

# DOSE CALIBRATOR CALIBRATION REQUEST FORM

AERB Approved & NABL Accredited Laboratory (ISO/IEC 17025:2017)

Please complete all sections. Incomplete forms may delay processing.

(Please use separate form for each instrument)

## 1. Customer Details

- **Organization Name:** \_\_\_\_\_
- **Contact Person:** \_\_\_\_\_
- **Address:** \_\_\_\_\_
- **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_
- **Date of Request:** \_\_\_ / \_\_\_ / \_\_\_\_\_ **GST No:** \_\_\_\_\_

## 2. Instrument Details

- Manufacturer**  CAPINTEC  Other: \_\_\_\_\_
- Model Number** \_\_\_\_\_
- Serial Number** \_\_\_\_\_
- Range / Measurement Limits** \_\_\_\_\_
- Instrument Condition**  Working  Not Working: \_\_\_\_\_

## 3. Calibration History

- **Previous Calibration Date:** \_\_\_ / \_\_\_ / \_\_\_\_\_
- **Previous Certificate No.:** \_\_\_\_\_
- **Requested Calibration Interval (Default – 2 years):** \_\_\_\_\_

## 4. Declarations & Terms

1. **Customer Declaration:** I hereby declare that the instrument submitted for calibration are in the condition as marked above (Working / Not Working). In case the instrument is not working, the reason has been clearly specified.
2. **Terms & Conditions:** Calibration will be performed in accordance with ISO/IEC 17025:2017 methods and procedures ([iso.org](http://iso.org)), NABL accreditation requirements ([nabl-india.org](http://nabl-india.org)), and AERB safety guidelines. Radimage Healthcare reserves the right to refuse calibration of instruments not meeting safety or technical criteria.

Customer Signature/Name: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

**Once completed, please attach this form and send the filled document to the respective calibration department email Id for processing.**