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: _____

Return To: Your Company: _____

Street: _____

City: _____

Item: (select one)

☐ **Shear Vane**

☐ **Clegg Hammer**

☐ **Schmidt Hammer**

☐ **Scala Equipment**

☐ **Other** _____

ACCREDITED IANZ CALIBRATION LABORATORY № 658

Item Serial Number: _____

PO Number: _____

☐ **Calibration**
Email for calibration certificate: _____

☐ **Service/Repair**

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

_____

_____

_____

Requested Return Date: _____
DD/MM/YY

_____ _____
Customer Signature Date