



SERVICE REQUEST NO.: \_\_\_\_\_

**SERVICE REQUEST FOR RADIOACTIVE MATERIAL STORAGE**

**I. CUSTOMER INFORMATION**

Company Name : \_\_\_\_\_  
Address : \_\_\_\_\_  
PNRI Licensee No. : \_\_\_\_\_  
Name of Applicant : \_\_\_\_\_  
Designation : \_\_\_\_\_  
Contact Number : \_\_\_\_\_

**II. TYPE OF RADIOACTIVE MATERIAL**

Solid     Liquid     Sealed Radioactive Source     Others: \_\_\_\_\_

**III. TYPE OF APPLICATION**

Industrial (density, level, moisture, thickness, irradiator)  
 Medical (brachytherapy, teletherapy, bone densitometer, ophthalmic applicator)  
 Research (calibration source, electron capture detector, irradiator, tritium target, GC)  
 Others: \_\_\_\_\_

**IV. RADIOACTIVE MATERIAL**

<b>Brand/Model</b>	
<b>Equipment SN</b>	
<b>Radionuclide</b>	
<b>Source SN</b>	
<b>Activity</b>	
<b>Reference Date</b>	
<b>Transport Container</b>	
<b>Remarks</b>	

Payment (to be filled by RPSS Staff)

**Cost of Storage** : \_\_\_\_\_

**OR Number** : \_\_\_\_\_

**Date** : \_\_\_\_\_

**V. TERMS & CONDITIONS**

In addition to the terms and conditions detailed in the **CONTRACT OF RADIOACTIVE MATERIAL STORAGE**, the following shall also apply:

1. The Institute is implementing a **CASH PAYMENT POLICY**. The services being requested will be provided only upon presentation of the *Official Receipt*.
2. The Licensee shall present the Permit to Transport before receiving the Radioactive Material for storage.

*I have read and agreed with all the terms and conditions stated upon and other supplementary provisions regarding special conditions and/or agreement*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received by