



**Ascendent Technology Sdn. Bhd.**  
(1093652-W)



Claimable



Claimable



## COORDINATE MEASURING MACHINE

### **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:

- ✓ Acquire basic technical knowledge and maintenance of Coordinate Measuring Machine.
- ✓ Acquire basic technical knowledge in calibration for Coordinate Measuring Machine.
- ✓ Acquire basic technical knowledge in understanding of CMM Software.

### **CONTENT:**

1. Introduction of Metrology.
2. Terminology of Metrology.
3. Introduction of Coordinate Measuring Machine.
4. Coordinate Geometry Study.
5. Technical Drawing.
6. Basic Technical Knowledge and Maintenance of Coordinate Measuring Machine.
7. Calibration for Coordinate Measuring Machine.
8. Understanding of CMM Software.
9. Programming in CMM
10. Questions and Answers.

11. Introduction of Coordinate Measuring Machine.
12. Basic Technical Terms in Coordinate Measuring Machine.
13. Hands on Coordinate Measuring Machine (simple measurement).
14. Hands on Coordinate Measuring Machine (simple programming to do measurement).

### **METHODOLOGY :**

Interactive lectures, discussion, 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 assessment

### **REMARK:**

- 1) Candidate is advisable to bring tumb drive or notebook.
- 2) Candidates need to bring along their scientific calculator for assessment.
- 3) Candidate is required to complete the assessment during training or must submitting the completed assessment within 2 weeks after the training is completed.
- 4) Certificate will be issue based on score point in the assessment.
- 5) The original marked assessment paper will be return to customer together with certificate.
- 6) Candidate with poor score is advisable to re-seat the training and assessment.

## REGISTRATION FORM (E018):

### PUBLIC TRAINING

**Course Fee** : RM 2,100 Per Pax  
**Duration** : 2 Days  
**Time** : 9:00 AM - 5:00 PM  
**Venue** : Ascendent Technology Sdn Bhd  
**HRDF** : Claimable

Participant : Mr / Ms  
 Designation :  
 Department :  
 Email :  
 Phone No :

### IN-HOUSE TRAINING

**Course Fee** : RM 6,000 Per Day  
**Duration** : 2 Days  
**Time** : 9:00 AM - 5:00 PM  
**Venue** : Customer's premises / Hotel  
**HRDF** : Claimable  
**Maximum No.** : 5 - 25 Candidates

Participant : Mr / Ms  
 Designation :  
 Department :  
 Email :  
 Phone No :

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 Department :  
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 Phone No :

### 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 :  
 Department :  
 Email :  
 Phone No :

### 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 :	
Training Date:		Signature:	Company Stamp:
Telephone:	Fax:		
Type of Industry:			