

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.

1. Level of Service and Specifications:

- 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 select from the following:**

- ISO 8655 Specifications Other specifications – Please specify _____

NOTE: Default repetitions are 2 volumes with 4 repetitions

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 (On-site) PCSI Depot
On-site calibration of pipettes is performed using a 5 place micro balance.

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

Signature

Title

Date