

# 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: A2LA ASTM API NCSLI ASQ NCWM  
*Setting new standards in calibration excellence!*

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Fax: 772-286-8737 email: sales@icllabs.com  
Internet: www.icllabs.com

## CALIBRATION ORDER FORM FOR HYDROMETERS/THERMO-HYDROMETERS

### 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 hydrometer(s) referenced below, at the specified test points per ICL Procedure 02 which is based on ASTM E100, E126 and E2995-14. Your instrument(s) will be subjected to the specified series of calibration points 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:** If the UUT is an ASTM hydrometer, the default calibration points are specified in ASTM E100 or ASTM E2995 (current revision). If the hydrometer is not ASTM designated, the recommended procedure for choosing calibration points is set forth in ASTM E126 (current revision), and generally requires 3 calibration points, approximately low, middle and high on the scale.
- **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 note that additional charges may apply if the client has specified below to "Calibrate the thermometer portion of the above thermo-hydrometer at test points..."**

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 \_\_\_\_\_  
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 \_\_\_\_\_

## 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** instrument. 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** instrument **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

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**