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			

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						

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: _____

Part E: CHANGES TO CONTRACT

Acceptance by client: _____ Date: _____

Acceptance by NSI : _____ Date: _____

ADDENDUM

Equipment/Instrument Details

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)**