

Arrival date to PPM

ORDER FORM - Service & Calibration

Please complete and submit this order form when sending instruments to us for service & calibration.

YOUR INVOICE ADDRESS:

Company name:

VAT registration number:

Address:

DELIVERY ADDRESS FOR RETURN:

Same as invoice address

Collect (Importgatan 7, Gothenburg)

Company name:

Address:

OTHER INFORMATION:

Requested delivery date:

Purchase order/invoice ref.

I fill in PO-number/markings

Not necessary to invoice

Ship/Vessel:

Contact person or user of the
instrument:

e-mail address:

Phone number:

Level 1: Functions control

Calibrating with related gases

Register in IIC-Individual Instrument Control®

Control* of; filters

Certificate

* Replace when needed at cost

Level 2: Service

Calibrating with related gases

Register in IIC-Individual Instrument Control®

Certificate

Updating settings

Update of alarm levels

Control* of; filters, sensors, battery, pump, circuit board, O-rings,
display, connections, sound, light, vibration, outer & inner control
and cleaning.

* Replace when needed at cost

PLEASE SEND OR LEAVE THE INSTRUMENTS TO:

ppm Industrial AB

Importgatan 7

SE-422 46 Hisings Backa SWEDEN



CERTIFIED
ISO 9001
ISO 14001
Quality and environmental
management systems



INSTRUMENT 1:

Manufacturer:

Model:

Serial number:

Desired action / Error description:

Level 1

Level 2

Others:

Filled in by service technician:

INSTRUMENT 2:

Manufacturer:

Model:

Serial number:

Desired action / Error description:

Level 1

Level 2

Others:

Filled in by service technician:

INSTRUMENT 3:

Manufacturer:

Model:

Serial number:

Desired action / Error description:

Level 1

Level 2

Others:

Filled in by service technician:

INSTRUMENT 4:

Manufacturer:

Model:

Serial number:

Desired action / Error description:

Level 1

Level 2

Others:

Filled in by service technician:

INSTRUMENT 5:

Manufacturer:

Model:

Serial number:

Desired action / Error description:

Level 1

Level 2

Others:

Filled in by service technician: