



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

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

Setting new standards in calibration excellence!

CALIBRATION ORDER FORM FOR HYDROMETERS

CUSTOMER INFORMATION

Date: _____

Bill to:

Ship to:

Technical Contact:

Name: _____

Phone: _____

Email: _____

Name on Certificate: _____

Same as above

DEVICE & TESTING INFORMATION

- **Default:** Test points will be chosen in accordance with ASTM E-100 specifications or ICL's published recommendations
- **If the device being submitted for calibration is a combined form thermo-hydrometer, do you require the thermometer portion to be calibrated? Yes No**
- **Same as previous calibration:** Test points from previous calibration will be used.
- **Other:** Please specify your chosen calibration test points. *Note: If the specified test points do not represent a "Full Scale" calibration, limitations may be placed on the instrument's use.*

Please check as appropriate:

SERIAL NO. _____ TEST POINT(S): Default Same as previous calibration Other _____

Calibrate the thermometer portion of the above thermo-hydrometer at test point(s): Default Other _____

SERIAL NO. _____ TEST POINT(S): Default Same as previous calibration Other _____

Calibrate the thermometer portion of the above thermo-hydrometer at test point(s): Default Other _____

SERIAL NO. _____ TEST POINT(S): Default Same as previous calibration Other _____

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Calibrate the thermometer portion of the above thermo-hydrometer at test point(s): Default Other _____

SERIAL NO. _____ TEST POINT(S): Default Same as previous calibration Other _____

Calibrate the thermometer portion of the above thermo-hydrometer at test point(s): Default Other _____

Please use additional space as needed.

OUT OF TOLERANCE ACTION

Should the device(s) submitted for calibration be found out of tolerance, I authorize ICL Calibration Laboratories, Inc. to: (please check one of the following options):

- Reject it without data, provide a **NEW**, identical device, calibrated per original instructions, and bill accordingly.
 - **If this option is checked, there will be no calibration charges incurred for out-of-tolerance devices encountered.**
 - All rejected devices will be returned to you.
- Provide "As Found" values for the **out-of-tolerance** hydrometer. I will make a decision regarding continued utilization of the instrument based on the data provided in the calibration report.
- Provide "**As Found**" values for the **out-of-tolerance** hydrometer **AND** provide a **NEW**, identical device, calibrated 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 in addition to the cost of a replacement device and calibration.**

Should the device(s) submitted for calibration be rejected during physical examination, I authorize ICL Calibration Laboratories, Inc. to: (please check one of the following options):

- Provide a **NEW**, identical device, calibrated per original instructions, and bill accordingly.
 - All rejected devices will be returned to the client.
- Return the device, no further action required, bill accordingly.

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 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)

- Visa
- MasterCard
- American Express

Credit Card Number: _____ Expiration Date: _____

Name on Account: _____ Security Code: _____

Billing Street Address : _____ Zip Code: _____

RETURN SHIPMENT (Please select one)

ICL Calibration Laboratories, Inc. is an Authorized Shipper of Dangerous Goods (UN3506) in accordance with DOT (CFR49) and IATA regulations.

Domestic Shipments

If you require return shipment via a method other than those listed below, please contact an ICL customer service representative for authorization as restrictions may apply. Toll Free 800 713 6647

- UPS Ground, Prepay and Add
- UPS Ground Collect Account # _____
- FedEx Ground Collect Account # _____

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