



Verified by factory Authorized and Certified technician

CALIBRATION REQUEST FORM

Hazardous gas monitoring

We accept :



Building Information

Building Name _____ Strata Plan: _____

Building Address: _____ City: _____

Postal Code: _____ Province: _____

Building Rep. Name:: _____ Phone #: _____

Management Company: _____

Property Manager Name : _____ Phone #: _____

Management Company Address: _____

Equipment Information

Brand of Equipment: _____

Model of monitors: _____ Model of Controller: _____
If known If known

Quantity of Transmitters/Sensors: _____

Location of Controller: _____

Accounts Payable Information

Accounts Payable Name: _____ PO#: _____

Accounts Payable Email Address: _____

Other Notes & Comments

Viking Technologies Ltd
4828 Rowan Avenue
Burnaby, BC V5G-3T1



Telephone: 604.298.6453
Iphone: 778.938.6453
Email: Info@Vikingtechnologies.ca