

	ACCREDITATION LABORATORY FACULTY OF SCIENCE	UPM/FS/F3 (XRD)
	APPLICATION FOR TESTING/CALIBRATION SERVICES FORM	Issue No. : 4 Revision No. : 0 Effective Date : 1 April 2021

COVENANT OF APPLICANT

I have read and fully understood and agreed to abide by the Terms and Conditions applied to the testing services offered.

Signature :
 Name :
 I/C No. :
 Designation/Position :
 Date :

COVENANT OF COMPETENCE PERSONNEL

I understand that all works conducted within Laboratory are CONFIDENTIAL to laboratory and its customers.

I shall ensure that all customers' confidential information and proprietary rights including electronic storage and transmission of results are protected, not reproduced or disclosed to any person or organization.

Signature :
 Name :
 Staff No. :
 Designation/Position :
 Date :

FOR INTERNAL USE

TYPE OF PAYMENT	PAYMENT	JOB NUMBER
<input type="checkbox"/> Invoice <input type="checkbox"/> Cheque/Bank Draft/Postal Order (payable to BENDAHARI UPM) <input type="checkbox"/> Vote (No. _____)	Amount (RM): Receipt No: Invoice No: Vote No: Received by: Name: Date:	Received by (Lab PIC): _____ Name: Date: Job No: _____/FS/_____/_____ <i>e.g.: Year/FS/Name of Lab/Job No. (2021/FS/XRD/RE001) - for external (ISO) (2021/FS/XRD/R001) - for external (2021/FS/XRD/001)- for internal</i>

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CHECKLIST FOR TESTING APPLICATION
APPLICABLE TO TESTING SECTIONS

1. Sample Adequate Not adequate
Remarks:

2. Condition of sample Acceptable Not acceptable
Remarks:

3. Method specified in application form can be followed Yes No
Remarks:

4. Equipment if not available, any equivalent method Available Not available
Remarks:

5. Availability of competent personnel to carry out test Yes No
Remarks:

6. Others/Subcontract*:

7. Proceed to conducting testing Yes No

If yes, <input type="checkbox"/> Inform customer <input type="checkbox"/> Others: Remarks:	If no, <input type="checkbox"/> Inform customer <input type="checkbox"/> Return sample <input type="checkbox"/> Others: Remarks:
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Reviewed by:

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(Competence Personnel)

Date:

