

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, no calibration interval shall be shown on the calibration report.

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 Next Day
- UPS 2 Day
- FedEx Ground Collect, Acct #: _____
- FedEx Priority Collect, Acct #: _____
- FedEx 2 Day Collect, Acct #: _____
- Collect UPS Acct. No. _____
- DHL Collect (International Only), 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