



INNOCAL SERVICE FORM

Please Return Form with Product

Customer Information

Bill To: _____ _____ _____ _____ Ship To: _____ _____ _____ _____	Date: _____ Contact Person: Technical Contact Name: _____ Phone: _____ Email: _____
--	--

} This information will appear on the Calibration Report

Payment Options (Please select one if applicable)

- Purchase Order PO No. _____
- Credit Card (Do not send credit card number on this sheet, customer service will call for card info)

Please Check the Service that Applies

Standard NIST-traceable calibration: All measurements performed and reported by InnoCal are compliant to ISO17025 and ANSI Z540-1. InnoCal is accredited to ISO17025 by A2LA (http://www.a2la.org/scopepdf/1746-01.pdf)
Accredited NIST-traceable calibration: ISO17025-compliant measurements <u>AND</u> accreditation body's logo printed on certificate. This service adds \$60.00 per calibration and requires service sku 17100-03 added to the order.
Repair Only: Product has a known performance issue. InnoCal will repair product and return in good working order based on manufacturer's initial specifications.
Repair and Calibration: Product has a known performance issue. InnoCal will repair item to good working order based on manufacturer's initial specifications and perform NIST-traceable calibration before return of product. The standard calibration price will be added to the order.

Manufacturer	Model #	Serial #	Customer Selected Points (Leave blank if using default or manufacturer's points)	Calibration Interval

Please enter below any special quality requirements or any known issues with the product that may require repair. Unless specified, InnoCal uses procedures developed internally in accordance with industry-accepted, military, government and manufacturer procedures.



Ship To:
INNOCAL
 SR# _____
 625 E. Bunker Court, M/S 14
 Vernon Hills, IL 60061

INNOCAL relies on the accuracy of information provided by you to protect its employees from injury by exposure to toxic, hazardous, biological, or otherwise hazardous materials.

Federal law prohibits the transfer of equipment or products contaminated with radiological, biological, or chemical waste residue.

Please indicate how this product(s) is used and describe all materials (hazardous and non-hazardous) it has come in contact with:

Please Check all the boxes that apply:

<input type="checkbox"/>	The product(s) were never exposed to any radiological, biological, or chemical agents and is safe to handle
<input type="checkbox"/>	One or more of the product(s) was/were used in conjunction or exposed to radiological, biological, or chemical agents and has been decontaminated, rendering it safe for handling
<input type="checkbox"/>	Item contains Elemental Mercury (Hg) <i>*Please complete Hg checklist</i>

**** Items with Mercury (Hg) checklist, please initial actions as sign of compliance ****

<input type="checkbox"/>	The product(s) do not contain more than 3 grams of elemental mercury (standard liquid-in-glass thermometers contain less than this limit)--- InnoCal will not accept items with more than 3 grams of elemental mercury
<input type="checkbox"/>	Item containing mercury is placed in a sealed plastic bag before shipment to InnoCal. Any and all costs associated with the decontamination and disposal of mercury due to inadequate or improper packaging will be billed to customer. It is the customer's responsibility to package and ship all items in accordance with DOT 49 CFR.

Authorization

By accepting authorization to return the products listed on the return authorization, the undersigned assumes all responsibility and liability for radiological, biological, and chemical decontamination. INNOCAL reserves the right to refuse delivery of products without necessary documentation or where we determine they have not been properly decontaminated. INNOCAL reserves the right to bill the customer for any and all costs associated with the decontamination and/or disposal of products we determine were not properly decontaminated or received broken. In the event a product has exposed to radiological Safety Office release is required. By signing below the customer also certifies that the shipment complies with DOT 49 CFR Hazardous Materials Regulations

Print Name _____

Title _____

Signature _____ Date _____