

Equipment Authorisation Request Form

Customer Details.

Company Name:	Contact:
Address:	Email:
Phone:	Fax:

Customer information provided in this form complies with GDPR and is used only for processing the specific work detailed below. If you do not give your consent for us to use these details or have any other queries please contact us at info@optical-sciences.ie

Equipment Details.

Equipment Model:	Serial number:

Calibration / Service Requirements:

Climet Particle Counters only:	
Manufacturers Recommended Calibration <input type="checkbox"/> or Calibration to ISO 21501-4 <input type="checkbox"/> and/or Repair <input type="checkbox"/>	
Free Firmware Upgrade for Climet Particle <input type="checkbox"/>	
Non – Climet Particle Counters: <input type="checkbox"/> Repair and / or <input type="checkbox"/> Re-calibration	
Photometers: Calibration; Finavestan <input type="checkbox"/> Ondina EL <input type="checkbox"/> Ondina X420 <input type="checkbox"/> Emery/PAO <input type="checkbox"/> AND / OR Repair <input type="checkbox"/>	
Aerosol Generator Output Test: Finavestan <input type="checkbox"/> Ondina EL <input type="checkbox"/> OndinaX420 <input type="checkbox"/> Emery/PAO <input type="checkbox"/> AND/OR Repair <input type="checkbox"/> <i>(Please empty generator of oil before shipping)</i>	
Other, e.g. LAF, Air Sampler <input type="checkbox"/> Repair AND / OR <input type="checkbox"/> Re-Calibration /Validation	

Health and Safety Authority Requirements Due to Health and safety requirements completion of the statement below is required by a suitably qualified person confirming the above instruments present no hazard or risk as a result of exposure to toxic or hazardous substances. Any equipment arriving to OptiCal Sciences without this statement will be placed in quarantine until a suitable statement has been obtained.

Has this equipment been exposed to hazardous materials? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes; Please give details of this substance	
In response to possible Covid contamination please confirm this equipment has been decontaminated; Yes <input type="checkbox"/>	
For on-site visits please tick the box if a Risk Assessment Method Statement is Required <input type="checkbox"/>	
I declare this equipment safe to handle	
Signed :	Print:
Position:	Date:

Thank you for your co-operation. Completed form to be faxed/ emailed to the contact details below.

OptiCal Sciences (Ireland) Ltd, Unit 1 Strawhall Business Park, Carlow. QSF34 v1.8 11-Mar-22

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