

SUDUTT Electrical Testing Laboratory

Vadodara

Section No:- Form-03

Forms & Formats

Issue No.:- 02

Rev. No.:- 03

Date:- 01/09/2019

Rev. Date:- 02/02/2024



Form-03

CALIBRATION REQUEST FORM

CRF NO.

DATE:

1. Name of customer :
2. Address of customer :
3. Contact person :
4. Contact no :
5. Date of receipt :
6. Description of calibration item :
 - a) Name :
 - b) Make/model :
 - c) Sr. No. / id no. :
 - d) Range / l.c. :
 - e) Accuracy :
 - f) Type :
 - g) Other details :

Sr. No.	Details of Calibration Item	Parameter of calibration	Measurement points	Ref. Document, if any

Prepared & Issued By (Quality Manager)	CALIBRATION REQUEST FORM	Reviewed By & Approved By (Director)
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7. Use of service/s of external providers applicable – Yes / No

If Yes – concurrence of customer obtained – Yes / No

8. Is statement of conformity applicable? - Yes / No

If **Yes**- Decision rule & level of risk associated

Decision rules applicable

For accepted: if results \pm U.O.M with in permissible limit.

For rejected: if results \pm U.O.M exceeds permissible limit.

For indecisive/ indeterminate: if results \pm U.O.M overlaps permissible limit

9. Proposed date of calibration:

10. Condition of calibration item on receipt:

11. Customer requirements reviewed for

a) Availability of facilities & infrastructures - Yes / No

b) Capability of laboratory for meeting customer requirements - Yes / No

c) Availability of equipment, methods & trained and qualified manpower - Yes / No

12. Due date of next calibration (as requested by customer)

Sign of customer/customers representative

Sign of lab person

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