

## Submit this completed form to the Thomas Scientific Testing Facility:

Advantech Manufacturing, Inc. 2450 S. Commerce Dr. 

New Berlin, WI 53151

Document Type: Form Effective Date: 1-Jan-21

Title: Sieve Certification Submission Form and Decontamination Declaration

ID: ADV-200C/300C Revision: 1.00 Total Pages: 2

Order Number:

## **Test Sieve Certification Submission Form**

Both pages of this form MUST be attached to each order that is being sent to our lab for certification. The Company Name, Address, and Location will be listed on the certificate as written below. Failure to attach this form will result in service delays and/or equipment being returned without service. If the sieve does not pass the ASTM E11 requirements, the Purchasing Contact will be notified.

Check if New Customer:	All fields are required	
Company Name:	Purchasing Contact:	
Address:		
Phone:	Email:	
Test Sieve Certifications include the following:		

- Certification paperwork with report data
- Traceable to N.I.S.T.
- Test Sieve Certification number and label on sieve
- Recommended sieve recertification table

## **Select Certification Grades:**

**Report data** Includes, but is not limited to, aperture sizes, wire diameters, means, standard deviations, min/max values, tolerance range and histogram

Calibration Grade	Inspection Grade
99.73% confidence meets ASTM E11 Specifications	99% confidence meets ASTM E11 Specifications.

Select grade required for each sieve below, if you need the same grade for all sieves, select "all" in the first row.

Calibration Inspection

If you have more sieves to submit then the above allows, please place additional Serial #/ID here in "comments" separated by commas.

## **Decontamination Declaration**

POST A COPY OF THIS DECONTAMINATION DECLARATION (PAGE 2/THIS PAGE) ON THE OUTSIDE OF THE SHIPPING CARTON

Thomas Scientific requires sieves or equipment serviced at Advantech Mfg. to arrive <u>CLEAN</u>. **Please note** sieves or equipment not properly cleaned will be returned without service at your expense. To ensure quick service, please complete the following four simple steps.

1. CLEAN THE EQUIPM	<mark>IENT THOROUGHLY</mark>			
Charle all that and to				
Check all that apply:				
Brushed	Soaked, Rinsed		Ultra Sonically Cleaned	
Water and Mild Detergen	t Wash Wiped Do	own	Other:	
2. DESCRIBE THE MED	IA THIS EQUIPMENT I	HAS BEEN EXPOSED TO:		
Check all that apply:				
Allergen	Bacteria	Carcinogen	Chemical Hazard	
Fungus	Irritant	Pathogen	Radioactive	
Toxic Substance	Virus	Other		
3. COMPLETE AND SIG	<u>in</u> Below			
		_	ological contaminants. <i>I understand that i</i> j	
			<i>ument, the equipment will be returned a</i> t document is not completed in full, Advan	
		e or transport the equipment.	document is not completed in full, Advan	LECH
Company Name:				
Phone:		E-mail Address:		
Phone:		E-mail Address:		
Phone: Printed Name:		E-mail Address: Title:		
Phone: Printed Name:		E-mail Address: Title:		
Phone: Printed Name: Signature:		E-mail Address:Title:Date:		
Phone: Printed Name: Signature:		E-mail Address:Title:Date:		
Phone: Printed Name:  Signature:  4. POST A COPY OF THE SHIPPING CARTON	HE DECONTAMINATIO	E-mail Address:Title:Date: ON DECLARATION (PAGE 2	<mark>2/THIS PAGE) ON THE <u>OUTSIDE</u> OF <sup>1</sup></mark>	
Phone: Printed Name:  Signature:  4. POST A COPY OF THE SHIPPING CARTON	HE DECONTAMINATIO	E-mail Address:Title:Date:	<mark>2/THIS PAGE) ON THE <u>OUTSIDE</u> OF <sup>1</sup></mark>	
Printed Name:  Signature:  4. POST A COPY OF THE SHIPPING CARTON  5. INCLUDE A PHYSICA	HE DECONTAMINATIO	E-mail Address:Title:Date: ON DECLARATION (PAGE 2	<mark>2/THIS PAGE) ON THE <u>OUTSIDE</u> OF <sup>1</sup></mark>	
Phone: Printed Name:  Signature:  4. POST A COPY OF THE SHIPPING CARTON  5. INCLUDE A PHYSICA  6. SEND TO:	HE DECONTAMINATION	E-mail Address:Title:Date:  ON DECLARATION (PAGE 2  GES INSIDE OF THE SHIPPI	<mark>2/THIS PAGE) ON THE <u>OUTSIDE</u> OF <sup>1</sup></mark>	

Thank you for your business and help keeping our work environment safe!