



**CALIBRATION CENTRE  
MINISTRY OF DEFENCE**



**JOB INDENT FORM**

**CUSTOMER:** \_\_\_\_\_ **CONTACT NO. :** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

No.	Eqpt Name	Model	Serial No.	Manufacturer	Work Required	<i>*For office use "(/)" OR (X) for Physical Check, Connector/Adaptor, Service Manual, Probe/ Test Lead &amp; Box"</i>			
						Physical Check:	Probe/ Test Lead:	Job No.:	Remarks:
1					Accredited <input type="checkbox"/>	Physical Check:	Probe/ Test Lead:	Job No.:	Remarks:
					Standard <input type="checkbox"/>	Service Manual:	Box:		
					Repair <input type="checkbox"/>	Connector/ Adaptor:			
2					Accredited <input type="checkbox"/>	Physical Check:	Probe/ Test Lead:	Job No.:	Remarks:
					Standard <input type="checkbox"/>	Service Manual:	Box:		
					Repair <input type="checkbox"/>	Connector/ Adaptor:			
3					Accredited <input type="checkbox"/>	Physical Check:	Probe/ Test Lead:	Job No.:	Remarks:
					Standard <input type="checkbox"/>	Service Manual:	Box:		
					Repair <input type="checkbox"/>	Connector/ Adaptor:			
4					Accredited <input type="checkbox"/>	Physical Check:	Probe/ Test Lead:	Job No.:	Remarks:
					Standard <input type="checkbox"/>	Service Manual:	Box:		
					Repair <input type="checkbox"/>	Connector/ Adaptor:			
5					Accredited <input type="checkbox"/>	Physical Check:	Probe/ Test Lead:	Job No.:	Remarks:
					Standard <input type="checkbox"/>	Service Manual:	Box:		
					Repair <input type="checkbox"/>	Connector/ Adaptor:			

**CALIBRATION CENTRE DATE, STAMP & SIGNATURE:**