



SHIP TO ADDRESS:

Scientific Calibration
Service Lab
14001 Weston Pkwy
STE 106
Cary, NC 27513

SERVICE REQUEST & DECONTAMINATION FORM

QUOTE #: _____

PRIMARY ON-SITE CONTACT:

Name: _____
E-mail: _____
Phone: _____
Fax: _____

Yes, update my contact info to reflect the information above.

SHIPMENT RETURN INFORMATION:

Company: _____
Attention: _____
Address: _____

City, State, Zip: _____

SHIPPING METHOD:

*Scientific Calibration's preferred method of shipment is UPS. To ship using another method please provide your own shipping label.

UPS ACCT #: _____
 LOCAL Details: _____
 SHIPPING INSURANCE

*We are not responsible for shipping damages if insurance is not selected.

BILLING ADDRESS:

Company: _____
Attention: _____
Address: _____
City, State, Zip: _____

Same As Shipping Address

BILLING INFORMATION:

PO Number: _____
Name: _____
CC #: _____
Exp. Date: _____
Telephone: _____

CERTIFICATE DETAILS:

Scientific Calibration has gone digital. Following your service, all service forms will be delivered via email and all certificates will be available in our INCAL Portal. If you are not registered please go to <https://incal.scical.com/request-access> to request access.

I agree to receive my certificates via INCAL and my service forms via email

I would like paper certificates and service forms returned to me (\$15 per certificate)

*Certificate(s) will be available within 48 hours of service completion.

*If nothing is selected, certificates will be available on INCAL, and service forms will be delivered via email.

SERVICE DETAILS:

This section must be completed in order to avoid delays in service.

*Any equipment submitted to Scientific Calibration will be subject to an evaluation fee.
Any out of service equipment will be subject to an evaluation fee.

New Equipment

*If selected leave the rest of the "Service Details" section blank

This equipment has not been exposed to biohazards or radioactive materials.

This equipment has been decontaminated by the indicated method.

Ethanol / Alcohol

Other: _____

I declare that the above information is correct and that, to the best of my knowledge, the items detailed are free from contamination. In the case where items were exposed to biological hazard, sufficient precautions were taken to ensure that the items have been properly decontaminated and are safe for human handling.

Printed Name: _____ Position: _____

Signature: _____ Date: _____

*All instruments must be decontaminated. Instruments that are not decontaminated are subject to a decontamination fee.

FOR SCIENTIFIC CALIBRATION'S USE ONLY

Date Received: _____ Date Started: _____ Date Completed: _____

Notes: _____

SERVICE LEVEL:

Please specify set points and tolerance for equipment service.

DUE DATE FORMAT:

- mm/yyyy
- mm/dd/yy
- DDMMYYYY
- Other: _____

SERVICE INTERVAL:

- 3 Months
- 6 Months
- 12 Months
- Other: _____

TERMS:

As Found: Measurement data recorded prior to repair or adjustment

As Left: Measurement data recorded after repair or adjustment.

Tolerance: The inaccuracy and/or imprecision of the equipment.

Preventative Maintenance: External and internal inspection for functionality and condition.

ISO 17025: Records temperature and humidity.

ASTM E1154: Standard specification for piston or plunger operated volumetric apparatus.

EQUIPMENT DETAIL:

NUMBER	MAKE/MODEL	SERIAL NUMBER	REPAIR?	COMMENTS
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

REPAIRS:

If equipment warrants repair, lead times may vary. In order to avoid delays a pre-authorized repair amount may be set.

- PLEASE QUOTE ALL PARTS/REPAIRS.
- IF THE PARTS/REPAIRS COST IS LESS THAN \$____, NO CONTACT IS REQUIRED.

*If parts need to be ordered from the manufacturer, lead times are greater.

*If nothing is selected a repairs will be quoted via email.