

# 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@icllab.com  
Internet: www.icllabs.com

## CALIBRATION ORDER FORM FOR VOLUMETRIC GLASSWARE

### 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 glassware referenced below, at the specified test points per ICL Procedure 03 which is based on ASTM E542. The UUT shall be tested three times at each volume to be contained or delivered. 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. \_\_\_\_\_ TEST POINT(S): ☐ Same as previous calibration  
☐ Other (please specify): \_\_\_\_\_

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

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

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

## 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)

- |  |  |
|--|--|
| <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

## 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