

TESTING WORK REQUEST FORM SPECIFIC ABSORPTION RATE (SAR) LABORATORY WIRELESS COMMUNICATION CENTRE (WCC) UNIVERSITI TEKNOLOGI MALAYSIA 81310 UTM JOHOR BAHRU, JOHOR 07-5536087 sarlab_wcc@utm.my

REV. NO.	: 05/2022
REV. DATE	:05/01/2022
PAGE	: 1 of 3
DOC. NO.	: R7.1

CUSTOMER INFORMATION				
CUSTOMER NAME : ORGANIZATION : ORGANIZATION ADDRE	UTM IPT COMPANY OTHERS:			
	TESTING INFORMATION			
SCOPE OF TESTING	: SAR Measurement			
MEASUREMENT DATE				
TOTAL OF SAMPLE	:			

NO OF	DEVICE UNDER	TESTED FREQ / BAND [850 / 900 / 1800 / 2100 / 2450/ 2600] MHz	PHANTOM PLEASE TICK [/]		
SAMPLE	TEST (DUT)/ SAMPLE TYPE		HEAD		BODY
	SAMILETITE		RIGHT	LEFT	FLAT
SAMPLE 1					
SAMPLE 2					
SAMPLE 3					
SAMPLE 4					
SAMPLE 5					

(Please provide picture of DUT / sample with dimension as attachment)



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PAGE	: 1 of 3
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PAYMENT INFORMATION				
MODE OF PAYMENT *Applicable for UTM only *VOT NUMBER *SUPERVISOR *MATRIX NO	: Receipt (Cash / EFT) Invoice (Cheque / EFT/ JomPAY / Vot) :			
REMARKS:				

CUSTOMER VALIDATION

STUDENT/STAFF/COMP ANY	SUPERVISOR (UTM/IPT)
signature	signature / stamp
date	date

^{*}Please be informed, conformity statement will not be included in the test report.



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PAGE : 1 of 3

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FOR LABORATORY USE

TO BE COMPLETED BY ASSISTANT ENGINEER WCC UTM

NO OF	TESTED FREQ / BAND	AND TESTED PROBE		PHANTOM PLEASE TICK [/]		
SAMPLE	[850 / 900 / 1800 / 2100			HE	AD	BODY
	/ 2450/ 2600] MHz	EP 179	EP 180	RIGHT	LEFT	FLAT
SAMPLE 1						
SAMPLE 2						
SAMPLE 3						
SAMPLE 4						
SAMPLE 5						

lead time to complete testing:

TESTED BY (AE)	APPROVED BY
signature / stamp	signature / stamp
date	date