

CALIBRATION BOOKING FORM

Please complete this form as thoroughly and accurately as possible. If you have any specific calibration requirements or if you have any questions, please contact us as soon as possible.

Company Name:		Contact name:	
Address:	Postcode:	Telephone:	
		Extension:	
		Email:	
Account Number:			

ITEMS REQUIRING CALIBRATION

	Description / Model:	Serial Number:	Reference Number:
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Full Name: (use block capitals)	
Date:	
Signature:	

Completion of this form is an HSE requirement under the Power Regulations 1998 (regulation 22).

Has the equipment / product been exposed to a hazardous substance / environment?

(If yes please complete the matrix below)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is the product safe to handle (if No please give details below)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Please provide name, email, and telephone number of the site contact:

Full Name:	
Email address:	
Phone Number:	

Exposure Risk			
Substance / Environment (Acid / Alkali / Sewerage etc.)	LOW	MEDIUM	HIGH

If high, please supply MSDS or state PPE/ RPE required etc.
Please complete with any further information / comments relevant to your product return.

Name:		Date:	
-------	--	-------	--

NOTE: Equipment will be returned unopened unless this form has been fully completed.

THIS FORM MUST BE ATTACHED TO THE OUTSIDE OF THE RETURNED PACKAGE

Problem Report & Customer Contamination Risk Assessment

This form must be completed and returned to Rockall Safety with any product for repair,
Service or Replacement.

Your Details.

Company Name:		Name:	
Address:			

Date:		Telephone:	
Email address:			

Product details:

Product type:	
Full model number:	
Serial Number:	

Reason for return / Product details:

--

Return Shipping Address (include contact name & Telephone Number (If different to above))

--