

OAK RIDGE NATIONAL LABORATORY

MANAGED BY UT-BATTELLE FOR THE DEPARTMENT OF ENERGY

ORNL Metrology Laboratory Quotation Request Form

Fax: (865) 241-4644; Phone: (865) 574-7349; E-mail: duncanml@ornl.gov
Hours: Monday – Friday 8:00am – 4:30pm (Eastern Time)

Today's Date: _____

I. Equipment Information

Manufacturer: _____

Model Number: _____

Description: _____

Range: _____

Unique Instrument Identification No: (if applicable) _____

II. Calibration Specifications

Need Date: _____

Manufacturer Standard Calibration

Special Case

Calibration Points	Tolerances or Mfr. Specifications

Specify Special Calibration Instructions or Requirements (Such as gas, optimization, etc.): _____

Type of Calibration:

NVLAP Accredited

ISO 17025

NIST Traceable

III. Customer Information

Company: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Phone: _____

Fax: _____ E-mail: _____

Note: Each instrument must be labeled showing company ownership.

By submission of this form, you are indicating that you are not aware of a commercial calibration laboratory which is capable of performing the requested calibration in accordance with your specific technical requirements for this calibration.