## Department of Agriculture, Trade and Consumer Protection

Secretary Randy Romanski

Wisconsin Weights and Measures Laboratory

APPENDIX B

Wisconsin Weights and Measures Laboratory 3601 Galleon Run Madison, WI 53718 (608) 224-4910

To help prepare for your calibration appointment,

Please fill out the attached Request for Calibration Service to schedule calibrations with the Weights and Measures Laboratory. When listing the items for calibration, please include the following: company name, current address, contact person (name you want on the Calibration Report/Certificate), email address, nominal mass/volume, quantity, serial number(s), construction material, and the manufacturer if known. If the address to where we will send the invoice is different from the address listed in the certificate information box, please specify. Please include any other information you would like to appear on the certificate of calibration, such as the due dates or technicians associated with the equipment.

Hours of operation are Monday through Friday, 8:00 am - 4:00 pm. If you expect a "one day turnaround", your items must be delivered to the laboratory no later than 9:00 am on the day of your scheduled appointment.

Items must be delivered in "ready for calibration" condition. Mass standards should be clean, dry, and as close to room temperature as possible when received. During the winter season, do not store your standards outside before delivering them to the laboratory for calibration. Cold mass standards will require additional equilibration time and may not allow mass calibrations to be performed in a timely fashion. Volume standards should be clean (mostly clear of fuel residue on the inside and outside), dry, examined for leaks and faulty valves, and have its scale adjustment mechanisms free of paint to allow for adjustment. The last requirement is a very common problem that leads to rejection of volume standards submitted to the lab. Please refer to the "Submitting Weights and/or Volume Measures" guide for more information.

Note: Mass standards must meet NIST Handbook 105-1 specifications. Weight Carts must meet NIST Handbook 105-8 specifications. Volume standards must meet NIST Handbook 105-3 specifications. LPG standards must meet NIST Handbook 105-4 specifications.

Note: For mass calibrations, it is the decision rule of the Weights and Measures Laboratory that if a weight has a mass correction such that the correction plus the measurement uncertainty exceeds 95% of the applicable tolerance, then that weight will be adjusted to be closer to zero mass correction. For volume and LPG calibrations, it is the decision rule that if a prover or test measure has a volume correction that exceeds 50% of the applicable tolerance, the prover or test measure will be adjusted to be closer to zero volume correction. If you wish to request exceptions to these decision rules, please indicate those requests on the Request for Calibration Service form on the following page.

All items shipped to the laboratory should be packed securely. Items shipped to our lab frequently experience damage due to poor packaging. Assume that damage may occur during shipment – please pack accordingly.

Certificate(s) of calibration along with an invoice will be mailed to the customer in about two (2) weeks from time of calibration.

Thank you for your business.

TR-WM-150 (03/23)



## Wisconsin Department of Agriculture, Trade and Consumer Protection **Division of Trade and Consumer Protection**

Weights and Measures Laboratory: 3601 Galleon Run, Madison, WI 53718

Phone: (608) 224-4910 | Fax: (608) 224-4912 | Email: DATCPMetrologyLab@wisconsin.gov

## **Request For Calibration Service**

Wis. Admin. Code § ATCP 92.22(2).

This form must be completed and received by the laboratory prior to the scheduled time of calibration. Scheduled calibrations may be delayed until the laboratory receives the completed form.

GENERAL INFORMATION	N						
NAME OF BUSINESS SUBMITTING THE REQUEST				WORK PO# - for us to associate withis request (Optional)	vith		
DATE DESIRED FOR ARTIFA BE SUBMITTED TO LAB (MM		1		DATE DESIRED FOR RETURN -OR PICKUP OF ARTIFACTS (MM/DD/)		1	
CERTIFICATE INFORMAT	TION (This informa	ation will appea	r on the ce	rtificate)			
COMPANY NAME				ADDRESS			
E-MAIL				CITY	STATE	ZIP	
Would you like an emailed copy of your certificate(s)? ( Y/N ) :				ΓNAME	PHONE NUM	BER -	
You may request a "due date"	to be listed on your cert	ificate (up to 2 yea	ers from the da	ate tested). List "due date" interval des	ired		
INVOICE INFORMATION	(This is where the	invoice will be	mailed)				
IS INFORMATION SAME AS A	ABOVE? (Y/N):	(SKIP INVOICE	INFO IF YES)	ADDRESS			
COMPANY NAME				CITY	STATE	ZIP	
E-MAIL CONTA				Γ NAME	PHONE NUM	PHONE NUMBER ( ) -	
Item(s) submitted	s) submitted Quantity Item(s) info (nominal size, serial numbers, material, tolerance class, density, etc.)						
Please indicate any	additional requ	ests:					