



**ISO/IEC 17025 and ANSI/NCSL Z540-1 accredited**  
*The specialists in ASTM and laboratory thermometers & hydrometers*  
Members: **ASTM NCSL ASQ NCWM**

*Setting new standards in calibration excellence!*

1501 Decker Avenue Suite 118 Stuart, FL 34994 USA  
Tel: 772 286 7710 **1-800-713-6647**  
Fax: 772 286 8737 E-mail: jeff@icllabs.com  
Internet: www.icllabs.com

Field office: Caguas, PR Tel: 787 286 7448

## CALIBRATION ORDER FORM FOR HYDROMETERS

### CUSTOMER INFORMATION

Date: \_\_\_\_\_

Bill to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Ship to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Technical Contact:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name on Certificate: \_\_\_\_\_

Same as above

### DEVICE INFORMATION

Please check as appropriate: If you check 'DEFAULT' test points we will choose test points and perform the calibration in accordance with ASTM, NIST or other authoritative body requirements or recommendations. **If the 'default' box is checked, no further test point information is required.**

SERIAL NO. \_\_\_\_\_ TEST POINT(S):  Default  
 Other (please specify): \_\_\_\_\_

If the hydrometer has an incorporated thermometer, do you want the thermometer calibrated also?  Yes  No

SERIAL NO. \_\_\_\_\_ TEST POINT(S):  Default  
 Other (please specify): \_\_\_\_\_

If the hydrometer has an incorporated thermometer, do you want the thermometer calibrated also?  Yes  No

SERIAL NO. \_\_\_\_\_ TEST POINT(S):  Default  
 Other (please specify): \_\_\_\_\_

If the hydrometer has an incorporated thermometer, do you want the thermometer calibrated also?  Yes  No

SERIAL NO. \_\_\_\_\_ TEST POINT(S):  Default  
 Other (please specify): \_\_\_\_\_

If the hydrometer has an incorporated thermometer, do you want the thermometer calibrated also?  Yes  No

SERIAL NO. \_\_\_\_\_ TEST POINT(S):  Default  
 Other (please specify): \_\_\_\_\_

If the hydrometer has an incorporated thermometer, do you want the thermometer calibrated also?  Yes  No

SERIAL NO. \_\_\_\_\_ TEST POINT(S):  Default  
 Other (please specify): \_\_\_\_\_

If the hydrometer has an incorporated thermometer, do you want the thermometer calibrated also?  Yes  No

SERIAL NO. \_\_\_\_\_ TEST POINT(S):  Default  
 Other (please specify): \_\_\_\_\_

If the hydrometer has an incorporated thermometer, do you want the thermometer calibrated also?  Yes  No

Please use additional space as needed.

### CUSTOMER AUTHORIZATION

The device(s) submitted for calibration as requested above is (are) assumed to be in working order and suitable for calibration. If defects are determined to exist, or the device is found to be out of tolerance, I authorize ICL Calibration Laboratories, Inc. to: (please check one of the following options):

- Provide "As Found" values for the device. I will make a decision regarding continued utilization of the device based on the data provided in the calibration report.
- Provide "As Found" values for the out-of-tolerance device and provide a new, identical device, calibrate per original instructions, and bill accordingly. **If this option is checked, there will be a charge for the calibration of the out-of-tolerance device, the cost of a replacement device, and a second calibration charge for the new device.**
- Reject the device without reporting 'As Found' data, provide a new, identical device, calibrate per original instructions, and bill accordingly. **If this option is checked, there will be no calibration charges incurred for defective or out-of-tolerance devices instruments encountered.** All rejected devices will be returned to you. *This option may not be appropriate for clients operating in a regulatory or ISO quality system environment.*

### RECALIBRATION INTERVAL (per the requirements of your quality system)

Please indicate the calibration interval you wish to appear on the calibration report, for example, "1 YEAR", or specify "NONE" if you do not wish to have a 'Next Due' date appear.

RECALIBRATION INTERVAL: \_\_\_\_\_

If the interval is left blank, we will insert a 'reasonable and prudent' calibration interval taken from NIST or other authoritative body recommendations.

Note: if we know your recalibration interval, we will contact you approximately one month before the expiration of that interval to remind you recalibration will soon be due.

### ANY SPECIAL INSTRUCTIONS OR REQUESTS?

### SAFETY INFORMATION

Have any of the devices being submitted for calibration been exposed to radiation, bio-hazardous material or other hazardous contamination?

- No
- Yes \*

\* If yes, I hereby certify that these device(s) have been decontaminated by approved methods and are safe for handling.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_ Company: \_\_\_\_\_

### PAYMENT OPTIONS (Please select one)

- Corporate Purchase Order # \_\_\_\_\_ (Please enclose a copy of the PO)
- Visa
- MasterCard
- American Express

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Account: \_\_\_\_\_

- UPS C.O.D.

**RETURN SHIPMENT (Please select one)**

- Standard (UPS Ground)
- 3 Day (UPS Select)
- 2 Day (UPS Blue)
- Overnight (UPS Red)

- UPS Collect
- Other

Acct. No. \_\_\_\_\_  
Carrier: \_\_\_\_\_  
Acct. No.: \_\_\_\_\_

***PLEASE NOTE: A SHIPPING LABEL FOR YOUR USE IS PROVIDED BELOW***

Ship To:

ICL CALIBRATION LABORATORIES, INC.  
1501 DECKER AVENUE  
SUITE 117  
STUART, FLORIDA 34994  
ATTENTION: CALIBRATION