



# NATIONAL LABORATORY EQUIPMENT CALIBRATION CENTRE

(NaLECC)

## MEDICAL LABORATORY SCIENCE COUNCIL OF NIGERIA

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### WORK ORDER AND DECONTAMINATION FORM

Name of Organization:		Application Date:	
Organization Address:			
Organization Phone No:		Remita No:	
Contact Person:		Phone No:	
Email Address:		Signature:	

The NaLECC General Terms and Conditions of Services shall apply to all calibration work orders.

PAYMENT IS DUE UPON RECEIPT OF WORK ORDER AND ITEMS.

For mail-in services, send your items in a secure package and for onsite calibration: environment condition of 18-30<sup>o</sup>c and humidity of 50-80% most be maintained and decontamination most done for calibration to commence.

#### NOTE:

- i. Every part of this form must be completed.
- ii. The lab will not be liable for damages to items during transit
- iii. The client is responsible for shipping of items (both delivery and returning)
- iv. The delivery person has to wait for the items to be verified and accepted. Rejected items will be handed back to the delivery person.

PAYMENT INFORMATION NaLECC accepts: Only payment through REMITA (Evidence of payment should be attached to this form)

State your acceptable limit for the equipment if any \_\_\_\_\_

Recalibration Frequency    \_\_\_ 3 months    \_\_\_ 6 months    \_\_\_ 12 months

Have any of the above items been exposed to or used with any hazards noted below (check all that apply)?

YES     NO

Biological     Chemical     Radiological     Other (please specify): \_\_\_\_\_

Please provide method of decontamination/sterilization (tick all that apply):

Ethanol     Autoclave     Soap & Water     Irradiation     Bleach     Other (please specify): \_\_\_\_\_

By signing below, I certify that the aforementioned devices are free of any chemical, radioactive, biohazardous or other dangerous substances, that they are safe for human handling and agreed with the terms and condition of calibration work done NaLECC.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### For NaLECC Use Only

Receiver's Name:		
Designation:		Signature & Date: