



ICS INTERNATIONAL CERTIFICATION LLP

## Service Request Form

Format No.	QF-44
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<b>Name &amp; Address of Customer for Certificate Issue</b>							
		Customer Ref:		SRF No.		Job Card Issued Date	
		Date of Receipt		SRF Date			
				Probable Date			
Contact Person		Whether decision rule is required (Yes/No), if yes please specify the Criteria					
contact No.							

**Description of Equipment**

S. No.	Instrument Name	Make	Range	L.C.	ID. No.	Sr. No. / Model No.	Cal. Point / Accuracy / Acceptance Criteria	Cal. Freq.	Location (To be Printed On the Certi.)	Working Range /Specific Rnage	Remarks
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											

<b>Calibration Method to be used:</b>		<b>Details of Accessories/ Documents Submitted</b>		<b>Incase Failure of Instrument during Calibration</b>	
Lab Std. Prodecure/Customer Specified		Manual/leads/Sensors/Packing/Nil		Stop & Inform/ Return/Repair	
<b>Specific Requirements such as calibration steps etc.</b>		<b>Customer's Sign.</b>	<b>Job Card issued by</b>	<b>Signature of Issued by</b>	<b>Technical Manager/ Quality Manager</b>