



GROUNDTEST
Equipment Calibration/Service

*****IMPORTANT*****

THIS DOCUMENT IS REQUIRED TO SERVICE AND RETURN YOUR EQUIPMENT

This document must be completed each time your equipment is sent to Groundtest for service.

Please complete, sign, and place this form in the box with your equipment.

Contact: Name: _____ Phone: _____

Email: _____

Ship To: Company: _____

Street: _____

City: _____

Item: (select one)

Requested Return Date: _____

Shear Vane

DD/MM/YY

Clegg Hammer

Schmidt Hammer

Scala Equipment

Other _____

Item Serial Number: _____

PO Number: _____

Calibration

Service/Repair

Service Required, Symptoms, Comments, etc. (attach additional pages if needed)



Customer Signature _____

Date _____