## ICL CALIBRATION LABORATORIES, INC.



ISO/IEC 17025 and ANSI/NCSL Z540-1 accredited

<u>The specialists</u> in ASTM and laboratory thermometers & hydrometers

Members: A2LA ASTM API NCSLI ASQ NCWM

Setting new standards in calibration excellence!

**CUSTOMER INFORMATION** 

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

## CALIBRATION ORDER FORM FOR VOLUMETRIC GLASSWARE

Date:		
Bill to address:		Address for return shipment:
Client Technical C	Contact:	For Distributors and Resellers Only
Name:		Company Name on Calibration Report(s):
Phone:		Come on about (vice my company name)
Email:		Same as above (use my company name)
DEVICE & CALIE	BRATION INFORMATION	ON
ASTM E542. The UUT Accredited report of ca	Γ shall be tested three times a	ed below, at the specified test points per ICL Procedure 03 which is based on at each volume to be contained or delivered. We will provide an ISO/IEC 17025 through NIST, with As Found and As Left data, with measurement uncertainty,
policy of this laborator	y to use a guard band in the classe failure, to 2% or less. The	re made, the uncertainty of the measurement shall be taken into account. It is the decision process which is designed to reduce the probability of a false ne method and equations used for the calculation of the guard band are as per
SERIAL NO	TEST POINT(S):	Same as previous calibration Other (please specify):
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## Please note that API Chapter 7, Section 8.2 Specifies a 1 YEAR calibration interval. **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. \_\_\_\_\_ 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: Security Code: Name on Account: Email Address for credit card receipt:\_\_\_\_ RETURN SHIPMENT (Please select one) UPS Ground □ Collect UPS Acct. No.\_\_\_\_ UPS Next Day □ DHL Collect (International Only), Acct #: ☐ UPS 2 Day ☐ FedEx Ground Collect, Acct #:\_\_\_\_\_ □ FedEx Priority Collect, Acct #:\_\_\_\_\_ ☐ FedEx 2 Day Collect, Acct #:\_\_\_\_\_ Note: If delays occur, do you authorize partial shipment of your order?

**RECALIBRATION INTERVAL** (per the requirements of your quality system)

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

ANY SPECIAL INSTRUCTIONS OR REQUESTS?

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