

**INSTRUMENT REPAIR SERVICE / CALIBRATION FORM**

**1 Accounts** If this financial information is not complete it could delay the repair/ calibration/ service

Finance Name:

Finance Email:

Department:

Organisation:

Finance Address:

Post Code:

Phone:

Fax:

**2 About You**

Contact Name:

Email:

Department:

Organisation:

Address:

Post Code:

Phone:

Date:

**3 Instrument Details** (Please complete one form per instrument)

Manufacturer:  Serial Number:

Model:  PO Number:

Job Type:      Calibration:       Service:       Estimate Only:       Repair:

**Accessories Included With Your Instrument** (Please tick all that apply)

TDH39 Headset <input type="checkbox"/>	Noise Cups <input type="checkbox"/>	Response Button <input type="checkbox"/>	Carry Case <input type="checkbox"/>
DD45 Headset <input type="checkbox"/>	Bone Conductor <input type="checkbox"/>	Insert Masking <input type="checkbox"/>	Microphone <input type="checkbox"/>
Insert Phones 5A <input type="checkbox"/>	Power Supply <input type="checkbox"/>	Probe <input type="checkbox"/>	Other <input type="text"/>
Insert Phones 3A <input type="checkbox"/>	Mains Lead <input type="checkbox"/>	Contra Phone <input type="checkbox"/>	

**For Office Use Only**

Contact Name <input type="text"/>	Date Required <input type="text"/>
Organisation <input type="text"/>	Date Received <input type="text"/>
Manufacturer <input type="text"/>	Account Number <input type="text"/>
Model <input type="text"/>	Urgent <input type="checkbox"/> Quoted <input type="checkbox"/> PO <input type="checkbox"/>
Serial Number <input type="text"/>	Details of work to be done <input type="text"/>
Cal. <input type="checkbox"/> Ser. <input type="checkbox"/> Rep. <input type="checkbox"/> EO <input type="checkbox"/>	

**Details Of Work To Be Done**

24hr Turnaround - chargeable and must be pre-booked

**Submit**

Have you included a copy of this form with your goods?

email: [calibrationservice@pcwerth.co.uk](mailto:calibrationservice@pcwerth.co.uk)  
tel: 020 8772 2700  
fax: 020 8772 2701

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