



INSTITUTE OF HIGH VOLTAGE & HIGH CURRENT
UNIVERSITI TEKNOLOGI MALAYSIA
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MS ISO/IEC 17025
TESTING
SAMM NO. 709

HIGH VOLTAGE TESTING FORM

<u>FOR OFFICE USE</u>
Job No.: _____
Testing Report No.: _____

1. CUSTOMER'S DETAILS

Equipment Owner Agent (Tick wherever appropriate)

a) COMPANY NAME : _____

b) ADDRESS : _____

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

d) TEL : _____

e) FAX : _____

f) E-MAIL : _____

g) CONTACT PERSON : _____

2. EQUIPMENT DETAILS

UNIT NUMBER	UNIT 1	UNIT 2	UNIT 3
NAME			
MODEL			
SERIAL NO.			
MANUFACTURER			
CAPACITY (kVA/MVA)			
VOLTAGE			

(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 testing 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 testing activities. 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). A minimum number of **SEVEN** working days after the completion of the testing job is required to lapse before any testing certificate is issued.

3. TYPE OF TEST

a) Standard Test

Reference Standard : _____

Clause : _____

b) Non Standard Test

Description : _____

4. TESTING REQUIREMENTS

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

(Add extra sheet if necessary)

5. LOCATION OF TESTING

IVAT's Laboratory

Customer's Site

6. TESTING 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 extra copy

7. CUSTOMER FEEDBACK (COMPULSORY)

Please rate your opinion on the overall testing work(s) received from IVAT, or IVAT will assume “excellent” for the current work(s). IVAT may also submit the electronic copy of the form if customer did not return the hardcopy of the form.

TESTING WORK	Excellent	Good	Poor	Very Poor
Quality				
Report				
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 testing service?

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

Where would you send your equipment for 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: _____

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

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

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

We hereby declare that:

- Our equipment is in good working condition and ready to be tested.
- Our officer in-charge for the requested equipment will ensure the condition of our equipment and **will present** during testing 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 testing job.
- We agree to give excellent ratings for the testing 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 testing work.

Signature of customer/authorised person :

Name of customer/authorised person :

Date :

Company stamp :

FOR OFFICE USE ONLY

9. TO BE COMPLETED BY TECHNICAL MANAGER TESTING (TMT)

Whether laboratory has capability to take up the testing work	
Remarks	
Signature of TMT with date	

10. TO BE COMPLETED BY TESTING MANAGER (TM) AND ASSISTANT ENGINEER (AE) BEFORE TESTING WORK

<p>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 testing work. I shall inform the management especially if I encounter a situation that will affect my impartiality for the testing work.</p>		
<u>Testing 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 TESTING MANAGER (TM)

Date of Testing	
Testing Report No.	
Invoice No.	
Signature of TM with date	

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

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