



**CALIBRATION REQUEST FORM**

Customer Reference No.

Date:

- 1. Name of customer:
- 2. Address of customer:
- 3. Calibration certificate to be issued  
in Favor of (Name & Address):
- 4. Calibration to be performed at: Lab/ On site
- 5. Contact person:
- 6. Contact no:
- 7. Description of calibration Item:

Sr. No.	Name of Instrument	Make	Model No. / Type	Range	Serial No.	Lease Count	Accuracy	Remarks

- 8. Date of calibration item Receipt:
- 9. Proposed date of calibration:
- 10. Condition of calibration item on receipt
- 11. Review parameters:
  - Availability of facilities & infrastructures – Yes / No
  - Availability of equipment/methods/manpower – Yes / No
  - Does the customer require a conformity statement? -Yes / No  
If yes-defining and reporting decision rule/s
  - Is service/s of external providers applicable? – Yes/No  
If Yes – concurrence of customer.

**Decision rules applicable**

  - Accepted based on results  $\pm$ U.O.M is within the permissible limit.
  - Rejected based on results  $\pm$ U.O.M exceeds the permissible limit.
  - Indecisive based on results  $\pm$ U.O.M overlaps permissible limit.
- 12. Does the Customer want to Witness the calibration? – Yes / No  
If yes, reasonable access shall be provided during witnessing.
- 13. Recommended due date of next calibration (as requested by customer)
- 14. Proposed delivery date:
- 15. Review date of request & reviewed person:

**Sign of Customer/Customer Representative**

**Sign of Laboratory Personal**

**Eminent Calibration and Research Centre Private Limited**

FF06, Dream Aatman I, Opp. Auro Heights, Vadsar, Vadodara-390 010, Gujarat, India

<b>Section No.: Form-03</b>		<b>Forms &amp; Format</b> Calibration Request Form		
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Prepared & Issued By (Quality Manager)		Reviewed By & Approved By (Director)		