



**CALIBRATION CENTRE
MINISTRY OF DEFENCE**

CAL JobInd_1.2

JOB INDENT

EQUIPMENT DETAIL		
EQPT NAME:		
MODEL:		
SERIAL NO:		
MANUFACTURER:		
CALIBRATION REQUIRED:	Accredited calibration	Standard calibration
	<input type="checkbox"/>	<input type="checkbox"/>
REMARKS:		

CUSTOMER DETAIL	
COMPANY NAME:	
ADDRESS:	
E-MAIL ADDR:	
TEL NO. (O):	
FAX NO.:	
CONTACT PERSON:	
TEL NO (M):	

For Office use only:

CAL JOB NO.	
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DATE:	
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EQUIPMENT INWARD CHECK	(TICK)	
	YES	NO
PHYSICAL DAMAGE	<input type="checkbox"/>	<input type="checkbox"/>
SERVICE OR OPERATION MANUAL	<input type="checkbox"/>	<input type="checkbox"/>
CONNECTOR / ADAPTOR	<input type="checkbox"/>	<input type="checkbox"/>
PROBE / TEST LEAD / MAINS CABLE	<input type="checkbox"/>	<input type="checkbox"/>
OTHERS:		
CALIBRATION CENTRE DATE STAMP & SIGNATURE		

EQUIPMENT RETURN; RECEIVED BY	
NAME:	
I.C NO.:	
DATE:	
SIGNATURE:	
REMARKS:	



CUSTOMER RECEIPT NOTE					
CAL JOB NO:		MODEL NO.:		SER NO.:	