

RENTAL DEVICES REQUIREMENT



Device	
Bridging device	<input type="checkbox"/>
Test device	<input type="checkbox"/>

Company / division: _____

Contact person: _____

Address: _____

Telephone no.: _____

E-Mail address: _____

Period of time:	
From	<input type="text"/>
To	<input type="text"/>

Requested device:	
<input type="checkbox"/>	Refractometer
<input type="checkbox"/>	Flame Photometer
<input type="checkbox"/>	Polarimeter
<input type="checkbox"/>	Density Meter
<input type="checkbox"/>	Melting Point Meter
<input type="checkbox"/>	Gas Analysers

Device configuration:
Measuring range: _____
Measurement accuracy: _____
Temperature control range: _____
Others: _____

Which samples should be measured or determined ?		
<input type="checkbox"/>	Material/Samples	_____
<input type="checkbox"/>	Toxic substances ¹⁾	_____
<input type="checkbox"/>	Carcinogenic substances ¹⁾	_____
<input type="checkbox"/>	Infectious material ¹⁾	_____
<input type="checkbox"/>	Biological material ¹⁾	_____
<input type="checkbox"/>	Radioactive substance ¹⁾	_____

¹⁾ If devices have come into contact with one of these substances, during the devices will only be accepted if a consultation with A.KRÜSS has taken place prior to submission.

⇒ PLEASE SEND THIS REQUIREMENT TO THE E-MAIL ADDRESS: SALES-LABOR@KRUSS.COM