

ICL CALIBRATION LABORATORIES, INC.



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 DIGITAL THERMOMETERS, PRTs, THERMOCOUPLES, THERMISTORS, ETC.

CUSTOMER INFORMATION

Date: _____

Bill to: _____

Ship to: _____

Technical Contact:

Name on Certificate: _____

Name: _____

Same as above

Phone: _____

Email: _____

DEVICE INFORMATION

Please check box 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): _____

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 Other (please specify): _____

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 Other (please specify): _____

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 Other (please specify): _____

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

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

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

Please use additional space as needed.

CUSTOMER AUTHORIZATION

The devices submitted for calibration as requested above are assumed to be in working order and suitable for calibration. If defects are determined to exist and the device cannot be calibrated, or the device is found to be out of tolerance, I authorize ICL Calibration Laboratories, Inc. to: (please check one of the following options):

Stop the calibration and return the device to me. A charge will be assessed based upon the time expended.

- Take 'As Found' data and return the instrument to me with a new report, do not make any adjustments or repairs.
- If the device can be adjusted, provide 'As Found' data, adjust the device to return it to in-tolerance condition, and provide 'As Left' data. All details will be provided in the calibration report. **This adjustment and subsequent re-testing requires an additional charge.**
- If the device cannot be returned to 'in-tolerance' condition due to a defective component (a damaged or failed sensor, for example), provide 'As Found' data for the out-of-tolerance device, repair or replace the defective component, then calibrate per original instructions with 'As Left' data. All details will be provided in the calibration report. **If this option is checked, there will be a charge for the calibration of the out-of-tolerance device, the cost of repairs or replaced component, and an additional charge for the subsequent re-testing.**
- Stop the calibration and provide an estimate for the cost of repairs or component replacement. **This option is sometimes more costly, as the calibration setup must be stopped, then set up again at a later date. This option also will delay the completion date.**

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