

FACULTY OF SCIENCE

APPLICATION FOR TESTING/CALIBRATION SERVICES FORM

UPM/FS/F3 (XRD)

Issue No. : 4

Revision No. : 0 Effective Date : 1 April 2021

ATTENTION: (Name of person/lab in-charge)				
APPLICANT				
Name of Company/Organization Address	:			
Contact Person	:			
Tel. No. (Office and H/P)	:			
Fax No.	:			
Submission of test report	: □ Self Collect □ Others (please specify): □ Mail			
PRODUCT INFORMATION*				
Product Name Type of Sample	: □ Powder □ Solid □ Thin Film □ Magnetic □ Polymer □ Ceramic □ Metal □ Alloy □ Inorganic □ Organic □ Semiconductor □ Others (Please specify):			
No. of Product/Sample Batch No.	:			
Manufacturer's Name and Address				
Other product information	:			
Sample handling (if sample is sensitive to humidity, temperature, toxicity, etc.)	:			
Specification	: □ Powder/Solid			
	☐ 20° - 80° : 5 minutes ☐ 20° - 80° : 30 minutes ☐ <10° : 5 minutes ☐ <10° : 30 minutes			
	☐ Thin Film			
	□ 20° - 80° : 30 minutes			
	□ 20° - 80° : 1 hour			
	□ <10°: 30 minutes			
	□ <10°:1 hour			
Report	: Raw Data Test Report			
☐ Others (please specify): Requirements Purpose of Testing i.e. Certification/Safety/Research/Others:				
 Use appendix if required. Choose where applicable. Test report will be provided within two (2) weeks after submission of sample. 				



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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
Invoice	Amount (RM): Receipt No:	Received by (Lab PIC):
Cheque/Bank Draft/Postal Order (payable to BENDAHARI	Invoice No: Vote No:	Name: Date:
UPM)	Received by:	Job No:/F\$//
Vote (No)	Name: Date:	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



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CHECKLIST FOR TESTING APPLICATION

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APPLICABLE TO TESTING SECTIONS				
1.	Sample Remarks:	Adequate Adequate	Not adequate	
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	e, 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,	If no,	
		Inform customer Others: Remarks:	Inform customer Return sample Others: Remarks:	
Revi	iewed by:			
(Competence Personnel)				
Date	e:			



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APPENDIX

No	Sample Name	Type of Sample