

Please note that no work on your pipettes will be started unless this form is completed and signed.

Form may be faxed to 086 515 2344



**PIPETTE CALIBRATION**

Calibration Work Order and Statement of Decontamination

**Company details as they must appear on the calibration certificate:**

Company Name		Company Address	
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**Pipette details:**

Manufacturer		Model/Range	
Single channel		Multi-channel	
		No of channels	
		Fixed (F) Variable(V)	
Other			

**Indicate required calibration frequency in months to be shown on certificate:**

3		6		12		None		Other	
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**Indicate the service required**

Diagnose fault & quote for repair (may require sub-contracting to local agent)	
SANAS certification "as received" (no adjustment)	
SANAS certification with adjustment if necessary (pre- and post-adjustment results)	
Replace seals and lubricate if necessary (you will be quoted first)	

**\*In terms of ISO17025 paragraph 5.10.4.3, both pre- and post- results must be reported.**

**Quotation**

Please quote before proceeding		I have received a quotation, please proceed.	
	Order no:		

**STATEMENT OF DECONTAMINATION**

**List hazardous substances to which the pipette as been exposed:**

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**Indicate method of sterilization:**

ETO		Irradiation		Autoclave		Biocides	
Other							

As a suitably authorised officer of the above company, I certify that the aforementioned pipette is free of any radioactive or bio-hazardous contaminants and is safe for human handling. I understand that I will be held responsible for any damages caused by any contamination from this pipette. I release the pipette with the full understanding that it will be handled in an unprotected environment.

Name		Signature		Email	
Title		Date		Tel no.	

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