	ACCREDITATION LABORATORY FACULTY OF SCIENCE	UPM/FS/F3 (AFM)
	APPLICATION FOR TESTING/CALIBRATION SERVICES FORM	Issue No. : 3 Revision No. : 1 Effective Date : 02 Feb 2023

ATTENTION:


(Name of person/lab in-charge)

APPLICANT

Name of Company/Organization :	
Address :	
Contact Person :	
Tel. No. (Office and H/P) :	
Fax No. :	
Email :	
Submission of test report :	<input type="checkbox"/> Self Collect <input type="checkbox"/> Others (please specify): <input type="checkbox"/> Email


PRODUCT INFORMATION*

Product Name :	
Type of Sample :	<input type="checkbox"/> Thin/Thick film <input type="checkbox"/> Others (please specify):
Mode of Analysis :	<input type="checkbox"/> ScanAsyst <input type="checkbox"/> Tapping <input type="checkbox"/> Contact <input type="checkbox"/> Conductive AFM <input type="checkbox"/> Magnetic Force Microscopy <input type="checkbox"/> Piezoresponse Force Microscopy <input type="checkbox"/> Nanoindentation
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 :	<input type="checkbox"/> Scanasyst/Tapping/Contact Scan rate (0.1Hz – 1.0Hz) <input type="checkbox"/> Normal scan rate : 0.6Hz – 1.0Hz <input type="checkbox"/> Slow scan rate : 0.1Hz – 0.5Hz (Additional RM20.00) Scan Size (Min 0.5µm – Max 100 µm) <input type="checkbox"/> 0.5µm – 50µm <input type="checkbox"/> 51µm – 100µm (Additional RM20.00) <input type="checkbox"/> Additional Scan Point: _____ points *RM20.00 for additional 1 point
	<input type="checkbox"/> Conductive AFM (1 DC bias) Imaging and point spectroscopy <input type="checkbox"/> Additional Scan Point: _____ points *RM20.00 for additional 1 point <input type="checkbox"/> Additional DC bias: _____ DC bias *RM50.00 for additional 1 DC bias
	<input type="checkbox"/> Magnetic Force Microscopy Imaging <input type="checkbox"/> Additional Scan Point: _____ points *RM20.00 for additional 1 point

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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. (2023/FS/AFM/RE001) - for external (ISO) (2023/FS/AFM/R001) - for external (2023/FS/AFM/I001)- 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, ☐ 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,
☐ Inform customer
☐ Others:
 Remarks:

If no,
☐ Inform customer
☐ Return sample
☐ Others:
 Remarks:

Reviewed by:

.....
(Competence Personnel)

Date:

