



1621 S 35th Street
Council Bluffs, IA 51501
TELEPHONE NUMBER: 800-552-5140
FAX NUMBER: 712-256-9655

CUSTOMER REQUIREMENTS FORM

(Please complete and Fax to J A King & Company)

Billing Address

Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Account Payable Contact: _____
A/P Email: _____
A/P Phone: _____

Shipping Address:

Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Service Contact: _____
Email: _____ Phone: _____
(This person will receive electronic calibration due notifications)

A. Level of Service (Check the Appropriate Selection)

All calibration services are performed with testing equipment in current calibration and traceable to NIST. Each device serviced shall be accompanied with a certificate of calibration. If you are not sure of your requirements, please let a J A King & Company representative know and we will work to clarify any questions/concerns.

Quality System Requirements:

- Level 1:** No Certificate Required
Note: Any out of tolerance data will be provided
- Level 2:** NIST Calibration without "As Found/As Left Data"
- Level 3:** NIST Calibration with "As Found/As Left Data"
- Level 4:** ISO 17025 Accredited Calibration with full "as found/as left" test data and actual uncertainties for each test point

Certificate of Calibration Preference:

- No Certificate
- Print
- Electronic

Is the Service Level selected above for all equipment? If not, please comment: _____

Please list the person at your company to receive electronic notification of "Out of tolerance" conditions found during calibration.

Name: _____ Email: _____

B. Calibration intervals:

- All devices serviced shall be assigned an interval of _____ month(s).
- All devices shall have varying intervals/ the assigned interval shall be provided with the initial service.

C. Repair services for devices submitted:

- Proceed with required repairs, if the total cost does **not** exceed ____ % of the replacement cost.
- Approval for repair charges is required, prior to proceeding with repairs.
(If the repair is declined after evaluation a fee will be charged)

D. Subcontracting calibration services for devices beyond our capabilities:

- Prior approval is required for all outsourcing.
- Use of J A King & Company approved vendors, meeting the requirements of the customer's quality system, requires no prior authorization. (All calibration reports will be provided in original form by issuing body as required.)

E. Processing for Invoicing

Approval is granted by: Purchase Order Verbal Authorization Other: _____

F. Shipping Preference:

- Prepay & Add
- UPS Collect Account # _____ Ground Next Day 2 Day 3 Day
- FedEx Collect (Cannot prepay & add on FedEx) Account # _____

J A KING & COMPANY (CONTINUED)

G. The calibration procedure used will be in the following order. Customer provided, manufacturer’s published procedure when available, Internal Calibration ICP’s to manufacturer specifications, Handbook 44 (when applicable), official GIDEP or DoD procedures.

H. Will you be submitting equipment requiring calibration at specific set points such as Pneumatic or DC Torque Tools? YES NO

If so, when submitting your tools for calibration you must provide the required set point and tolerance requirements with the equipment. Who do we contact for additional information regarding these tools? _____

Name

Phone No.

I. New Clients

Do you currently use a Calibration Management software program? Yes No

If yes, what is the name of the software? _____

Can you provide us an equipment list on an Excel spreadsheet? Yes No via Email

Information required on equipment list: Your Equipment ID #, MFG, Model, Description, S/N, Cal Due Date, Cal Interval.

Other requirements: _____

Please list the contacts below that need to be set up to access J.A. King’s Calibration Management System - GageSuite:

Name	Email
1.	1.
2.	2.
3.	3.

Name	Email
4.	4.
5.	5.
6.	6.

If additional users are needed please contact your Account Manager at J A King.

ACCREDITED CALIBRATION STANDARD TEST DATA DOCUMENTATION CONDITIONS:

In order to clarify the documentation detail, which shall accompany an A2LA accredited calibration, all standard Certificates of Calibration issued shall contain the following information, as a minimum:

- 1) The A2LA logo & accreditation number of applicable lab performing the calibration.
- 2) The information detailed in ISO/IEC 17025 section 5.10.2 & 5.10.4 shall be included as part of the Certificate of Calibration.
- 3) The condition received statement of compliance shall be noted as “In Tolerance”, “Out of Tolerance”, “Inoperable”, etc., based solely upon the “As found” readings versus the manufacturer’s published specifications, or the customer’s specified accuracy, for the test data reported under the “Shared Risk Principle” with no reduction by the uncertainty of the measurement.
- 4) The uncertainty of the measurements.
- 5) The TUR is based upon the “Expanded Measurement Uncertainty” with a coverage factor of k=2 to approximate the 95% confidence level.
- 6) The calibration due date shall be calculated using the assigned calibration interval that shall be provided by the customer.
- 7) Calibration of scales, unless otherwise specified by the customer, is performed using calibrated test loads found in the table below.

Device Capacity:	Minimum test weight:
0 – 500 lb	100 %
501 – 10,000 lb	500 lbs
Over 10,000 lbs*	20% of capacity

***REQUIRES HEAVY DUTY TEST TRUCK @ ADDITIONAL COST.** Customer(s) always have the right to define the loads to be applied, based upon their applications. If different from the stated loads above, all exceptions must be noted in the comment section below.

Comment: _____

J. Are you in an industry that requires *additional reporting* such as the USDA GIPSA, Packers & Stockyards, or compliance with the ASTM C94 Standard? _____

If you have any questions or need any additional information regarding this matter, please contact J. A. King & Co. at any time. If the above clarifications and conditions meet your specific quality program requirements, please indicate your acceptance in the space provided below. **THESE QUALITY SYSTEM REQUIREMENTS WILL REMAIN IN FORCE UNTIL WE ARE NOTIFIED OTHERWISE.** Thank you for your business!

Customer’s Name _____ Date: _____
Accepted as Electronic Signature

Reviewed by (JAK): _____ Date: _____