



CALIBRATION LABORATORY CO.,LTD.

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Request for Quotation Form (RFQ)

(Please fill out the form to the best of your abilities.)

Date:

Contact name: Mr. Isara seree

Phone number: 083-444-5556

Email: issara@cbautomation.com

Company name: CB Automation (Thailand) Co.,Ltd.

Company address: Hemaraj Eastern Seaboard Industrial Estate 99/9 Moo 9 T.Tasith A. Pluakdang Rayong 21140 Thailand

Service type: In lab Calibration Services Onsite Calibration Services

Note. If there is a desired time period, please specify. (Require date range: _____)

No.	Instrument Name	Brand/Maker	Model	Calibration Points	Accreditation		Tolerance Limit/ MPE.	Quantity	Remarks
					TISI	ANAB			
1	Torque Wrench	TONE	T3MN50	10, 30, 50 N.m (CW)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	± 3%RD	2	
2	Precision Balance	ViBRA	AJ-220E	-	<input type="checkbox"/>	<input type="checkbox"/>	-	5	
3	Precision Outside Diameter	PI TAPE	PM02SS	28-300 mm	<input type="checkbox"/>	<input checked="" type="checkbox"/>	± 0.1 mm	1	
4	Steel Ruler	Shinwa	101A	0-150 mm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-	3	
5	True RMS AC/DC Clamp Meter	Fluke	376	AC Voltage 0-600 V, DC Voltage 0-600 V	<input type="checkbox"/>	<input type="checkbox"/>	-	10	
					<input type="checkbox"/>	<input type="checkbox"/>			
					<input type="checkbox"/>	<input type="checkbox"/>			
					<input type="checkbox"/>	<input type="checkbox"/>			
					<input type="checkbox"/>	<input type="checkbox"/>			
					<input type="checkbox"/>	<input type="checkbox"/>			
					<input type="checkbox"/>	<input type="checkbox"/>			
					<input type="checkbox"/>	<input type="checkbox"/>			
					<input type="checkbox"/>	<input type="checkbox"/>			
					<input type="checkbox"/>	<input type="checkbox"/>			

Note.

1. **Calibration points and Accreditation** are in accordance with laboratory standards. If the customer is not specified.
2. If the customer has the acceptance criteria of the instrument, please specify it in the **Tolerance Limit/MPE.** field.
3. If the customer has the **additional requiriements.** please specify below.

Additional requiriements:

Signature: Mr. Isara seree

Date: 10/12/2021