

Pipette Service and Calibration Request form (PSRF)

Date	Calibration type	Batch ID
Customer Address	Contact Person	Phone/Fax
	Department	Designation
	Email	Mobile

SL. No.	Model	Volume	Sl. No. Pipete/Unit	Equipment ID	Problem Observed	Accessories sent	Service type
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Work order details Date

Note:
 > The Procedure for calibration followed by Eppendorf calibration services is as per ISO 8655-6
 > Please remember to send the TIPS (with Make & Lot number details) along with the pipettes. If TIPS are not provided, calibration will be performed using Eppendorf brand tips by default.

Despatch Instruction Customer place
EIPL branch office

Engineer / customer comments

Remarks

Shall we report the status after calibration?
If more than 10 units, please use another PSRF form

Validity of certificate Maximum of One Year

Nature of samples Pipette/Unit been used for:

*Radioactive samples	*Infectious samples
*Hazardous samples	*Is your pipette/unit decontaminated?

*Mandatory field (without this info, service will be kept on hold). For the Pipette/Unit used for radioactive and infectious samples, customer should decontaminate

Customer name _____

Customer Signature _____

FOR LAB USE

E365 WO Reference	Pipette/Unit attended by	Date
Inventory No.	Problem Observed	Service Type