



GROUNDTEST EQUIPMENT

Calibration/Service Document

*****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 Details: Your Name: _____ Phone: _____

Email: _____

Return To: Your Company: _____

Street: _____

City: _____

Item: (select one)

- Shear Vane
- 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)

Requested Return Date: _____
DD/MM/YY

Customer Signature

Date