



GENERAL PURPOSE CALIBRATION ORDER FORM

This form should accompany your instrument(s) when sending them to Massachusetts Metrology for calibration

Request Date: ____ / ____ / ____

Required By Date: ____ / ____ / ____

Company Name: _____

Company Contact: _____

Billing Address: _____

Email Address: _____

Phone: _____

Fax: _____

Shipping Requirements

Shipping Address:

Massachusetts Metrology and Instrument Service

One Liberty Square

Rockland, MA 02370

Phone: (781) 982-7125

Fax: (781) 982-7152

Return Shipping Information:

Company Name: _____

Contact: _____

Address: _____

Department: _____

Building/Lab Number: _____

Return Shipping Instructions: Ground Overnight 2nd Day Other: _____

Return Shipping Insured Value: _____

Massachusetts Metrology's primary shipping carrier is United Parcel Service.

Documentation Requirements

All Calibration Certificates include "As Found" and "As Left" data and are NIST traceable.

Name on Certificate (if different from above): _____

Address on Certificate (if different from above): _____

Please select any additional documentation requirements that apply.

ISO/IEC 17025 Accredited Certificate Uncertainty Required (no additional cost)

Not all calibrations performed at Massachusetts Metrology and Instrument Service are ISO/IEC 17025 Accredited. Please review our scope of accreditation for further details.



MASSACHUSETTS
METROLOGY
AND INSTRUMENT SERVICE



Description of Instrument(s)

<u>Manufacturer</u>	<u>Model #</u>	<u>Serial #</u>	<u>ID#</u>	<u>Tolerance</u>	<u>Cal Interval</u>	<u>Cost</u>
1. _____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____	_____

24 Hour Expedited Service Required (\$50.00 per Item) Yes No List All Item Numbers _____

48 Hour Expedited Service Required (\$30.00 per Item) Yes No List All Item Numbers _____

Expedited Calibration Service Must Be Scheduled in Advance With Customer Service - (781-982-7125)

Special Instructions / Required Calibration Test Points / Method Requirements (if any)

Typical calibrations provide for 3 to 5 various test points, which are selected throughout the instrument(s) working range. If alternate or additional calibration test points are required, or if there are any special instructions or method requirements, please specify them below.

Payment Method

Payment Method: Established Account COD AMEX Master Card VISA

PO Number: _____ **Dollar Amount (excluding shipping charges):** _____

Credit Card Number: _____ **Exp. Date:** ____/____/____

Name on Credit Card (including organization): _____

Credit Card Billing Address Zip Code: _____

Statement of Decontamination

Please indicate any exposure of the shipped instrument(s) to hazardous chemicals and/or substances and how they have been decontaminated. Please check the box below and sign at the bottom.

I certify that the aforementioned instrument(s) are free from any radioactive, hazardous, or otherwise dangerous substances and are safe for human handling.

Signature: _____ Title: _____ Date: ____/____/____