



**ISO/IEC 17025 and ANSI/NCCL Z540-1 accredited**  
*The specialists in ASTM and laboratory thermometers & hydrometers*  
Members: ASTM API NCCL ASQ NCWM

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*Setting new standards in calibration excellence!*

## CALIBRATION ORDER FORM FOR GLASS THERMOMETERS

### CUSTOMER INFORMATION

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

Bill to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Ship to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Technical Contact:

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

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

Same as above

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

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

### DEVICE & TESTING INFORMATION

- **Default:** Test points will be chosen in accordance with ASTM E-1 specifications or ICL's published recommendations
- **Same as previous calibration:** Test points from previous calibration will be used.
- **Other:** Please specify your chosen calibration test points. **Note: If the specified test points do not represent a "Full Scale" calibration, limitations may be placed on the instrument's use.**

Please check as appropriate:

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

SERIAL NO. \_\_\_\_\_ TEST POINT(S):  Default  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, 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.

## 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)**

ICL Calibration Laboratories, Inc. is an Authorized Shipper of Dangerous Goods in accordance with DOT and IATA regulations.

**Domestic Shipments**

Please note that when shipping Mercury filled thermometers via Air transportation within the USA, a Hazardous Shipment Fee will be included in the freight charge. Domestic HazMat fees may fluctuate dependent upon carrier and shipping method.

- |  |                                      |                  |
|--|--------------------------------------|------------------|
| <input type="checkbox"/> Standard (UPS Ground) | <input type="checkbox"/> UPS Collect | Acct. No. _____  |
| <input type="checkbox"/> 3 Day (UPS Select)    |                                      |                  |
| <input type="checkbox"/> 2 Day (UPS Blue)      | <input type="checkbox"/> Other       | Carrier: _____   |
| <input type="checkbox"/> Overnight (UPS Red)   |                                      | Method: _____    |
|  |                                      | Acct. No.: _____ |

**International Shipments**

Please note that **Federal Express and UPS** are currently the only carriers offering shipment of Hazardous Goods, UN2809 internationally. When shipping to countries that do not accept Hazardous Goods Deliveries, it is required that a freight forwarder, appointed by the customer, be used to handle the shipment. ICL will delivery the package to the appointed forwarder as long as they are located within the United States.

- |  |  |
|--|--|
| <input type="checkbox"/> UPS Acct #: _____   | <input type="checkbox"/> Ship to my Freight Forwarder: |
| <input type="checkbox"/> FedEx Acct #: _____ | Name: _____  |
|  | Address: _____   |
|  | _____  |
|  | City: _____  |
|  | State: _____   |
|  | Zip Code: _____  |

**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