF CALIBRATION:</b>	<b>REVIEW OF REQUEST:</b>
Submitted with the request <input type="checkbox"/>	Initial request adequately defined: YES NO
Submitted subsequently <input type="checkbox"/>	Initial request subsequently completed: YES NO
Submitted by post <input type="checkbox"/>	Requested service is within scope of accreditation: YES NO
Calibration in the field <input type="checkbox"/>	PARTIALLY User requests can be met: YES NO PARTIALLY
<i>Date of receipt of subjects of calibration:</i>	The date(s) of service determined with the user, for:
	Agreed presence of the user/his representative: YES NO

*Date and signature of the holder of review:*

