

Instructions

Fill out requestor name, phone extension, date, and the Equipment ID number.

Check either Change or Remove.

For a change select each item to be changed and provide new value.

Provide justification for No Calibration Required or for Calibration / PM interval change in Comments.

For Remove, select Inactive or Deactivate, provide the reason and obtain the equipment owners signature.

If custom test equipment is being removed provide part numbers, planner, and engineering manager signatures.

Requestor: Luo HuaZhen Phone: 7044 Date: 30 Dec 2020

Equipment ID: TE83064-15

☒ **Change** (select all that apply)

☐ Type Select New Type(s)

Calibration ☐

Preventive Maintenance (PM) ☐

No Calibration Required ☐

Calibrate Before Use ☐

☐ New Cost Center: _____

☒ New Work Center: Flex Singapore

☐ New calibration/PM interval: _____ Months

☐ New Procedure: _____

Comments: _____

☒ **Remove** (select Inactive or Deactivate)

☒ **Inactive** - Stop Calibration / PM schedule

☐ **Deactivate** (Scrap equipment)

Reason: Remove this equipment from Venture; Upgrade this equipment TE83064-15 to TE0084050-15;

Relocate this upgraded equipment TE0084050-15 to Flex Singapore

Equipment Owner: Richard Davis Signature: _____

Custom Equipment only (Equipment ID has "TE" prefix)

Part Number(s) affected: (Attach additional sheet if necessary)

Part Number	Description
TE83064-15	CPSM Tester

Production Planner: _____ Signature: _____

Engineering Manager: _____ Signature: _____

Calibration Coordinator: _____

Print

Signature:  Date: 30 Dec 2020

End of Data