

# PASS Ltd – Calibration / Service Request Form

Shaded areas are for PASS Ltd internal use only.

<b>Invoice Name and Address:</b> (PLEASE SPECIFY IF DIFFERENT CERTIFICATE DETAILS REQUIRED)			<b>Site Address if Onsite Calibration Required*</b>		
<b>Telephone</b>	<b>Email</b>	<b>PASS Account No</b>	<b>Quotation No</b>	<b>Total No Of Instruments</b>	<b>Date</b>

A minimum of 3 Standard Calibration Points will be used on all instruments should specified calibration points not be stated.  
 Calibration may be subcontracted where the requirements are out of our laboratories scope or we are unable to meet the specific calibration points.  
 Please select services required along with any specific calibration points required – If more than 4 instruments please use a continuation sheet.

Line	ID No	Make	Model	Serial Number	Range and Type of Instrument	Unit of Measurement	On Site	Repair	Traceable Calibration	*UKAS Calibration	Before and After Results	Fast Turnaround	Quoted Price (£)	Will be subcontracted
1														
Any specific calibration requirements?														
2														
Any specific calibration requirements?														
3														
Any specific calibration requirements?														
4														
Any specific calibration requirements?														

\*Please Note: We **DO NOT** carry out UKAS Calibrations On-site (ask for details)

**Customer Quotation Acceptance: (To be signed once quotation provided)**

Purchase Order Number: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please email this completed form to [info@calibrate.co.uk](mailto:info@calibrate.co.uk) For any queries please call 0845 365 3944 or visit [www.calibrate.co.uk](http://www.calibrate.co.uk)

<p><b><u>Equipment Return Address:</u></b>  <b>Service Dept</b>  <b>PASS Ltd</b>  <b>1 Wilson Street</b>  <b>Thornaby</b>  <b>Stockton On Tees</b>  <b>TS17 7AR</b></p>	<p><b>Please include a copy of this form with your equipment; this will enable us to book your equipment into our system without delay.</b></p>
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<b>Office Use Only – Technical Review</b>		
<input type="checkbox"/> Standard Calibration	<input type="checkbox"/> In-House Capability	
<input type="checkbox"/> UKAS Calibration	<input type="checkbox"/> Sub- Contract (complete below)	
Special Requirements / Instructions <input type="checkbox"/> NONE <input type="checkbox"/> YES – detail below		
Sub – Contractor:		
Reviewed by: <input type="checkbox"/> II <input type="checkbox"/> DK	Date:	Signed:

\*Please Note: We **DO NOT** carry out UKAS Calibrations On-site (ask for details)

**Continuation Sheet** \_\_\_ of \_\_\_

Line	ID No	Make	Model	Serial Number	Range of Instrument	Unit of Measurement	On Site	Repair	Traceable Calibration	*UKAS Calibration	Before and After Results	Fast Turnaround	Quoted Price (£)	Will be subcontracted
5														
Any specific calibration requirements?														
6														
Any specific calibration requirements?														
7														
Any specific calibration requirements?														
8														
Any specific calibration requirements?														
9														
Any specific calibration requirements?														
10														
Any specific calibration requirements?														

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