



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

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Setting new standards in calibration excellence!

Field office: Caguas, PR Tel: 787 286 7448

CALIBRATION ORDER FORM FOR GLASS CAPILLARY VISCOMETERS

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' calibration we will calibrate your viscometer per manufacturer's standards. If the 'default' box is checked, no further test point information is required. **Please note that dirty viscometers submitted for calibration will incur a \$25.00 cleaning charge!**

SERIAL NO. _____	TEST POINT(S):	<input type="radio"/> Default <input type="radio"/> Other (please specify): _____
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SERIAL NO. _____	TEST POINT(S):	<input type="radio"/> Default <input type="radio"/> Other (please specify): _____
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SERIAL NO. _____	TEST POINT(S):	<input type="radio"/> Default <input type="radio"/> Other (please specify): _____

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)

- | | | |
|--|--------------------------------------|------------------|
| <input type="checkbox"/> Standard (UPS Ground) | <input type="checkbox"/> UPS Collect | Acct. No. _____ |
| <input type="checkbox"/> 3 Day (UPS Select) | <input type="checkbox"/> Other | Carrier: _____ |
| <input type="checkbox"/> 2 Day (UPS Blue) | | Acct. No.: _____ |
| <input type="checkbox"/> Overnight (UPS Red) | | |

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