



## **CALIBRATION WORK ORDER**

### **Pressure and Vacuum Gauges**

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.



### Pressure and Vacuum Gauge(s) Description

Manufacturer      Model #      Serial #      ID#      Tolerance      Cal Frequency      Cost

1. \_\_\_\_\_

2. \_\_\_\_\_

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

Full Pressure and Vacuum gauge calibration includes 5 test points throughout the gauge pressure and/or Vacuum range.

30"Hg Vac. to 5000 PSIG with Tolerance above 1% Range: \$75.00

30"Hg Vac. to 5000 PSIG with Tolerance Between .5% and 1% Range: 110.00

30"Hg Vac. to 5000 PSIG with Tolerance Between .25% and .49% Range: 125.00

30"Hg Vac. to 5000 PSIG with Tolerance Between .1% and .24% Range: 155.00

30"Hg Vac. to 5000 PSIG with Tolerance Better than .1% Range: 180.00

**Price Additions:** Each Additional Test Point: 15.00

Compound Gauge Add: 25.00

If test points are above 5000 PSIG Add: \$45.00

### Required Test Points (optional)

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

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

3) \_\_\_\_\_ 6) \_\_\_\_\_ 9) \_\_\_\_\_

**If adjustments are required for optimization or to correct for an out of tolerance condition, add \$25 to the above prices.**

### 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)