QF 13-13b

UKAS Calibration Request Form



Completed form is required for ALL UKAS Calibrations – New or Existing Equipment, UKAS calibrations are carried out in accordance with ISO/IEC 17025:2017									
Invoice	Name and Address:			Alternative Collection/Delivery Address:					
	SE SPECIFY IF DIFFEREN	IT CERTIFICATE DETAIL	S PEOLIDED)	Alternative Collection/Delivery Address.					
(1 LLA	SE SI ECII I II DII I EKEN	II CENTII ICATE DETAIL	S REQUIRED)						
Contact Name:									
Telephone: Email:				PASS Account No: Date:					
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					Disco	detail and anaitic LUCAC	Colibration Denvironments (if name are stated		
Line	Instrument Manufacturer	Instrument Model	Serial Number			Please detail any specific UKAS Calibration Requirements (if none are stated, our normal calibration processes will be applied).			
	Wanulacturer				our no	ormai cambration processes	s will be applied).		
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QF 13-13b

UKAS Calibration Request Form



PASS Ltd Office Use Only – Technical Review								
☐ Standard Calibration	☐ In-House Capability							
☐ UKAS Calibration	□Sub- Contract (complete below)							
Special Requirements/Instructions □ NONE	☐ YES – Detail below							
Suggested Sub – Contract Laboratory(s):								
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Reviewed by: □ II □ DK □ WB □ SR □ DS □ PG □ PC	Date:	Signed:						