



Aimil Calibration Laboratory New Delhi

REVIEW OF REQUESTS, TENDERS AND CONTRACTS

MSP No	ACL/MSP/07	Issue No.	02	Issue Date	21.02.2023	Amend No.	01	Amend Date	24.12.2024
Standard	ISO/IEC 17025: 2017	Clause No.	7.1	Format No.		ACL-MSP/07/F-03			

Part A (to be filled in and submitted by customer)

1.Customer Identification No.	Aimil/007 (On Site)
2.Name of the organization/firm with full address	Anuj Sharma, Naimex House, A-8, Mohan Co-operative Industrial Estate, Mathura Road,
3. Name and address of the organization/firm in favour of which the Calibration Certificate is to be issued (required if it is different from the above; else write "same as above",)	Same as above
4. Calibration Certificate/Test Report to be sent at: (please tick any one)	Address No. 1 <input checked="" type="checkbox"/> Address No. 2 <input checked="" type="checkbox"/>

5.Name of Instrument	Make/Model or any other identification	Qty.	Sr. No.
LENGTH GAUGE (451)	Execess	2	23, 22

DATE	02-09-2025	Authorised Signature of Customer	
PLACE	Delhi(HDI)	(Name & Employee Code)	Dinesh Kasgar (DLT170)

Part B (to be filled in / completed by ACL, New Delhi)

REVIEW OF REQUESTS, TENDERS AND CONTRACTS

S.No.	Points to be covered in review	YES	NO	N/A
1	Requirements adequately defined and understood?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2	Has laboratory capabilities and resources to meet the requirements?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3	In case customer needs a Statement of conformity to a Specification, whether the decision rule clearly defined if not inherent in specification, and has the decision rule selected communicated to, and agreed with customer?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4	Has any difference been discussed and understood / communicated and consent / approval has been obtained before the commencement of job?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5	If Certificate to be issued in the name of Customer, are details available?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6	Is duration of validity of Calibration required? If yes, how much validity? (6 months / One year / Two years / NA).	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7	Is detail of location, available in case calibration is to be performed at site?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Remarks by reviewing authority (if any): Bulk Order

Allotted Job Order No. / Lab Code No.: DM108, DM109

Expected date of completion of calibration : 02-09-2025

Job allotted to : Anuj Sharma

DATE OF REVIEW :	02-09-2025	Signature of TM-ACL	
------------------	------------	---------------------	--

Note: customer ref letter if any, for calibration is to be attached with this review.

CONTROLLED COPY

Prepared By	Reviewed & Approved By	Issued By
System Manager - ACL	Head - ACL	Technical Manager - ACL