

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: (PLEASE SPECIFY IF DIFFERENT CERTIFICATE DETAILS REQUIRED)		Alternative Collection/Delivery Address:	
Contact Name:			
Telephone:	Email:	PASS Account No:	Date:

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).
1				
2				
3				
4				
5				
6				
7				
8				

PASS Ltd Office Use Only – Technical Review

- | | |
|---|---|
| <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 NONE YES – Detail below

Suggested Sub – Contract Laboratory(s):

Reviewed by: II DK WB SR DS PG PC Date: Signed: