



# ATLANTIC SCALE COMPANY, INC.

136 Washington Ave, Nutley, NJ 07110

30 East Centre St, Nutley, NJ 07110

Phone: 973.661.7090 Fax: 973.661.3651

SCALES | BALANCES | LOAD CELLS | CHECKWEIGHERS | DRUM FILLING | TRUCK SCALES | WEIGHTS  
DIMENSIONAL | ELECTRICAL | FLOW | HUMIDITY | PIPETTES | PRESSURE | SPEED | TIME | TEMPERATURE

ISO 9001:2008  
Registered by ABS  
Certificate #47572  
ISO/IEC 17025:2005  
ANSI/NCSL Z540-1-1994  
Accredited by A2LA  
Certificate #2736.01

## Calibration Request Form

### Shipping Information:

Scales, Balances, Weights:  
136 Washington Ave, Nutley, NJ 07110

Instrumentation:  
30 East Centre St, Nutley, NJ 07110

### Company Information:

Bill To:

Ship To:  Same as "Bill To:"

Company: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

### Payment Type:

Purchase Order \_\_\_\_\_

Credit Card \_\_\_\_\_ Will call when work is complete.

Note: Please include your hard copy purchase order with the equipment. Work will not begin on your order until a Purchase Order has been received.

### Equipment List

ID	SN	Description	Test Method	Frequency	Date Format	
			<input type="checkbox"/> Standard <input type="checkbox"/> Accredited	<input type="checkbox"/> ___ Months <input type="checkbox"/> ___ Years	<input type="checkbox"/> M/Y	<input type="checkbox"/> D/M/Y <input type="checkbox"/> Exact <input type="checkbox"/> Last Day
			<input type="checkbox"/> Standard <input type="checkbox"/> Accredited	<input type="checkbox"/> ___ Months <input type="checkbox"/> ___ Years	<input type="checkbox"/> M/Y	<input type="checkbox"/> D/M/Y <input type="checkbox"/> Exact <input type="checkbox"/> Last Day
			<input type="checkbox"/> Standard <input type="checkbox"/> Accredited	<input type="checkbox"/> ___ Months <input type="checkbox"/> ___ Years	<input type="checkbox"/> M/Y	<input type="checkbox"/> D/M/Y <input type="checkbox"/> Exact <input type="checkbox"/> Last Day
			<input type="checkbox"/> Standard <input type="checkbox"/> Accredited	<input type="checkbox"/> ___ Months <input type="checkbox"/> ___ Years	<input type="checkbox"/> M/Y	<input type="checkbox"/> D/M/Y <input type="checkbox"/> Exact <input type="checkbox"/> Last Day
			<input type="checkbox"/> Standard <input type="checkbox"/> Accredited	<input type="checkbox"/> ___ Months <input type="checkbox"/> ___ Years	<input type="checkbox"/> M/Y	<input type="checkbox"/> D/M/Y <input type="checkbox"/> Exact <input type="checkbox"/> Last Day

Key:  
Standard: As Found/As Left w/ Adjustment & Preventive Maintenance as required.  
Accredited: Same as above w/ A2LA 17025 Accredited Logo & Measurement Uncertainty  
Frequency: Requested Calibration Cycle / when your equipment will be due again for calibration. Also when you will receive a notification of expiration.  
Date Format: M/Y (Month/Year), D/M/Y (Day/Month/Year), Exact (Exact Day when using D/M/Y), Last Day (Last Day of Month when using D/M/Y)

### Shipping Instructions via UPS:

Priority:  Next Day Air  2<sup>nd</sup> Day Air  Ground

Billing:  Pre-Pay & Add  Bill to Account: \_\_\_\_\_

### Decontamination:

Equipment has been used w/ Hazardous Materials

Equipment has not been used w/ Hazardous Materials

Note: If the above named equipment has used with Hazardous Materials, it must be cleaned with a process/ agent that is suitable for deactivating/removing the hazardous materials.. By signing or emailing this completed document you are hereby certifying that the equipment has meet this requirement.

### Approval:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature (Not required if being emailed.)