



LABORATORY VISIT / AUDIT REQUEST

Customer Information (fill in by customer)

Company name : _____ Tel. No : _____
 Address : _____ Fax No : _____
 _____ Email : _____
 _____ Nature of Business : _____

 Participant Name : 1) _____ 2) _____
 (Designation) (_____) (_____)

Please tick the below which prefer :-

Visit / Discussion Dimensional/Volumetric Electrical
 Force/Mass/Torque Optical & Photometric
 Pressure/Flow Others: _____
 Temperature

Purpose : _____

Date : _____ Time : _____
 Remark : Maximum 2 hours

Audit Dimensional/Volumetric Electrical
 Force/Mass/Torque Optical & Photometric
 Pressure/Flow Others: _____
 Temperature

Date : _____ Time : _____
 Remark : Please attached the audit plan/agenda. Maximum 5 hours.

Signature & date

** Please return the completed form through fax no. 03-51910675 or email : ila@sendimahir.com*

For Office Use (fill in by QA-SMSB)

We like to confirm the above request.
 We are not able to confirm the above request. _____

Signature & date