

**DECLARATION ON INTEREST FORM (E.5-05/1)**

**INTERCOMPARISON SCHEME: EIM-TEM-22**

**“Calibration of digital thermometer with Pt100 sensor, distinctive faculty 0,01 °C, in 7 points in the range from -40 °C to 150 °C”**

**1. Description and Terms**

The Temperature–Humidity Laboratory of EIM is organizing an intercomparison scheme with the following description:

- Calibration of digital thermometers with Pt100 sensor, distinctive faculty 0,01 °C
- Starting period (estimated): August 2014
- The measurements will be performed by each participant successively. The pilot laboratory will perform measurements at the beginning and at the end of the intercomparison.
- Participating laboratories may choose at least five (5) of the following temperature points: -20 °C, 0 °C, 30 °C, 60 °C, 90 °C, 120 °C, 150 °C (0 °C is required).

The participation of each interested party will be under the following terms:

1. Cost: **593 €** (not including VAT 23%).
2. The cost for transport of the standard to the next participant and the insurance is covered by the participant.
3. The cost for receiving the comparison report is covered by the participant.
4. The payment will be done upon completion of the intercomparison scheme and issue of the total results report.

*It is noted that there is a discount of 30% on the cost for the accredited laboratories or the laboratories under the process of accreditation. In that case the cost is **415 €** (not including VAT 23%).*

To participate in the intercomparison scheme, please fill in the necessary information in the acceptance form below. Deadline for the return of the declaration of interest form is: **2014-08-01** (e-mail: [info@eim.gr](mailto:info@eim.gr) & [kokkini@eim.gr](mailto:kokkini@eim.gr) or fax: 2310 569 996)

Sindos, 2014.07.21

Kokkini Evmorfia

Head of Temperature & Humidity Laboratory, Physical Department  
Coordinator of the Intercomparison Scheme

**2. Acceptance of Intercomparison Participation**

**Name and Address of Participating Laboratory**

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Accredited/ under the process of accreditation

YES

NO

**Contact Person Name and Address**

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Tel.:

Fax

e-mail

**Signature of Responsible Person of the Participating Laboratory**

**Date**