



CALIBRATION WORK ORDER

Infrared Thermometer

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.



Infrared Thermometer Description

<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. _____	_____	_____	_____	_____	_____	_____

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 and/or Method Requirements (if any)

If there are any special instructions and/or calibration method requirements, please specify them below.

Pricing

	Required Test Point(s)
Full Infrared Thermometer Calibration:	1) _____ 4) _____ 7) _____
Includes Four Test Points \$110.00	2) _____ 5) _____ 8) _____
Each Additional Test Point \$25.00	3) _____ 6) _____ 9) _____

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:** ____/____/____