



Pipette Calibration – Print and Mail-In Form

PO# _____

Company Information

Company: _____ Date: _____

Contact: _____

Address: _____
Street Address

City _____ State _____ ZIP Code _____

Phone: _____ Email _____

Billing (If Different From Above)

Company: _____ Phone: _____

Address: _____ Contact: _____

Type of Service Requested (Select all that apply)

<u>Service Level</u>	<u>Single Channel (QTY)</u>	<u>8 Channel (QTY)</u>	<u>12 Channel (QTY)</u>
Level 1			
Level 2			
Level 3			

Requests: _____

More Serial Numbers: _____

Disclaimer and Signature

I certify that NBS Calibrations has my permission to perform calibrations on the equipment included with this form. I have filled out both the request form. Any items deemed unrepairable or unsafe to work on will be shipped back to me. The cost of damages in shipping to NBS Calibrations are my responsibility.

Signature: _____ Date: _____

Levels

Level 1

Simple Pass/Fail Documentation provided. 5 Readings at 10% and 100% nominal capacity.

Preventative Maintenance completed on each pipette including cleaning and lubricating. New seals and O-rings as needed.

Level 2 (Most Popular)

Standard Calibrations Certificate for each pipette. 7 readings at 10%, 50% and 100% nominal capacity.

“As Found” and “As Left” data provided. Preventative Maintenance completed on each pipette including cleaning and lubricating. New seals and O-rings as needed.

Level 3

A NIST Traceable A2LA Calibration Certificate provided. 10 Readings at 10%, 50% and 100% of nominal capacity.

“As Found” and “As Left” data provided. Uncertainty data and CV data provided. Preventative Maintenance completed on each pipette including cleaning and lubricating. New seals and O-rings as needed.



Calibrations

Decontamination Form

Please answer the following questions to ensure that your pipette meets the needs for decontamination prior to calibrating or repairing your pipette.

Has your equipment been exposed internally or externally to the following?

Circle the correct answer.

Yes or No -----Blood, body fluids, pathological specimens

Yes or No -----Biodegradable material that could be hazardous

Yes or No -----Other biohazards

Yes or No -----Other hazards

Yes or No -----Radioactive substance

If you answered yes to any above, please provide comments as to the names and quantities of isotopes below.

Method of Sterilization: Circle One

Biocide

Irradiation

Autoclave

Manual Cleaning

No Sterilization Required

Other: _____

I certify that instruments included are free of any radioactive, bio-hazardous, pathological, or other dangerous substances and are safe for human handling.

Print Name: _____

Signature: _____