



APPLICATION FOR TESTING SERVICES

CUSTOMER DETAILS	
Name of Applicant	:
Address	:
Email	:
Tel. No. (Office or H/P)	:
Fax No.	:
Submission of test report	: <input type="checkbox"/> By hand <input type="checkbox"/> Mail <input type="checkbox"/> Others :
PRODUCT/SAMPLE INFORMATION	
Product/Sample Name	:
No. of Product/Sample	:
Description of Sample	:
Other product information relevant for the application (weight, volume, size, expiry date, brochure etc.)	
Testing Requirements	: <input type="checkbox"/> Morphology Imaging of Solid Materials using FESEM <input type="checkbox"/> Qualitative Determination of the Element from Beryllium to Uranium Periodic Table for Solid Materials <input type="checkbox"/> Other Equipment: _____ (please specify)
Test Report Requirements	: Full Report <input type="checkbox"/> Raw Data <input type="checkbox"/>
COVENANT OF APPLICANT/PAYEE/SUPERVISOR	
I have read and fully understood and agreed to abide by the Terms and Conditions applied to the testing services offered.	
Signature	:
Name	:
I/C No.	:
Designation/Position	:
Date	:

FOR INTERNAL USE

RECEIVED DATE : _____

TYPE OF PAYMENT	DETAILS OF CASH/CHEQUE PAYMENT	JOB NO
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque/Bank Draft/Postal Order (payable to BENDAHARI UPM) <input type="checkbox"/> Vote (No. _____)	Amount (RM): Receipt No: Verified by: _____ Name: Date:	

CHECKLIST FOR TESTING APPLICATION

APPLICABLE FOR TESTING SECTIONS

- | | | | |
|---|---|---|---|
| 1 | Sample
Remarks: | <input type="checkbox"/> Adequate | <input type="checkbox"/> Not adequate |
| 2 | Condition of sample
Remarks: | <input type="checkbox"/> Acceptable | <input type="checkbox"/> Not acceptable |
| 3 | Method specified in application form can be followed
Remarks: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4 | Equipment if not available, any equivalent method
Remarks | <input type="checkbox"/> Available | <input type="checkbox"/> Not available |
| 5 | Availability of competent personnel to carry out test
Remarks: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6 | Others/Subcontract*: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7 | Proceed to conducting testing | <input type="checkbox"/> If yes,
<input type="checkbox"/> Inform customer
<input type="checkbox"/> Others :
Remarks: | <input type="checkbox"/> If no,
<input type="checkbox"/> Inform customer
<input type="checkbox"/> Return sample
Others :
Remarks: |
| 8 | Sample collection | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Reviewed by:

.....
(Technical Staff/Science officer)

Date:

APPENDIX

LIST OF SAMPLES

No	Sample Name	Sample ID (office use only)	EDX (Please tick <input type="checkbox"/> if Yes)
1			
2			
3			
4			
5			
6			
7			
8			