



INSTITUTE OF HIGH VOLTAGE & HIGH CURRENT
UNIVERSITI TEKNOLOGI MALAYSIA
81310 SKUDAI JOHOR
Tel: +607-5535615/07-5535432 (Office)/07-5535693 (Laboratory)
Fax: +607-5578150



HIGH VOLTAGE CALIBRATION FORM

<u>FOR OFFICE USE</u>
Job No.: _____
Calibration Certificate No.: _____

1. CUSTOMER'S DETAILS

Equipment Owner Agent (Tick wherever appropriate)

a) COMPANY NAME : _____

b) ADDRESS : _____

c) Company name & address to be written on certificate (if different from above):

d) TEL : _____

e) FAX : _____

f) E-MAIL : _____

g) CONTACT PERSON : _____

2. EQUIPMENT DETAILS

H.V. TEST SET
 H. V. METER
 H.V. VOLTAGE DIVIDER
 BRIDGE
 HIGH VOLTAGE PROBE
 OIL TEST SET
 OTHERS (PLEASE SPECIFY): _____

UNIT NUMBER		UNIT 1	UNIT 2	UNIT 3
NAME				
MODEL				
SERIAL NO.				
MANUFACTURER				
VOLTAGE/CURRENT RANGE (Delete which not applicable)	AC			
	DC	+		
		-		
	IMPULSE	+		
		-		
	RESOLUTION/ MEASUREMENT UNCERTAINTY (Delete which not applicable)	AC		
DC		+		
		-		
IMPULSE		+		
		-		

(Add extra sheet if necessary)

NOTE: IVAT, UTM, Skudai will not take any responsibility for damage or loss of equipment components or accessories brought to the division in connection with calibration or any other purposes while handling which includes loading, unloading, mounting, assembling etc. However, IVAT will take all precautions and utmost care while handling specimen belonging to the customers during the calibration activities. For oil test sets, the customer will give permission to carry out any modification or adjustment on the equipment for the purpose of calibration. IVAT is also not responsible for any customers' equipment damage or fault occurring during the transportation of equipment by courier services (if requested by customers, a letter of indemnity is to be signed by customers). The calibration sticker and certificate will only be released after payment has been made to IVAT. A minimum number of **SEVEN** working days after the completion of the calibration job is required to lapse before any calibration certificate is issued.

3. CALIBRATION REQUIREMENTS

UNIT NUMBER		UNIT 1	UNIT 2	UNIT 3
REFERENCE STANDARD				
CALIBRATION RANGE	AC			
	DC	+		
		-		
	IMPULSE	+		
		-		
	SPECIFIC INSTRUCTION (e.g. – mounting incoming supply and method of calibration)			

(Add extra sheet if necessary)

4. LOCATION OF CALIBRATION

IVAT's Laboratory Customer's Site

5. TYPE OF SERVICE (APPLICABLE FOR CALIBRATION IN IVAT'S LABORATORY ONLY)

- Normal - Calibration to be accomplished within 2 working days.
- Express / same day delivery service (sending and pick-up within 8 a.m – 5 p.m of the same day. This service is limited to **2 items only per day** subjected to equipment conditions. To ensure calibration can be accomplished before 5 pm of the same day, item must be delivered to IVAT before 9 a.m.)

Note: A 20% additional fee will be charged for express / same day delivery service.

6. CALIBRATION REPORT

- a) DESPATCH ADDRESS :
(If different from above)
- b) DESPATCH MODE : Customer to collect by hand Courier
- c) NO. OF EXTRA COPIES

Note: Chargeable at RM100 per copy

- d) Normal calibration report (within 7 working days upon payment):
- Express calibration report (within 3 working days upon payment):

Note: A 20% additional fee will be charged for express calibration report.

7. CUSTOMER FEEDBACK (COMPULSORY)

Please rate your opinion on the overall calibration work(s) received from IVAT, or IVAT will assume "excellent" for the current work(s).

CALIBRATION WORK	Excellent	Good	Poor	Very Poor
Quality				
Certificate				
Delivery Time				
Service (Friendly, Efficient)				

For first timer Customer only:

How do you know about us?

- Friend/Colleague
- Near to company
- Advertisement: _____ (please specify)

- DSM
- SIRIM
- Others : _____ (please specify)

How often do you use IVAT's calibration service?

- First time
- Once a year
- Once in two years
- More often

Where would you send your equipment for calibration/testing service apart from IVAT?

Remarks/ Comments?

Thank you very much for your time in answering this questionnaire. We appreciate your comments and look forward to your continued use of our services.

8. CUSTOMER DECLARATION

Company Name: _____

Calibration Job Cost: RM _____ (to be filled in by IVAT based on the Purchase Order received)

Calibration Start Date: _____ (to be filled in by IVAT)

Calibration Finish Date: _____ (to be filled in by IVAT)

We hereby declare that:

- Our equipment is in good working condition and ready to be calibrated.
- Our officer in-charge for the requested equipment will ensure the condition of our equipment and **will be present** during calibration work or otherwise IVAT will not take any responsibility for any mishap occurring due to equipment failure.
- We are aware that IVAT staff is **not responsible** for the maintenance or repair of our equipment.
- We understand that **FULL FEE** will be charged in the case where our equipment is not in working order.
- We agree to appoint IVAT for the above mentioned in-house/on-site calibration job.
- We agree to give excellent ratings for the calibration work(s) if the customer feedback section is not filled in.
- We agree that we shall act impartially, upkeep confidentiality and comply with IVAT's management system in matters related to the calibration work.

(For Oil Test Set equipment only)

- The battery of our equipment is fully charged
- The screen and display of our item is clearly visible
- Our officer in-charge for the requested equipment will ensure the condition of our equipment and **will present** during the calibration work (**COMPULSORY**) or otherwise IVAT will not take any responsibility for any mishap occurring due to equipment failure.

Signature of customer/authorised person :

Name of customer/authorised person :

Date :

Company stamp :

FOR OFFICE USE ONLY

9. TO BE COMPLETED BY TECHNICAL MANAGER CALIBRATION (TMC)

Whether laboratory has capability to take up the calibration work	
Remarks	
Signature of TMC with date	

10. TO BE COMPLETED BY CALIBRATION MANAGER (CM) AND ASSISTANT ENGINEER (AE) BEFORE CALIBRATION

I hereby declare that I shall act impartially, upkeep confidentiality, be competent and work in accordance with the laboratory's management system in carrying out the calibration work. I shall inform the management especially if I encounter a situation that will affect my impartiality for the calibration work.		
<u>Calibration Manager</u>	<u>Assistant Engineer 1</u>	<u>Assistant Engineer 2</u>
Signature:	Signature:	Signature:
Name:	Name:	Name:
Date:	Date:	Date:

11. TO BE COMPLETED BY CALIBRATION MANAGER (CM)

Date of Calibration	
Calibration Certificate No.	
Invoice No.	
Signature of CM with date	

12. TO BE COMPLETED BY THE LABORATORY AFTER CALIBRATION (IF APPLICABLE)

Discrepancies if any noticed during calibration	
Communication to Customer for approval/follow-up of the discrepancies (All conversation transpired to be recorded)	By telephone / In person
Name & Signature of Calibration Manager	Name & signature of customer with date (if present)
Date:	Date: