

Customer Service Agreement for Pipette Repair and Calibration

Company/Institute: _____
Street: _____
City, State, Zip Code: _____
Customer Contact Name: _____ Phone: _____ Ext: _____
PI Name (If applicable): _____
Email: _____ Bldg. & Rm: _____

Calibration reports will be sent to the email listed above- unless alternate is noted in special instructions.

1. Level of Service:

*** On-site calibration of pipettes is performed using a 5 place micro balance**

- Level 2 – Biotech / Pharma R&D/Academic
- Level 3* – (As Left Only)
- Level 4* – (As found & As Left)

*** If requesting Level 3 or Level 4 service, please check one of the following specifications:**

- Customer Specification Manufacturer Specifications ISO 8655-6 Piston- Operated Volumetric Apparatus

2. Measurement Uncertainty: Level 3 or Level 4 service only (available for an additional charge)

- No –Measurement Uncertainty will not be reported on calibration certificate
- Yes - Measurement Uncertainty will be reported on the calibration certificate but will not be accounted for in making the decision of compliance or non- compliance.
- Yes - Measurement Uncertainty will be on the calibration certificate and will be accounted for in making the decision of compliance.

It is the customer's responsibility to determine the effect of the pass/fail criteria on their results.

3. Frequency of Service

- 3 months 6 months 12 months

4. Location of Service Customer site PCSI Depot

5. Calibration Due Date: End of the Month Actual Date Calibration is due

NOTE: Decontamination Forms will need to be completed prior to service

6. Note Special Instructions _____

Print Name

Title

Signature

Date