



MASSACHUSETTS  
**METROLOGY**  
AND INSTRUMENT SERVICE



Calibration Cert. # 1411.01

## 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  2<sup>nd</sup> 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 Frequency</u>	<u>Cost</u>
1. _____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____

24 Hour Expedited Service Required (\$75.00 per Item)  Yes  No List All Item Numbers \_\_\_\_\_

48 Hour Expedited Service Required (\$50.00 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:**

**Includes Four Test Points \$158.00**

**Each Additional Test Point \$25.00**

1) \_\_\_\_\_ 4) \_\_\_\_\_ 7) \_\_\_\_\_

2) \_\_\_\_\_ 5) \_\_\_\_\_ 8) \_\_\_\_\_

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: \_\_\_\_/\_\_\_\_/\_\_\_\_ (1-2014)