

Pipette Service and Calibration Request form (PSRF)

Date _____ Calibration type _____ Batch ID _____
 Customer Address _____ Contact Person _____ Phone/Fax _____
 Department _____ Designation _____
 Email _____ Mobile _____

SL. No.	Model	Volume	Sl. No. Pipete/Unit	Equipment ID	Problem Observed	Accessories sent	Service type
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Work order details _____ Date _____
Please note that the Procedure for calibration followed by Eppendorf calibration services is a per ISO 8655-6
 Despatch Instruction _____ Customer place _____
 Engineer / customer comments _____ EIPL branch office _____

Nature of samples Pipette/Unit been used for:
 *Radioactive samples *Mandatory field (without this info, service will be kept on hold). For the Pipette/Unit used for radioactive and infectious samples, customer should decontaminate
 *Infectious samples
 *Hazardous samples
 *Is your pipette/unit decontaminated?

Remarks _____
 Shall we report the status after calibration?
 If more than 10 units, please use another PSRF form
 Validity of certificate _____
 Maximum of One Year

Customer name _____
 Customer Signature _____

FOR LAB USE				Pipette/Unit attended by		Date	
SL. No.	Inventory No.	Problem Observed	Service Type	SL. No.	Inventory No.	Problem Observed	Service Type
1				6			
2				7			
3				8			
4				9			
5				10			