

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 NCSL ASQ NCWM**
Setting new standards in calibration excellence!

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

CALIBRATION ORDER FORM FOR (PET) Portable Electronic 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 readout(s) and sensor(s) referenced below, at the specified test points per ICL Procedure 04. Your instrument(s) will be subjected to the specified series of calibration temperatures to obtain 'As Found' readings (if device is in operable condition upon receipt). If the adjustment threshold (70% of tolerance) is exceeded at any temperature, we will perform an adjustment to return the device to in-tolerance condition, when possible. If adjustment was required, subject the thermometer to all calibration temperatures to obtain 'As Left' calibration data. 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

SERIAL NO. _____ MODEL NO. _____

SERIAL NO. _____ MODEL NO. _____

SERIAL NO. _____ MODEL NO. _____

SERIAL NO. _____ MODEL NO. _____

SERIAL NO. _____ MODEL NO. _____

SERIAL NO. _____ MODEL NO. _____

OUT OF TOLERANCE ACTION

Should the device(s) submitted for calibration be received in inoperable condition, I authorize ICL Calibration Laboratories, Inc. to: (check the appropriate option):

- ☐ Replace defective component(s) and restore unit to proper working order, calibrate per original instructions, and bill accordingly.
- ☐ Develop an estimate for cost of replacement instrument(s), and request authorization to proceed. (This may delay delivery beyond promised date.)
- ☐ DO NOT REPAIR. Return in "As Found" condition and charge according for labor and time incurred.

RECALIBRATION INTERVAL (per the requirements of your quality system)

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

Please note that API Chapter 7.2, Section 9.2.2 Specifies a 1 YEAR calibration interval.

- ☐ **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 the calibration interval specified in API Chapter 7, Section 8.2

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)

- | | |
|--|--|
| <input type="checkbox"/> UPS Ground | <input type="checkbox"/> Collect UPS Acct. No. _____ |
| <input type="checkbox"/> UPS Next Day | <input type="checkbox"/> DHL Collect (International Only), Acct #: _____ |
| <input type="checkbox"/> UPS 2 Day | |
| <input type="checkbox"/> FedEx Ground Collect, Acct #: _____ | |
| <input type="checkbox"/> FedEx Priority Collect, Acct #: _____ | |
| <input type="checkbox"/> FedEx 2 Day 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**