

Schüco Technology Center

Checklist | Customer enquiry calibration

1. Company data *(party making enquiry)*

Company:

Customer No.:

Street:

ZIP-Code:

City:

Contact person:

E-Mail:

Fon:

Fax:

Alternative contact person:

2. object to be calibrated/measuring device information

Kind of measuring device:
(Multimeter, PT100, etc.)

Description / Type / etc.:

Manufacturer:

Number of similar measuring devices:

Additional data:
(e.g. special size,...)

3. Requested DAkkS-DKD calibration services *(please mark with a cross and specify on the right side)*

measurand	details regarding measuring range/points, specification, special calibration method, etc.
<input type="checkbox"/> Current (DC)	
<input type="checkbox"/> Voltage (DC)	
<input type="checkbox"/> Resistance (DC)	
<input type="checkbox"/> Current (AC sinus)	
<input type="checkbox"/> Voltage (AC sinus)	
<input type="checkbox"/> Voltage (AC rectangle)	
<input type="checkbox"/> Voltage (AC triangle)	
<input type="checkbox"/> Voltage (Thermosimulation)	
<input type="checkbox"/> Resistance thermometer	
<input type="checkbox"/> Relative humidity	
<input type="checkbox"/> Differential pressure	
<input type="checkbox"/> Absolute pressure	
<input type="checkbox"/> Volume flow (Air)	
<input type="checkbox"/> Volume flow (Water)	
<input type="checkbox"/> Other (please specify)	

4. Requested calibration services *(please mark with a cross and specify on the right side)*

measurand	details regarding measuring range/points, specification, special calibration method, etc.
<input type="checkbox"/> Current (DC)	
<input type="checkbox"/> Voltage (DC)	
<input type="checkbox"/> Resistance (DC)	
<input type="checkbox"/> Current (AC sinus)	
<input type="checkbox"/> Voltage (AC sinus)	
<input type="checkbox"/> Voltage (AC rectangle)	
<input type="checkbox"/> Voltage (AC triangle)	
<input type="checkbox"/> Frequency	
<input type="checkbox"/> Voltage (Thermosimulation)	
<input type="checkbox"/> Thermocouple	
<input type="checkbox"/> Resistance thermometer	
<input type="checkbox"/> Relative humidity	
<input type="checkbox"/> Differential pressure (Air)	
<input type="checkbox"/> Differential pressure (Water)	
<input type="checkbox"/> Absolute pressure	
<input type="checkbox"/> Volume flow (Air)	
<input type="checkbox"/> Volume flow (Water)	
<input type="checkbox"/> Length	
<input type="checkbox"/> Weight	
<input type="checkbox"/> Other (please specify)	

5. Signature of the enquiring party

Date:	Signature:	Print name:

The Schüco Technology Center is processing personal data on behalf of test orders. More information about data protection can be found at <http://www.schueco.com/gdpr>.

Please send the completed checklist with all appendices (as applicable) to:
 E-Mail: TZinfo@schueco.com
 FAX: +49521783690