

ICL CALIBRATION LABORATORIES, INC.



CERT. 526.01 CALIBRATION

ISO/IEC 17025 and ANSI/NCSL 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@iclcalibration.com
Internet: www.icllabs.com

Setting new standards in calibration excellence!

CALIBRATION ORDER FORM FOR DIGITAL THERMOMETERS

CUSTOMER INFORMATION

Date: _____

Bill to:

Ship to:

Technical Contact:

Name: _____

Phone: _____

Email: _____

Name on Certificate: _____

Same as above

DEVICE & TESTING INFORMATION

Please check box as appropriate: **If the "Same as previous calibration" box is checked, no further test point information is required.**

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

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

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

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

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

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):

- If the device can be adjusted, provide "As Found" values, return the device to "In Tolerance" conditions and provide "As Left" values. I understand that there will be an additional fee associated with the adjustment and provision of the "In Tolerance", "As Left" values.
- Provide "As Found" values for the thermometer. DO NOT ADJUST. I will make a decision regarding continued utilization of the instrument based on the data provided in the calibration report.

RECALIBRATION INTERVAL (per the requirements of your quality system)

Please indicate the calibration interval you wish to appear on the calibration report:

- 1 YEAR**
- NONE** (if you do not wish to have a 'Next Due' date appear.)

If the interval is not indicated by the client, 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: _____

- UPS C.O.D.

RETURN SHIPMENT (Please select one)

- UPS Ground
- UPS Next Day
- UPS 2 Day
- FedEx Ground Collect
- FedEx Priority Collect
- FedEx 2 Day Collect
- Collect UPS Acct. No. _____
- Collect FedEx Acct. No. _____

Ship To Address:

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