



ACCEPTANCE FORM

Document No. : FM-LM-44-01

Effective Date: August 12, 2019

**ACCEPTANCE CERTIFICATE**

Company Name : \_\_\_\_\_  
Address : \_\_\_\_\_  
Contact Person : \_\_\_\_\_  
Contact Number : \_\_\_\_\_

**Item Description**

Name of Equipment : \_\_\_\_\_  
Brand : \_\_\_\_\_  
Model : \_\_\_\_\_  
Serial Number : \_\_\_\_\_

**Acceptance Date** : \_\_\_\_\_

This is to certify that \_\_\_\_\_, has delivered the above mentioned  
(Company Name)

item/s and has completed the following requirements for certification:

1. Submission of warranty certificate and coverage, equipment operation manual, list of parts and accessories, calibration certificate and procedure, list of consumables and disposal procedure of test specimen (if applicable).
2. Laboratory equipment was properly installed, calibrated, and in good working condition.
3. Hands-on training was conducted and training attendees were given certificates.

Prepared by:

\_\_\_\_\_  
Operations Engineer Signature over Printed Name/Date

Approved by:

\_\_\_\_\_  
ILMO Director Signature over Printed Name/Date