



# GROUNDTEST EQUIPMENT

## Calibration/Service Document

**\*\*\*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 Address: \_\_\_\_\_

**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)

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**Return Options:**

- Courier
- Collect from Groundtest

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date