




TITLE: Contract Review Form
SCIENTIFIC & INDUSTRIAL METROLOGY DIVISION
QUALITY FORM

Document No. : MQF 005
 Version no: 10
 Page 1 of 5
 Approved By: Head of Metrology
 Effective date: 2022-09-20

| Part A: Customer Details | |
|--|--|
| Name of Customer: | |
| Name in which the certificate is issued: | |
| Contact Person: | |
| Physical Address: | |
| Contact Number: | |
| Email address: | |

| Part B: Equipment/Instruments Details and Calibration point Required | | | | | | | |
|---|----------|----------------------------------|---------------------------------------|---|--------------------------------------|---|------------------------------|
| Flow No. | Quantity | Equipment/Instrument Description | Serial Number of Equipment/Instrument | Range/Capacity (range/ maximum capacity of an Equipment/instrument) | Required calibration points/Nominals | Accuracy Level/ Class/ Tolerance Required | Condition (For Official Use) |
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|--------------------------------|-----|--|------------------|--|
| Calibration Due Date Required? | Yes | | Re-Cal Interval: | |
| | No | | | |

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| Part C: Evaluation of Customer Requirements (For Official Use Only) | | | |
|---|-----|--|----|
| Is the Laboratory using its own procedure? | Yes | | No |
| If Yes, outlined procedures to be used | | | |
| Did the client propose a method? | Yes | | No |
| Details of Proposed Method. | | | |
| If yes, is the proposed method appropriate, up-to-date and accepted by the laboratory? | Yes | | No |
| Did the client request for statement of conformity to a specification or standard or decision rule? | Yes | | No |
| Details of statement of conformity to a specification or standard or decision rule. | | | |
| If yes, is the proposed statement of conformity to a specification or standard appropriate, up-to-date and accepted by the laboratory? | Yes | | No |
| <p>Note: the laboratory shall communicate to the client about the inappropriateness of the method or the statement of conformity to a specification or standard or decision rule and proposed an appropriate method or statement of conformity to a specification or standard or decision rule to which both shall contract to.</p> | | | |

| Part D: Evaluation of Laboratory Capability and Resources (For Official Use Only) | | | | |
|---|------------------------------|--|-------------|--|
| Lab Capability: | Yes | | No | |
| Resources | Yes | | No | |
| Personnel | Yes | | No | |
| Procedures | Yes | | No | |
| If the Laboratory is not capable for any requested calibration identify the items in terms of flow number and proposed action | Calibration item flow number | Proposed Solution to meet customer needs | Subcontract | |
| | | | Referral | |
| Details of Subcontracted/Referral Laboratory | | | | |
| Date Equipment Received | | | | |
| Calibration Scheduled Start Date | | | | |
| Expected Date of Completion | | | | |
| Date of Actual Completion | | | | |
| Certificate Issue Date | | | | |
| Total Price | | | | |
| Job Number | | | | |



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Remarks And Pertinent Discussions

| Source | Verbal/Telephonic <i>(Record below)</i> | Email <i>(Attach to MQF 005)</i> | Remarks <i>(Record below)</i> |
|--------|--|-------------------------------------|----------------------------------|
|--------|--|-------------------------------------|----------------------------------|

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Note: It is the responsibility of the customer to transport their items to the laboratory for calibration and from the laboratory after calibration.

Acceptance by client: _____ Date: _____

Acceptance by NSI : _____ Date: _____



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| Part E: CHANGES TO CONTRACT |
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Acceptance by client: _____ Date: _____

Acceptance by NSI : _____ Date: _____

