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

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| Calibration/Test Item | Serial/ Identification No. | Calibration location\* ; SLSI / Site | Required range of 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) (iv) The mode of operation of testing machine (Compression/Tension) shall be stated.*  *shall be clearly 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: ………………………. | | | | | | | |
| Calibration/Test Item | Serial/ Identification No. | Calibration location\* ; SLSI / Site | Required range for calibration/unit | Division/ unit | Accuracy required\*\* | Previous calibration reference No*. (if available)* | Remarks |
| 6) |  |  |  |  |  |  |  |
| 7) |  |  |  |  |  |  |  |
| 8) |  |  |  |  |  |  |  |
| 9) |  |  |  |  |  |  |  |
| 10) |  |  |  |  |  |  |  |
| 11) |  |  |  |  |  |  |  |
| 12) |  |  |  |  |  |  |  |
| 13) |  |  |  |  |  |  |  |
| ***I certify that all calibration/ testing items listed in the above are in good working order****.*  Mode of dispatch of reports**: by hand / post**  ……………………….. ……………….  Client/ / Title : Signature / Date: | | | | | | | |