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The specialists in ASTM and laboratory thermometers & hydrometers
 Members: ASTM API NCSL ASQ NCWM

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Setting new standards in calibration excellence!

CALIBRATION ORDER FORM FOR PRECISION WEIGHTS

CUSTOMER INFORMATION

Date: _____

Bill to:

Ship to:

Technical Contact:

Name: _____

Phone: _____

Email: _____

Name on Certificate: _____

Same as above

WEIGHT CALIBRATION INFORMATION

Example



Range of Weights	Serial Number	# of Weights	**Weight Density	**Weight Class	Material
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
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

** 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.

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):

- 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

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: _____

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