



A REQUEST FOR TESTING / CALIBRATION

Code:
ДП-11-A-01

(mark the appropriate box)

_____ (full name of measuring device type)

Information about the user of the measuring device:	
Name and address:	VAT:
Contact person:	Tel:
E-mail:	Fax:
Information about the customer: (in the case that is different from the user):	
Name and address:	VAT:
Contact person:	Tel:
E-mail:	Fax:

Information on the measuring device:
Name and address of producer:
Type:
Identification mark (production number, serial number, inventory):
Basic metrological properties : (measuring range, measurement uncertainty, accuracy class, other metrological properties , ...)
Intended use of the measuring device (mandatory section in the request for examination):

Specific user requirements
Provide a statement of compliance with the specification or standard: <input type="checkbox"/> YES <input type="checkbox"/> NO
If „yes”, specify the name of the document:
Proposal of the location where the testing / calibration will be done - name, address (outside the Directorate):
Specify the number of measuring ranges, the number of measuring points in the measuring range, the language in which the test report / calibration certificate will be issued Serbian / Serbian-English, standard and points of the standard to be tested, as well as supplementary information necessary for the interpretation of the results.
Perform the adjustment of the instrument: <input type="checkbox"/> YES <input type="checkbox"/> NO
Attendance of users to the testing / calibration of its measuring devices: <input type="checkbox"/> YES <input type="checkbox"/> NO

ANNEX:

1. Technical documentation with measuring instrument (for example, user manual , technical description of the work, etc.).
2. Accessories and additional equipment (if required for calibration)
3. Calibration Certificate of previous calibration (copy) - if present
4. Preliminary (previous) test report (copy) - if it exists
5. The document in respect of which a statement of compliance with the specification or standard is needed (optionally)

Place and date: _____ Person responsible: _____

Note: All information that laboratory collects or obtains during testing/calibraion process, shall be considered confidential and may be publicly available only with the prior consent of the customer, unless prohibited by law.

Entered by laboratory	
Information about sample:	Review of request:
<input type="checkbox"/> Sample is brought with request <input type="checkbox"/> Sample is delivered later <input type="checkbox"/> Sample is delivered by post <input type="checkbox"/> testing/calibraton on site	The request is adequate <input type="checkbox"/> YES <input type="checkbox"/> NO
	The request is subsequently amended <input type="checkbox"/> YES <input type="checkbox"/> NO
	Calibration in scope of CMC <input type="checkbox"/> YES <input type="checkbox"/> NO
	Calibration in scope of accreditation <input type="checkbox"/> YES <input type="checkbox"/> NO
	Testing in scope of accreditation <input type="checkbox"/> YES <input type="checkbox"/> NO
Date of receipt of sample:	Laboratory can meet a requirements <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PARTIALLY

Planned end date of activity: _____

Date and signature of person responsible for review of request: _____