

## Service/Calibration Request

**DO NOT SEND CALIBRATION GAS**

Please return this completed form with your equipment

Your name: \_\_\_\_\_

Quote no: (if provided): \_\_\_\_\_ PO Number: \_\_\_\_\_

Company name: \_\_\_\_\_

OPTIONAL: Collection address if required: \_\_\_\_\_  
\_\_\_\_\_

Return delivery address for instrument: \_\_\_\_\_  
\_\_\_\_\_

Shawcity Account no. (if known): \_\_\_\_\_

E-mail: \_\_\_\_\_

Telephone: \_\_\_\_\_

Invoice name: \_\_\_\_\_

Invoicing address: \_\_\_\_\_  
\_\_\_\_\_

Model of instrument: \_\_\_\_\_

Serial number of instrument: \_\_\_\_\_

## Reason for Return

Service and Calibration

Company name on calibration certificate to read:  
\_\_\_\_\_

Repair  
(please specify suspected fault below)

Other  
(please specify details below)

Calibration Interval - Please Specify  
180 days (6 months)

365 days (12 months)

## Nature of Work Required

i.e. Suspected fault: Lamp failure / sensor failure /  
water ingress / impact damage etc, or other. Please  
specify:



LIFE-SAVING SOLUTIONS

Service Administration Team:

Tel: 01793 780622 or 01793 780919

e-mail: [lorraine.luker@shawcity.co.uk](mailto:lorraine.luker@shawcity.co.uk) or [serviceadmin@shawcity.co.uk](mailto:serviceadmin@shawcity.co.uk)

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Shawcity Ltd, 91-92 Shrivenham Hundred Business Park, Watchfield, Oxfordshire, SN6 8TY