

 <b>WELD-ING DOO</b> INŽENJERING U ZAVARIVANJU <a href="http://www.weld-ing.com">www.weld-ing.com</a>	<b>ZAHTEV ZA PREGLED/ VALIDACIJU OPREME ZA ELEKTROLUČNO ZAVARIVANJE</b> REQUEST FOR INSPECTION/VALIDATION OF ELECTRIC ARC WELDING EQUIPMENT	<b>Broj:</b> Number:
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<b>Podaci o Naručiocu:</b> Information about the Client:	
1.	<b>Naziv preduzeća:</b> Company name:
2.	<b>Kontakt osoba:</b> Contact person:
3.	<b>Kontakt telefon:</b> Contact phone:

<b>Podaci o uređaju:</b> Information about the equipment:		
1.	<b>Naziv uređaja:</b> Equipment name:	
2.	<b>Tip uređaja:</b> Model of equipment:	
3.	<b>Proizvođač uređaja za elektrolučno zavarivanje:</b> Manufactured of equipment:	
4.	<b>Serijski broj /Fabrički broj:</b> Serial number:	
5.	<b>Invenarski broj:</b> Inventory number:	
6.	<b>Godina proizvodnje:</b> Year of production:	
7.	<b>Tehnički karton za navedeni uređaj:</b> Technical card for the specified device:	DA/ YES <input type="checkbox"/> NE/ NO <input type="checkbox"/>
8.	<b>Datum poslednjeg servisa:</b> Date of last service:	
9.	<b>Servis obavio:</b> Servis done:	<b>Ovlašćeni servis:</b> DA/ YES <input type="checkbox"/> <b>Neko drugi</b> Authorized service:    NE/ NO <input type="checkbox"/> Someone else _____
10.	<b>Vrsta energetskog priključka:</b> Type of energy connection:	2 p Monofazni <input type="checkbox"/> 4 p 16 A <input type="checkbox"/> 4 p 32 A <input type="checkbox"/> 4 p 63 A <input type="checkbox"/> 3 p Trofazni <input type="checkbox"/> 5 p 16 A <input type="checkbox"/> 5 p 32 A <input type="checkbox"/> 5 p 63 A <input type="checkbox"/>
11.	<b>Oblast zahtevane validacije: (čekirati standard po kom želite da se obavi pregled uređaja )</b> Validation Required Area: (check the standard according to which you want the device to be inspected):	SRPS EN 50504 <input type="checkbox"/> SRPS EN IEC 60974-14 <input type="checkbox"/>
12.	<b>Pregled/Validacija biće realizovana: (čekirati i za lokaciju naručioca popuniti tačnu adresu)</b> Validation will be carried out: (check and fill in the correct address for the location of the customer)	<b>Na lokaciji Kontrolnog tela:</b> DA/ YES <input type="checkbox"/> <b>NE/ NO</b> <input type="checkbox"/> At the location of the Kontrol Body: <b>Na lokaciji naručioca vaalidacije:</b> At the location of the certification authority:
13.	<b>Zahtev overio:</b> Request Validate:	<b>Datum:</b> Date: _____ <b>Potpis:</b> Signature: _____

<b>Potrebni uslovi za proveru na lokaciji Naručioca:</b> Name and surname of the applicant:		
1.	<b>Natkriveni prostor u kome se vrši provera:</b> A covered area where the check is carried out:	DA/ YES <input type="checkbox"/> NE/ NO <input type="checkbox"/>
2.	<b>Vrsta energetskog priključka:</b> Type of energy connection:	2 p Monofazni <input type="checkbox"/> 4 p 16 A <input type="checkbox"/> 4 p 32 A <input type="checkbox"/> 4 p 63 A <input type="checkbox"/> 3 p Trofazni <input type="checkbox"/> 5 p 16 A <input type="checkbox"/> 5 p 32 A <input type="checkbox"/> 5 p 63 A <input type="checkbox"/>
3.	<b>Temperatura okoline od 15 °C do 35 °C:</b> Ambient temperature from 15 °C to 35 °C:	DA/ YES <input type="checkbox"/> NE/ NO <input type="checkbox"/>
4.	<b>Protiv požarna zaštita:</b> Fire protection:	DA/ YES <input type="checkbox"/> NE/ NO <input type="checkbox"/>
5.	<b>Radni sto:</b> Desk:	DA/ YES <input type="checkbox"/> NE/ NO <input type="checkbox"/>

QOB.WI.K.16.3 Izdanje 1 Revizija 0

\*Ukoliko nije moguće zadovoljiti tražene uslove uređaj dostaviti u prostorije Weld-ing-a/ If it is not possible to meet the required conditions, deliver the equipment to Weld-ing  
 \*\* Polja označena sivom bojom popunjava podnosioc zahteva/ Fields marked with gray are filled in by the applicant