

Appendix : 01
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INDUSTRIAL TECHNOLOGY INSTITUTE (ITI)

, 363, Baudhaloka Mawatha, Colombo-07, Sri Lanka

Telephone: 2379800 Ext. 181 Fax: 2379912

E-mail : metlab@iti.lk, metlab@gmail.com

CALIBRATION/ PERFORMANCE TEST/ CUSTOMISED TEST SERVICES/ TRAINING ANDCONSULTANCY REQUEST FORM INDUSTRIAL METROLOGY LABORATORY

Reference Number :

Part – A : Particulars of customers

Company :..... Factory :.....

Address :..... (If needed).....

VAT Number :.....

Contact Person : Contact Person :

Designation :.....Designation :

Phone :

Phone : Fax

E-mail:

E-mail:

Signature :..... Date:

Signature :..... Date:

Report Dispatch mode:Softcopy ◇

Hardcopy ◇ by hand

◇ by post

Part – B : Details of equipment / instrument

Item / Service required	Manufacturer/ Model No	Serial /identification No.	Calibration/ performance Range/Capacity	Resolut ion	Lab/ Onsite	Required Accuracy

Note :If required, please use a separatesheet to provide information

Any clarifications or information please contact: **Ms. G.D.T.A. Pathiragoda**, Technical Manager, Tel :0112379902