| Calibration request for 1 kg prototype | | | | Bureau International des | QUALITY MANAGEMENT | |
|--|----------------------------------|------------------------------|-----------------|-----------------------------|-----------------------|--|
| Author: Pedro Conceicao | Date: 2023/01/31 Version: 2.5 | Authorized: Michael STOCK | IF-MASS-m1kg-01 | Poids et Mesures | SYSTEM | |

CALIBRATION REQUEST FOR 1 kg PROTOTYPE

| Name of National Metrology Institute: | | | | | |
|---|--|--|--|--|--|
| Information of person to contact for technical information: | | | | | |
| Name: | | | | | |
| Telephone: | | | | | |
| Email: | | | | | |
| Proposed start date for the calibration: | | | | | |
| Prototype No | | | | | |
| After initial calibration, do you wish to have this prototype cleaned and washed by the BIPM? This is only recommended if the prototype is visibly contaminated (approximately two additional months will be required). | | | | | |
| \square No, I do not wish to have the prototype cleaned and washed. | | | | | |
| ☐ Yes, I wish to have the prototype cleaned and washed. | | | | | |
| ☐ I will decide after the initial calibration. | | | | | |
| \square I wish to discuss this question with the Director of the Physical Metrology Department. | | | | | |
| • How do you plan to take care of customs documents and formalities? | | | | | |
| ☐ Member-State of the European Union, no customs documents required | | | | | |
| ☐ Diplomatic bag | | | | | |
| ☐ ATA Carnet | | | | | |
| ☐ Other (Please contact BIPM for details) | | | | | |
| You will shortly receive a form BIPM/ADM-DOU/F-01 giving us your shipping and customs instructions. It must be completed and returned to the BIPM before shipping or carrying the standards. | | | | | |
| • Language of the certificate: ☐ English or ☐ French | | | | | |
| • By default, we provide calibration certificates in the form of a pdf file. In case you wish to receive a printed certificate, please indicate the address to which the calibration certificate shall be sent: | | | | | |
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| | | | | | |
| Official authorization for this request: | | | | | |
| Name: | | | | | |
| Position: | | | | | |
| Signature:Date: | | | | | |
| Part reserved to the BIPM mass laboratory Suggested date for the calibration: Deadline for delivery the prototype at BIPM: This calibration request is confirmed by: Signature and date: | | | | | |