

# 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: ASTM API NCSLI ASQ NCWM

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*Setting new standards in calibration excellence!*

## CALIBRATION ORDER FORM FOR DIGITAL THERMOMETERS

### CUSTOMER INFORMATION

Date: \_\_\_\_\_

Bill to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Ship to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Technical Contact:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name on Certificate: \_\_\_\_\_

Same as above

### DEVICE & TESTING INFORMATION

Please check box as appropriate: **If the "Same as previous calibration" box is checked, no further test point information is required.**

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

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 Other (please specify): \_\_\_\_\_

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 Other (please specify): \_\_\_\_\_

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 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): \_\_\_\_\_

Please use additional space as needed.

## OUT OF TOLERANCE ACTION

Should the device(s) submitted for calibration be found to be out of tolerance, I authorize ICL Calibration Laboratories, Inc. to: (please check one of the following options):

- Reject it without data, provide a **NEW**, identical device, calibrate per original instructions, and bill accordingly.
  - **If this option is checked, there will be no calibration charges incurred for defective or out-of-tolerance devices instruments encountered.**
  - All rejected devices will be returned to you. ***This option may not be appropriate for clients operating in a regulatory or ISO quality system environment.***
- Provide "As Found" values for the thermometer. I will make a decision regarding continued utilization of the instrument based on the data provided in the calibration report.
- Provide "**As Found**" values for the out-of-tolerance device **AND** provide a **NEW**, identical device, calibrate per original instructions, and bill accordingly.
  - **If this option is checked, there will be a charge for the calibration of the out-of-tolerance device in addition to the cost of a replacement device and calibration.**

Should the device(s) submitted for calibration be rejected during its physical examination and therefore not suitable for testing, I authorize ICL Calibration Laboratories, Inc. to: (please check one of the following options):

- Provide a **NEW**, identical device, calibrate per original instructions, and bill accordingly.
  - All rejected devices will be returned to the client.
- Return the device, no further action required.

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

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

- 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 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.

## ANY SPECIAL INSTRUCTIONS OR REQUESTS?

## SAFETY INFORMATION

Have any of the devices being 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)

- Corporate Purchase Order # \_\_\_\_\_ (Please enclose a copy of the PO)
- Visa
- MasterCard
- American Express

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Account: \_\_\_\_\_ Security Code: \_\_\_\_\_

- UPS C.O.D.

**RETURN SHIPMENT (Please select one)**

- Standard (UPS Ground)
- 3 Day (UPS Select)
- 2 Day (UPS Blue)
- Overnight (UPS Red)

- UPS Collect
- Other

Acct. No. \_\_\_\_\_  
Carrier: \_\_\_\_\_  
Method: \_\_\_\_\_  
Acct. No.: \_\_\_\_\_

**PLEASE NOTE: A SHIPPING LABEL FOR YOUR USE IS PROVIDED BELOW**

Ship To:

ICL CALIBRATION LABORATORIES, INC.  
1501 DECKER AVENUE  
SUITE 117  
STUART, FLORIDA 34994  
ATTENTION: CALIBRATION