

Instructions

Fill out requestor name, phone extension and date.

Enter the Equipment information (N/A any that do not apply).

Select the type(s) of maintenance that apply. Provide justification in Additional Information if type is No Calibration Required.

For equipment requiring calibration attach the calibration Certificate to this form. If a calibration certificate is not available, the equipment will be sent for calibration.

Requestor:

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

Equipment Information

Description: CPSM Tester

Manufacturer: Waters Model Number: TE0084050

Part Number: TE0084050 Serial Number: TE0084050-15

Tool Size/Dimension: 150cm x 100cm

Cost Center: _____ Work Center: Flex Singapore

Select all that apply

Calibration ☐ Preventive Maintenance (PM) ☒ No Calibration Required ☐ Calibrate Before Use ☐

Include justification for No Calibration Required

Dates and Procedure

Calibration Date: 05 Dec 2020 Calibration Due: 05 Dec 2021

Calibration Interval (Months): 12 Procedure: 735003028

Additional Information: This tester is upgraded from TE83064-15 and relocate to Flex Singapore for Arc FTN test.

Calibration Coordinator Use Only

Equipment ID Number: _____

Calibration Coordinator: _____

Signature:  Print _____ Date: 30 Dec 2020

End of Data