

OUT OF TOLERANCE ACTION

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.

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** thermometer. 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** thermometer **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.**

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.

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
- Purchase Order No. (Authorized accounts only) _____

Credit Card Number: _____ Expiration Date: _____

Name on Account: _____ Security Code: _____

Email Address for credit card receipt: _____

RETURN SHIPMENT (*Please select one*)

- UPS Ground
- UPS Ground Collect, Acct #: _____
- FedEx Ground Collect, Acct #: _____

Note: If delays occur, do you authorize partial shipment of your order?

- Yes
- No

ANY SPECIAL INSTRUCTIONS OR REQUESTS?

Please ship your instrument(s) along with this completed form to the below address:

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