澳 門 發 展 及 質 量 研 究 所
Instituto para o Desenvolvimento e Qualidade, Macau
Institute for the Development and Quality, Macau

澳門氹仔 徐日昇寅公馬路 澳門發展及質量研究所
IDQ, Avenida Padre Tomás Pereira,S.N., Taipa, Macau
專線/D.L.：(853) 8291 4725 傳真/Fax：(853) 2835 6162
電郵/Email：contract@idq.org.mo

SERVICE REQUEST FORM

TEED–Thermal and Environmental Engineering Department
Electrical System Testing Services (2)

For IDQ use only
SR No.: IDQ-2026SR-_____
Obra No.: _____
Version: IDQ-Q-202601

Client:	P.O. No. (If applicable):
Address:	Tel:
E-Mail:	Fax:
Project name:	Contact person:

Price list item no.	Test items	Unit price	Quantity	Amount
6.2.1	Infrared Thermography Test (one person per day)	$6,000.00		
6.2.2	☐ Illuminance/ ☐ Luminance Measurement (one person per day) (The unit price is for a single parameter)	$3,000.00		
6.2.3.	Low voltage power and harmonic Measurement (one person per day/40minute record)	$5,000.00		
6.2.4	Electromagnetic Field Test (one person per day)	$3,000.00		
6.2.5	Non-office hour testing			
6.2.5.1	Mon-Thu 17:45-00:00. Fri 17:30-00:00 (Except holidays)	50% of basic charge		
6.2.5.2	Mon-Fri 00:00-09:00 (Except holidays)	100% of basic charge		
6.2.6	Saturday, Sunday, Public Holiday or Government Holiday Additional Charge			
6.2.6.1	09:00-18:00	50% of basic charge		
6.2.6.2	18:00-09:00	100% of basic charge		
6.2.7	Labor Holiday Additional Charge	100% of Basic charge		
6.2.8	Attendance fee (applicable to the case which attended to the scene but the conditions are not available to test)	$500.00		
For IDQ use only		Discount：	%	
		Total：	MOP	

Remark：	NOTE： ALL SERVICES ARE SUBJECT TO THE TERMS AND CONDITIONS OF THE PRICE LIST AND REMARKS (6.2.1-6.2.4). THE TEST METHOD PLEASE REFER TO THE DETAILS OF ANALYSIS REQUEST FORM.

For IDQ use only	AD contact person: *Contact person:*	☐*Cannot provide the related service*

**By signing this SRF, you are aware of and agree to comply with the conditions of service and corresponding remarks in the " IDQ Service Price List" and are bound by them.

Client's acceptance: Signature & company stamp: Date:	Received by: Date:	*Approved by:* *Date:*	Confirmed by: Date:

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Analysis Request form TEED–Thermal and Environmental Engineering Department Electrical System Testing Services (2)	For IDQ use only SR No.: IDQ-2026SR-_____ Obra No.: _____ Version: IDQ-Q-202601

Remark：

**The Analysis Request form must be submitted together with the SRF. Please refer to the above table for the testing basis of test items.

Client's acceptance: Signature & company stamp: Date:	*Approved by:* *Date:*