

FACULTY OF SCIENCE

APPLICATION FOR TESTING/CALIBRATION SERVICES FORM

UPM/FS/F3 (AFM)

Issue No. : 3
Revision No. : 1

Effective Date: 02 Feb 2023

ATTENTION:

(Name of person/lab in-charge)

(Marile of poison) lab in charge)	
APPLICANT	
Name of Company/Organization	:
Address	:
Contact Person	:
Tel. No. (Office and H/P)	:
Fax No.	:
Email	:
Submission of test report	: □ Self Collect □ Others (please specify):
	□ Email
PRODUCT INFORMATION*	
Product Name	:
Type of Sample	: □ Thin/Thick film □ Others (please specify):
Mode of Analysis	: □ ScanAsyst □ Tapping □ Contact □ Conductive AFM
	☐ Magnetic Force Microscopy ☐ Piezoresponse Force Microscopy
	□ 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.)	· □ CommunityTown in m/Combinet
Specification	: Scanasyst/Tapping/Contact Scan rate (0.1Hz – 1.0Hz)
	□ Normal scan rate: 0.6Hz – 1.0Hz
	☐ Slow scan rate : 0.1Hz - 0.5Hz (Additional RM20.00)
	Scan Size (Min 0.5µm – Max 100 µm)
	□ 0.5µm – 50µm
	☐ Additional Scan Point: points
	*RM20.00 for additional 1 point
	□ Conductive AFM (1 DC bias)
	Imaging and point spectroscopy
	□ Additional Scan Point: points
	*RM20.00 for additional 1 point Additional DC bias: DC bias
	*RM50.00 for additional 1 DC bias
	□ Magnetic Force Microscopy
	Imaging
	□ Additional Scan Point: points
	*RM20.00 for additional 1 point

UPM UNIVERSITI PUTRA MALAYSIA

ACCREDITATION LABORATORY

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	□ Piezoresponse Force Microscopy	
	Imaging and Point Spectroscopy	
	☐ Additional Scan Point: points	
	*RM50.00 for additional 1 point	
	☐ Additional DC bias: DC bias	
	*RM20.00 for additional 1 DC bias	
	☐ Force Spectroscopy	
	Point Spectroscopy	
	☐ Additional Scan Point: points	
	*RM20.00 for additional 1 point	
Report	: □ Raw Data □ Test Report	
	□ Others (please specify):	
- Use appendix if requ	uired.	
- Choose where appli	icable.	
- Test report will be pr	rovided within two (2) weeks after submission of sample.	
- The laboratory does	s not apply statement of conformity & decision rule in the test report.	
,		
COVENANT OF APPLIC	ΔΝΤ	
I have read and fully understood and agreed to abide by the Terms and Conditions applied to the testing services offered.		
Signature	:	
Name		
Staff No./IC No.	: :	
Designation/Position Date	•	
Daic	·	
COVENANT OF COMPI	ETENCE PERSONNEL	
I understand that all customers.	works conducted within Laboratory are CONFIDENTIAL to laboratory and its	
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.	•	
1		
Designation/Position	:	
Designation/Position Date	: :	



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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 UPM)	Invoice No: Vote No:	Name: Date:
Vote (No)	Received by: Name: Date:	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/001)- for internal



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CHECKLIST FOR TESTING APPLICATION 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 tes		□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:
Rev	iewed by:		
 (Co	mpetence Personnel)		
Dat	e:		



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APPENDIX

No	Sample Name	Type of Sample