

Shotover Kilns, Old Road, Headington, Oxford, OX3 8ST Tel: 01865 750375 Fax: 01865 769985 email: sales@ei.co.uk web: www.ei.co.uk

SUBMITTER (address to appear on certificate): The Allergenic Syndrome Laboratories Building 201.4A Myrtle Road Abington Carmarthenshire W1A 7YZ	CLIENT (If different from submitter):
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We will calibrate your equipment in accordance with our UKAS accreditation, 0438.

We will carry out tests for Repeatability, Linearity & Eccentricity over the instruments whole range only.

We will carry out an As Found 5 point linearity calibration followed by a Post Adjustment calibration where we will activate the adjustment routine (calibration function) using the internal calibration mechanism (if equipped) or externally applied UKAS certified weight (see note iv below).

We will issue a UKAS Certificate that will detail the Uncertainty of Measurement.

Prior to visit please ensure:

- i) Equipment is located in its normal place of use,
- ii) Any pre weighing checks carried out before use have been completed
- iii) Please ensure the manufacturers instructions are available for any adjustments that may be required

Please indicate below if you have any additional requirements including:

- i) Additional test requirements i.e tests carried out in each range for multiple range instruments (additional charges will apply for more than one set of test results).
- ii) Alternative calibration types i.e. full As Found prior to adjustment or As found only (additional charges will apply for more than one set of test results).
- iii) Please indicate if you have your own calibration weight to be used for the adjustment routine.
- iv) Any acceptance limits that you would like applied to these tests, if you require the uncertainty of measurement to be applied to these limits please indicate below.

Note: If you do not indicate for the uncertainty of measurement to be used in this assessment then the risk level of a false acceptance or false rejection will be based on the uncertainty of measurement stated on the certificate in addition to your stated limit.

If you have any other calibration requirements please contact our Technical Manager before the visit

CALIBRATION LABEL- If you would like us to identify a RECAL due date on the equipment label please state which month: 6 months from calibration date

The requirements of the calibration have been confirmed by:

Customer Name:	Tracey Davidson
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email: t.davidson@allergenic-syn.nhs.uk

Signature: I CONFIRM - T.Davidson

Date: 15 Jan 2020

(For electronic submissions type " I CONFIRM" followed by your name e.g. I CONFIRM ANDREW SMITH 3/7/2013)

Internal Use Only :

Contract No:

Date Contract carried out (mmm/yy):