



ISO/IEC17025
CALIBRATION
SMM NO. 285

INSTITUTE OF HIGH VOLTAGE & HIGH CURRENT
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HIGH VOLTAGE CALIBRATION FORM

FOR OFFICE USE

Job No.: _____
Calibration
Report No.: _____

1. COMPANY DETAILS

- a) NAME : _____
- b) ADDRESS : _____

- c) TEL : _____
- d) FAX : _____
- e) E-MAIL : _____
- f) CONTACT PERSON : _____

2. EQUIPMENT DETAILS

- H.V. TEST SET H. V. METER H.V. VOLTAGE DIVIDER BRIDGE
- HIGH VOLTAGE PROBE OIL TEST SET OTHERS (PLEASE SPECIFY): _____

NOTE: IVAT, UTM, Skudai will not take any responsibility for damage / loss of equipment components or accessories brought to the division in connection with calibration / testing / any other purposes while handling which includes loading, unloading, mounting, assembling etc. However IVAT will take all precautions and utmost care while handling specimen belonging to the customers during the calibration / testing activities. For oil test sets, the customer will give permission to carry out any modification or adjustment on the equipment for the purpose of calibration. IVAT is also not responsible for any customers' equipment damage or fault occurring during the transportation of equipment by courier services (if requested by customers, a letter of indemnity is to be signed by customers). The calibration sticker and certificate will only be released after payment has been made to IVAT. A minimum number of THREE working days after the completion of the calibration job is required to lapse before any calibration certificate is issued.

UNIT NUMBER		UNIT 1	UNIT 2	UNIT 3
NAME				
MODEL				
SERIAL NO.				
MANUFACTURER				
VOLTAGE/CURRENT RANGE (Delete which not applicable)	AC			
	DC	+		
		-		
	IMPULSE	+		
-				
ACCURACY/ MEASUREMENT UNCERTAINTY (Delete which not applicable)	AC			
	DC	+		
		-		
	IMPULSE	+		
-				

(Add extra sheet if necessary)

3. CALIBRATION REQUIREMENT

REFERENCE STANDARD				
CALIBRATION RANGE	AC			
	DC	+		
		-		
	IMPULSE	+		
-				
SPECIFIC INSTRUCTION (e.g. – mounting incoming supply and method of calibration)				

4. CALIBRATION REPORT

a) DESPATCH ADDRESS :
(If different from above)

b) DESPATCH MODE : Customer to collect by hand Courier

c) NO OF EXTRA COPIES :
(Chargeable at RM100 per copy)

Signature of customer

Date: _____

FOR OFFICE USE ONLY

5. TO BE FILLED BY THE TECHNICAL MANAGER CALIBRATION (TMC)

Whether laboratory has capability to take up the work	
Remarks	
Signature of TMC with date	

6. TO BE FILLED BY THE LABORATORY AFTER CALIBRATION (IF APPLICABLE)

Discrepancies if any noticed during calibration	
Communication to Customer for approval/follow-up of the discrepancies (All conversation transpired to be recorded)	By telephone / In person
Name & Signature of Calibration Manager	Name & signature of customer with date (if present)
Date:	Date:

7. TO BE FILLED BY CALIBRATION MANAGER (CM)

Date of Calibration	
Calibration Certificate No.	
Invoice No.	
Signature of CM with date	