



TITLE: Contract Review Form

**SCIENTIFIC & INDUSTRIAL METROLOGY
DIVISION**

QUALITY FORM

Document No: MQF 005

Version no: 10 Approved By: Head of Metrology

Page 1 of 5 Effective date: 2026-05-06

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)

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	
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.				

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 (Record below)		Email (Attach to MQF 005)		Remarks (Record below)

Note: It is the customer's responsibility to transport their items to the laboratory for calibration and to retrieve them from the laboratory after calibration.

Acceptance by client: _____ Date: _____

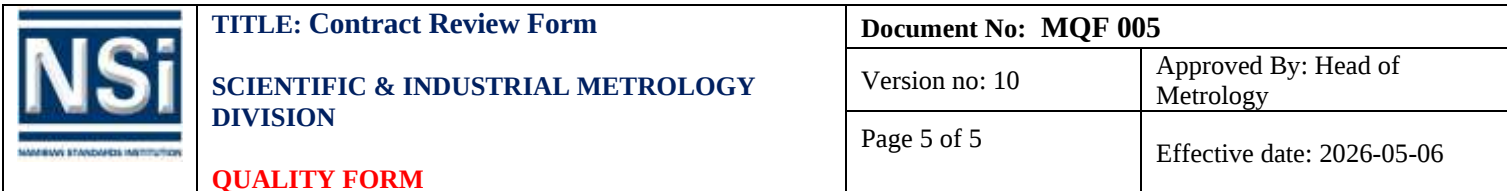
Acceptance by NSI : _____ Date: _____



Effective date: 2026-05-06

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Acceptance by NSI : _____ Date: _____

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