



8893 Perkins Dr.  
Mentor, OH 44060  
Phone: 800.222.3528  
Fax: 877.2.DOX.CAL  
[www.doxcalibration.com](http://www.doxcalibration.com)

*... We Set The Standard!*<sup>SM</sup>

Company Name: \_\_\_\_\_ Current Date: \_\_\_\_\_

Contact #1: \_\_\_\_\_ Contact's Email: \_\_\_\_\_ #2: \_\_\_\_\_

Company's Hours/Days of Operation: \_\_\_\_\_ Does Company have multiple shifts? NO If YES, Details: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Ship to Address: \_\_\_\_\_  
[street] [city] [state] [zip]

Bill to Address: \_\_\_\_\_  
[street] [city] [state] [zip]

**PURCHASE ORDER REQUISITION**

This letter is in reference to purchase order. It is the policy of DOX Calibration to receive a purchase order number to confirm the acceptance of work to be completed. The expected date of services will be the week of REFER TO EMAIL. **Please indicate on your Purchase Order, customer requested Re-Inspection Date & Cycle for Calibration. Certification/Calibration Report & Calibration Stickers will only have the re-inspection or due date issued when stated on Purchase Order, prior to our arrival, due to ISO/IEC 17025-2005 requirements.** Your prompt response is appreciated.

DOX works hard to drive down costs in the calibration industry. Therefore, if we receive your Purchase Order six (6) weeks before your requested calibration date, we will waive the travel charges for your calibration. If you allow DOX to schedule your calibration to be performed the week listed above we would be happy to waive all travel charges.

DOX performs all calibrations according to the OEM (Original Equipment Manufacture) recommended calibration procedure. If you require specifications of another nature, please check the box below. We will also require written instructions as to the exact specifications required, preferably noted on your purchase order.

IF THERE ARE NO CHANGES FROM THE LAST CALIBRATION SERVICE CHECK THIS BOX, SIGN, DATE & RETURN THIS FORM WITH YOUR PURCHASE ORDER. (Complete page 2 only if you choose and fax both along with PO REQ FORM to 877.236.9225).

We require calibration to the OEM (Original Equipment Manufacture) recommended calibration procedure.

We require specifications other than OEM recommended calibration procedure (Please complete page 2 and fax both along with PO REQ FORM to 877.236.9225).

**Customer Requested Calibration Cycle - Please Check Applicable Cycle length:**

- Every 3 Months       Every 6 Months
- Every Year             Every 2 Years
- Every 3 Years         Other \_\_\_\_\_

QAF9643

CALIFORNIA

ILLINOIS

OHIO



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**Customer Requirements in addition to OEM Specification.**

**1. Uncertainty**

- Do Not associate expanded uncertainty to observation as found condition - just report the uncertainty.
- Associate expanded uncertainty as follows ( $y \pm U$ ).
- Other (MUST advise in writing):** \_\_\_\_\_

**2. Tolerance / Grades**

- Calibration / Verify Only.
- Calibration and Repair (Maintain Established **OEM Specification**).
- All plates hold to Grade "A".
- All plates hold to Grade "B".
- Other (MUST advise in writing):** \_\_\_\_\_

**3. Thermal Gradient**

- Document Only.
- Do not associate to Uncertainty Budget.
- Add as a contributor to Uncertainty Budget.
- Other (MUST advise in writing):** \_\_\_\_\_

**4. Additional Customer Requirements (Documentation Required)**

- None.
- Other (MUST advise in writing):** \_\_\_\_\_

Company's Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Signature: \_\_\_\_\_

Contact's Email: \_\_\_\_\_ Quality Manager: \_\_\_\_\_

PO#: \_\_\_\_\_ Date: \_\_\_\_\_ Payment Terms: \_\_\_\_\_ DOX payment terms are Net 30 days.

Interested in DOX Calibration's expanded Calibration Capabilities:  YES  NO

If interested please forward a detailed Measuring & Test Equipment list to [office@doxcalibration.com](mailto:office@doxcalibration.com).

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In-Plant Equipment Check-List

Please complete the following information and return by fax along with a copy of your purchase order. Please note: It is DOX Company policy to receive a purchase order prior to the scheduling of any service work.

Company Name: \_\_\_\_\_ Current Date: \_\_\_\_\_

Contact #1: \_\_\_\_\_ Contact's Email: \_\_\_\_\_ #2: \_\_\_\_\_

Company's Hours/Days of Operation: \_\_\_\_\_ Does Company have multiple shifts? NO If YES, Details: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Ship to Address: \_\_\_\_\_
[street] [city] [state] [zip]

Bill to Address: \_\_\_\_\_
[street] [city] [state] [zip]

Please circle one of the following:

Our equipment needs: Calibration Only OR Calibration / Repair

Note: If we are scheduled for a Calibration Only, we will be unable to repair any out of tolerance equipment due to scheduling conflicts.

Equipment calibration due date: \_\_\_\_\_ Last Calibration/Repair Date: \_\_\_\_\_
(Date equipment certificate expires.)

Please attach equipment list for calibration or for quoting purposes. (Type of Equipment, MFG, Model, Serial Number, etc)

Special Circumstances, such as environmental, etc: \_\_\_\_\_

ADDITIONAL INFORMATION:

Are there multiple locations? \_\_\_\_\_ If yes, please attach list with address of additional locations and equipment at location.

What dates are the equipment available for our engineers to perform service? \_\_\_\_\_

Days/Hours: \_\_\_\_\_

Will there be multiple purchase order's for your company? \_\_\_\_\_

\*PLEASE NOTE: 1) Repairs can only be performed on equipment that is covered on the Purchase Order. If your equipment is not listed on the Purchase Order they can only be calibrated and issued an "AS IS" certificate. However, if such equipment requires repairs, the equipment must be properly scheduled and a new quote provided for the additional work. A return trip will then be scheduled at your expense. Charges will be invoiced based on all work completed on initial visit. If metrologists are asked to re-schedule per customer, a Minimum Job Charge will be billed. 2) Certificate / Calibration Reports & Calibration Stickers will only have the re-inspection or due date issued when stated on Purchase Order, prior to our arrival, due to ISO/IEC 17025 requirements. 3) \*The instrument will be calibrated per OEM specifications and ASME B89.4.1-1997 with standards traceable to the National Institute of Standards and Technology (NIST). This calibration is certified to ISO 17025:2005. If the machine will not meet specifications, you will be notified in writing of the nature of the problems and to the remedial repairs needed to correct. These additional repairs (not listed as part of this quotation) will require a separate purchase order and will be invoiced at our current standard field service rates. 4) The prices shown here are firm for 30 days from date of quotation. Quotations and proposals are subject to our standard terms and conditions of sale. Our standard payment terms are Net 30 days. PRICES AND TERMS EXTENDED MAY CHANGE WITHOUT NOTICE.

Quality Manager: \_\_\_\_\_ Quality Manager's Email: \_\_\_\_\_

PO#: \_\_\_\_\_ Date: \_\_\_\_\_ Payment Terms: \_\_\_\_\_ DOX payment terms are Net 30 days.

Interested in DOX Calibration's expanded Calibration Capabilities: [ ] YES [ ] NO

If interested please forward a detailed Measuring & Test Equipment list to office@doxcalibration.com.

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