

CENTRAL ELECTRONICS CENTRE- IIT- MADRAS
CALIBRATION JOB REGISTRATION FORM

Issue No: 01 Version No: 0

Date of Issue 01.11.2024

MSP-CAL-FOR-002

(To be filled by the user)

SRF No:				SRF Date:			
Full address of the organization:				Contact person:			
				Designation:			
				Department:			
				Tele phone/ Mobile:			
				Email:			
S.No	Nomenclature	Make / Model / S.No	ID No	Range	Calibration Points	Dept /Location	Calibration Interval

Appropriate methods, for the calibration are used to meet the requirements of customer/DLM/regulatory body

Accessories: _____

Specific Instruction (if any):

Report in the name of :

Conformity Statement required in the report: Yes/No. If Yes, then select the decision rule:

☐ Error observed < Specification of DUC/Standard Guideline

☐ Error observed \pm Uncertainty < Specification of DUC/Standard Guideline

☐ User defined rule: _____

Note:

- Customers are requested to refer SRF No: as mentioned above for all the clarification / correspondence
- All the information provided by the customer will be kept confidential
- Any change in review/ required of methodology used are communicated to the concerned person through mail
- If calibration points are not specified, then the lab defined points based on the DUC will be considered for the calibration.

Signature of the Customer: Name: Designation:	Office Seal: Date:
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To be filled by the Lab

Points to be reviewed	Availability	Not availability	Any other limitation
Availability of calibration procedures			
Availability of required master equipment			
Availability of calibration personal			
Availability of calibration facility			
Physical Damage, if any: _____			
Signature of the Calibration In-charge:		Name: Designation:	