



ISO/IEC17025
CALIBRATION
SAMM NO. 285

**INSTITUTE OF HIGH VOLTAGE & HIGH CURRENT
FACULTY OF ELECTRICAL ENGINEERING
UNIVERSITI TEKNOLOGI MALAYSIA
81310 SKUDAI JOHOR**

HIGH VOLTAGE TESTING REQUEST FORM

FOR OFFICE USE

Job No: _____
Testing _____
Report No. _____

1 COMPANY DETAILS

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

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

2 EQUIPMENT DETAILS

UNIT NUMBER	UNIT 1	UNIT 2	UNIT 3
NAME			
MODEL			
SERIAL NO			
MANUFACTURER			
CAPACITY (KVA/MVA)			
VOLTAGE			

3 TYPE OF TEST

- a) Standard Test
- Reference Standard : _____
- Clause : _____

b) Non Standard Test

Description : _____

4 TESTING REQUIREMENT

REFERENCE STANDARD						
TESTING RANGE	AC					
	DC	+				
		-				
	IMPULSE	+				
		-				
SPECIFIC INSTRUCTION (eg - mounting, incoming supply)						

5 TESTING REPORT

a) DESPATCHED ADDRESS : _____
 (If different from above)

b) DESPATCHED MODE : Client to collect by hand Courier

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

Signature of client with date:

 Date:

NOTE: IVAT, UTM, Skudai HV testing 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 clients during the calibration / testing activities.

FOR OFFICE USE ONLY

6 TO BE FILLED BY THE TECHNICAL MANAGER TESTING (TMT)

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

7 TO BE FILLED BY THE LABORATORY AFTER TESTING (IF APPLICABLE)

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

8 FOR OFFICE USE

Job No: :	
Testing Report No. :	