

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!

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CALIBRATION ORDER FORM FOR PRECISION WEIGHTS

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)

WEIGHT CALIBRATION INFORMATION

Our laboratory will clean and calibrate the weights referenced below per NIST SOP-5, '3-1 Weighing Design' and 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

Example

<u>Range of Weights</u>	<u>Serial Number</u>	<u># of Weights</u>	<u>**Weight Density</u>	<u>**Weight Class</u>	<u>Material</u>
1 mg – 500 mg	12345	12	2.7 mg/cm ³	ASTM Class 1	Alum
1 g – 100 g	12345	9	7.84 mg/cm ³	ASTM Class 1	Stainless

<u>Range of Weights</u>	<u>Serial Number</u>	<u># of Weights</u>	<u>**Weight Density</u>	<u>**Weight Class</u>	<u>Material</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

** Required information for calibration. The weight density and tolerance class (ASTM Class 1, 2, OIML E2, NIST Class F etc.) may be found on original calibration report(s) furnished at time of purchase (preferred) or on subsequent calibration report(s). Some manufacturers put this information on the weight case label. If you absolutely cannot find this information, we will research it for you.

As an alternative to filling out the above, you may wish to simply include a photocopy of the previous cal report.

OUT OF TOLERANCE ACTION

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):

- REPLACE DEFECTIVE WEIGHT WITH A NEW WEIGHT AND CALIBRATE IT.**
The report will show the mass value and mark this weight 'Out-of-Tolerance'. The mass value of the new weight will appear as the next line item and a notation will appear that this weight replaces the "out of tolerance" weight. The rejected weight(s) will be returned to you, so marked.
- DO NOT REPLACE, JUST REPORT THE CALCULATED VALUE AND THE OUT-OF-TOLERANCE CONDITION.**

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 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**