



ISO/IEC 17025 and ANSI/NCSL Z540-1 accredited
The specialists in ASTM and laboratory thermometers & hydrometers
Members: **A2LA ASTM API NCSL ASQ NCWM**
Setting new standards in calibration excellence!

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CALIBRATION ORDER FORM FOR GLASS THERMOMETERS

CUSTOMER INFORMATION

Date: _____

Bill to address:

Address for return shipment:

Client Technical Contact:

Name: _____

Phone: _____

Email: _____

For Distributors and Resellers Only

Company Name on Calibration Report(s):

Same as above (use my company name)

DEVICE & CALIBRATION INFORMATION

Our laboratory will calibrate the thermometer(s) referenced below, at the specified test points per ICL Procedure 01 which is based on ASTM E77. Your instrument(s) will be subjected to the specified series of calibration temperatures to obtain 'As Found' / 'As Left' readings. We will provide an ISO/IEC 17025 Accredited report of calibration, traceable to the SI through NIST, with As Found and As Left data, with measurement uncertainty, and detailing all the parameters of the calibration.

Please note that when statements of compliance are made, the uncertainty of the measurement shall be taken into account. It is the policy of this laboratory to use a guard band in the decision process which is designed to reduce the probability of a false acceptance (PFA), or false failure, to 2% or less. The method and equations used for the calculation of the guard band are as per method 6 of ANSI/NCSL Z540.3.

- Default:** Test points will be chosen in accordance with ASTM E-1 specifications or ICL's published recommendations
- 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 (please specify): _____

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_ Other (please specify): _____

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

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**