

Calibration

SU# _____

Company: _____	Address _____	CF#: _____
Contact Name 1: _____	Contact Name 2: _____	PO#: _____
Title: _____	Title: _____	SO#: _____
Phone: _____	Phone: _____	
Mobile: _____	Mobile: _____	Calibration
Fax: _____	Fax: _____	Require _____
Email: _____	Email: _____	Date/Time: _____
Memo: _____	Memo: _____	_____

NOTE: Please fill in all information, so we can check our product for good Calibration .

INSTRUCTIONS: Fill out the required fields on the Calibration Form. Send to InnoTiq via email or fax. InnoTiq will assign an CF# and send the completed form back to you. SU number you can find it from Order files.

PRODUCT CONFIGURATION DESCRIPTION

ALIGNMENT REQUIREMENTS

No.	Item	Description	Engineer Comments
1	Accuracy		
2	NETD		
3	Traceability		
4	Certification		
5			
6			
7	SN		
8			

OTHER COMMENTS
