



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 HUMIDITY MEASURING DEVICES

CUSTOMER INFORMATION

Date: _____

Bill to:

Ship to:

Technical Contact:

Name: _____

Phone: _____

Email: _____

Name on Certificate: _____

Same as above

DEVICE & TESTING INFORMATION

A 'test point' is a specified relative humidity at a specified temperature, ie, 50% RH @ 23°C You may request relative humidity test points between 10 and 90% and corresponding temperatures between 10° and 40°C without additional charge.

A 'default' calibration would be 20, 50 & 80% RH @ 23°C. **If the 'default' box is checked, no further information is required.**

If you specify test points, please state each point as 'XX%RH @ XX°C' (or F), ie, 20% RH @ 20°C; 50% RH @ 23°C; 80% RH @ 25°C

SERIAL NO. _____ TEST POINT(S): Default
 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
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SERIAL NO. _____ TEST POINT(S): Default
 Other (please specify): _____

SERIAL NO. _____ TEST POINT(S): Default
 Other (please specify): _____

Please use additional space as needed.

OUT OF TOLERANCE ACTION

The device(s) submitted for calibration as requested above is (are) assumed to be in working order and suitable for calibration. If defects are determined to exist and the device(s) cannot be calibrated, or the device is found to be out of tolerance, I authorize ICL Calibration Laboratories, Inc. to: (please check one of the following options):

- If the device can be adjusted, provide "As Found" values, adjust the device to return it to in-tolerance condition, and provide 'As Left' values. **This adjustment and subsequent re-testing requires an additional charge.**
- If the device cannot be adjusted but is otherwise working properly, provide 'As Found' data only, and explain on the report that the device cannot be adjusted.
- Interrupt the calibration, charge for time incurred, develop an estimate for cost of adjustment or replacement, and request authorization to proceed. (This may delay delivery beyond promised date.)

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)

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

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