



Ascendent Technology Sdn. Bhd.
(1093652-W)



Applicable



SBL-Khas Claimable



BALANCE CALIBRATION (Competency Training)

PROGRAMME OVERVIEW:

This calibration training module is designed to meet ISO quality management system requirement include ISO 9001, ISO 14001, ISO/IATF 16949, ISO 22000, ISO/IEC 17025, GMP, HACCP and other quality management systems. The calibration procedure is according to EURAMET-cg18 which is the latest development in metrology. This module include the evaluation of measurement uncertainty base on ISO Guide to the expression of uncertainty in measurement (GUM).

TARGET GROUP:

Quality Managers, Technical Managers, Laboratory Managers, Supervisors, Chemist, Engineer, Signatories of test reports & certificates, Laboratories Personnel.

OBJECTIVE:

At the end of the course, participants are expected to:

1. Acquire basic knowledge in using balance with resolution of 0.1mg to tons of loading capacity according to EURAMET-cg18
2. Perform calibration independently
3. Perform necessary calculations include uncertainty estimation based on ISO Guide [according to the model given only]
4. Able to generate ISO quality management system accepted calibration report

CONTENT:

- 1) Principle of metrology and ISO requirement on calibration.
- 2) Understand the equipment and its use
- 3) Balance construction principle
- 4) Care and Maintenance
- 5) Weighing Bench
- 6) Environmental Condition
- 7) Other Important Items Calibration
- 8) Step by step procedures are carried out based on ASTM E898-88, clause 7.2 off – centre
- 9) Repeatability, linearity and settling time.
- 10) Perform necessary metrological calculation for balance.
- 11) Estimate uncertainty of test base on ISO Guide.
- 12) Calculation and Interpretation
- 13) Conclusion and Q & A sessions

METHODOLOGY :

Lectures, discussion, demonstration, hands-on practice and practical exercises

CERTIFICATE :

Participants are required to complete a project usually at the end of training or within 2 weeks of completion of the training

- ✓ Certificate of competency - achieves score points above 70 %
- ✓ Certificate of attendance - score points below 70 % or no submission of project

REGISTRATION FORM (E001):

PUBLIC TRAINING

Course Fee : RM 2,100 Per Pax
Training Date : Refer to Training Calendar
Venue : **Ascendent Training Room**
Duration : 2 Days
Time : 9:00 AM - 5:00 PM
Venue : Ascendent Technology Sdn Bhd
HRDF : **SBL - Khas**

Participant : Mr / Ms
 Designation :
 NRIC :
 Mobile No. :
 Email :

IN-HOUSE TRAINING

Course Fee : RM 6,000 Per Day
Duration : 2 Days
Time : 9:00 AM - 5:00 PM
HRDF : **SBL - Khas**
Maximum No. : 5 - 25 Candidates

Participant : Mr / Ms
 Designation :
 NRIC :
 Mobile No. :
 Email :

Participant : Mr / Ms
 Designation :
 NRIC :
 Mobile No. :
 Email :

CANCELLATION / POSTPONEMENT POLICY

1. Ascendent Technology Sdn.Bhd. reserves the right to cancel, postpone or make any changes to the venue and training dates due to unavoidable circumstances.
2. Reservation can be made by telephone or email, but will only be confirmed upon the received of completed registration form and payment.
3. Please do not make any travel arrangements until you have received written confirmation for your registration from us.
4. No cancellation is allowed but a candidate replacement can be arranged.
5. For confirm cancellation: 7 days notice prior to commencement will subjected to RM250 service charge. If less than 7 days notice, there will be no refund.
6. Confirm postponement for in-house training less than 14 days notice prior to commencement will subjected to 50% service charge on total invoice.

Participant : Mr / Ms
 Designation :
 NRIC :
 Mobile No. :
 Email :

PAYMENT DETAILS

All cheques should be crossed and made payable to: **ASCENDENT TECHNOLOGY SDN BHD** Bank A/C No. **Maybank 5127-6360-6820**.

Admittance will be permitted upon receipt of full payment 2 weeks before the course is conducted.

Training certificate will be awarded upon received of full payment

FOR HR DEPARTMENT

| | | |
|-------------------|--------------------------|----------------|
| Company Name: | Contact Person: Mr / Ms: | |
| Address: | Designation: | |
| | Department: | |
| | Email: | |
| | Mobile No: | |
| | Signature: | Company Stamp: |
| Training Date: | | |
| Telephone: | | |
| Type of Industry: | | |