

Troemner Request for Quote/Order Form Cover Page

****Please include this page with weight or calibration service order forms****

FAX TO: 856-686-1601 Sales Department ATTN: _____

For calibration service, send items and include this form to:
Henry Troemner LLC, 201 Wolf Drive, Thorofare, NJ 08086

Order or **Request for Quote** (Check One)

Ship to: Organization: _____
Street: _____
City: _____ State: _____ Zip: _____ Country: _____
Contact: _____ Title: _____
Phone: _____ E-mail: _____ Fax: _____

Bill to: Same as Ship To Address
Organization: _____
Street: _____
City: _____ State: _____ Zip: _____ Country: _____
Contact: _____ Title: _____
Phone: _____ E-mail: _____ Fax: _____

Certificate Made Out To: Same as Ship To Address
Organization: _____
Street: _____
City: _____ State: _____ Zip: _____ Country: _____

Method of Payment: (For orders only) Credit Card C.O.D. Wire Transfer

Credit Card Information: Card Type (Check one) Visa Mastercard American Express

Card #: _____ Expiration Date: _____

Name on the Card: _____ Signature: _____

Organization Name on the Card: _____

Purchase Order Number: _____ (Please include a hard copy of the P.O. with the order reflecting dollar amount)

Shipping Instructions (If not specified Troemner will ship order UPS Ground Prepay & Add)

UPS (Overnight) (2nd Day) (Ground) Bill Senders Account #: _____

FedEx (Standard) (Priority) (2nd Day) Bill Senders Account #: _____

DHL (Standard) (Priority) (2nd Day) Bill Senders Account #: _____

Any Shipment over 150lbs must ship via LTL carrier:

Trucking Company: _____ Account #: _____

Please send me Troemner's Precision Weights and Calibration Services desk reference.

Please use Ship to or Bill to address

Humidity Calibration Service Request for Quote/Order Form

(Please use one form per Humidity Device)

Organization: _____ Contact: _____ Phone: _____

FAX TO: 856-686-1601 Sales Department ATTN: _____

For calibration service, send items and include this form to:
Henry Troemner LLC, 201 Wolf Drive, Thorofare, NJ 08086

****Please complete the Troemner Request for Quote/Order Form Cover Page to fax with this form****

Order or **Request for Quote** (Check One)

- Level 1 Humidity Calibration Service** - Troemner's most comprehensive offering designed to meet stringent regulatory requirements. Service includes a NVLAP (Lab Code 105013-0) accredited NIST traceable calibration - 3 points "as found", 3 points "as left" (25%, 50% and 75% RH) at three temperatures (20°C, 23°C and 25°C) - includes stated uncertainty and adjustments.
- Level 2 Humidity Calibration Service** - For laboratories that require a NVLAP (Lab Code 105013-0) accredited NIST traceable calibration. Service includes: 3 points "as found" and 3 points "as left" (25%, 50% and 75% RH) at a single calibrated temperature (23°C) - includes stated uncertainty and adjustments.
- Level 3 Humidity Calibration Service** - A basic single point NVLAP (Lab Code 105013-0) accredited NIST traceable humidity measurement. Service includes 1 point "as found" (25%, 50%, or 75% RH) at a single calibrated temperature (23°C) - includes stated uncertainty.
Note - no adjustments or "as left" data provided with this service.
- Custom Humidity Certification** - Troemner can tailor a humidity calibration to meet your needs. Please note your custom parameters below and Troemner will provide a quote.

Relative Humidity Calibration Point(s) % RH: _____ at ° C: _____

Dew Point

Humidity Measuring Equipment Device:

Humidity Probe with System Read Out Humidity Probe Only

Readout Manufacturer: _____ Model #: _____ Serial #: _____

Probe Manufacturer: _____ Model #: _____ Serial #: _____

Recalibration Interval: _____

Have items/devices been exposed to hazardous contamination? Yes** No

Signature: _____ Title: _____ Date: _____

Print Name: _____ Print Title: _____

I certify that the aforementioned item(s) are free of any radioactive, biohazardous or otherwise dangerous substances / gasses and are safe for human handling.

3-117-BF (Rev. 09/10)

**If Yes, please fill out a Troemner Statement of Decontamination Form (3-112-BF). Include a copy of this form and your order form along with your device(s). Service will not be performed without a completed Decontamination Form (forms are available at Troemner's website).



TROEMNER

www.troemner.com • 800-249-5554

ORDER FORM
HUMIDITY CALIBRATION

Statement of Decontamination Form

ORDER FORM

STATEMENT OF DECONTAMINATION

Organization: _____ Contact: _____ Phone: _____

FAX TO: 856-686-1601 Sales Department ATTN: _____

For calibration service, send items and include this form to:
Henry Troemner LLC, 201 Wolf Drive, Thorofare, NJ 08086

Company: _____ Date: _____

Street: _____

City: _____ State: _____ Zip: _____ Country: _____

End User: _____ Phone: _____

E-mail: _____ Fax: _____

Weight / Device (please circle one):

Weight(s)	Flow Meter(s)	Temperature Device(s)	Humidity Device(s)	Pressure Device(s)
Electrical Device(s)		Time and Frequency Device(s)		Dimensional Devices(s)

Manufacturer: _____ Model: _____ Serial #: _____ Qty: _____

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Manufacturer: _____ Model: _____ Serial #: _____ Qty: _____

Manufacturer: _____ Model: _____ Serial #: _____ Qty: _____

List any exposure to hazardous fluids, gasses or substances - please attach copies of any MSDS sheets where appropriate:

Method of Sterilization: ETO Biocides Manual Disassembly and Cleaning
 Purge (Flow Meters) None Required
 Irradiation Other: _____

I certify that the aforementioned item(s) are free of any radioactive, biohazardous or otherwise dangerous substances / gasses and are safe for human handling.

Signature: _____ Title: _____ Date: _____

Print Name: _____ Print Title: _____

3-112-BF (09/10)

To minimize delays - Please include a copy of this form along with your weight(s) / device(s) to be calibrated. Service will not be performed without a completed Decontamination Form. Orders will not be processed without all completed paperwork and payment method. Be sure to include a hard copy of your P.O. with your order reflecting the dollar amount.

