

# ICL CALIBRATION LABORATORIES, INC.



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

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Setting new standards in calibration excellence!

Field office: Caguas, PR Tel: 787 286 7448

## WEIGHT CALIBRATION ORDER FORM

### CUSTOMER INFORMATION

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

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

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

Technical Contact:  
 Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Name on Certificate: \_\_\_\_\_  
 Same as above

### WEIGHT CALIBRATION INFORMATION

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 <sup>3</sup>	ASTM Class 1	Alum
1 g – 100 g	12345	9	7.84 mg/cm <sup>3</sup>	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 furnished at time of purchase (preferred) or on a subsequent calibration report. 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 chart, you may wish to simply include a photocopy of the previous cal report.

### WEIGHT CLEANING

Please specify your preference:

- \_\_\_\_\_ CALIBRATE MY WEIGHTS BEFORE CLEANING AND PROVIDE 'AS FOUND' DATA  
 CLEAN THE WEIGHTS (NIST GMP-5)  
 CALIBRATE THE CLEANED WEIGHTS AND REPORT 'AS LEFT' DATA

**This is the preferred method for legal, trade, FDA and other regulatory programs, and most ISO quality systems.**

Note: this option will result in a doubling of the calibration charges, as 2 complete calibrations must be performed with a cleaning in between!

\_\_\_\_\_ PLEASE CLEAN MY WEIGHTS BEFORE CALIBRATION

We will clean the weights in accordance with NIST GMP 5 and then perform the calibration.

\_\_\_\_\_ DO NOT CLEAN MY WEIGHTS BEFORE CALIBRATION

**WEIGHT REPLACEMENT      If weights are found to be out-of-tolerance, what should we do?**

Please specify your preference:

- 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.

**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
- UPS C.O.D.

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

Name on Account: \_\_\_\_\_

**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: \_\_\_\_\_

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