



SERVICE REQUEST FOR WIPE SAMPLES COUNTING & ANALYSIS

Samples to be collected by: CUSTOMER (*WIPE SAMPLE ANALYSIS*)
 RPSS PERSONNEL (*LEAK TESTING*)

Instruction: Please write legibly. All information written in this form will be the basis of the certificate/report issued.

I. Customer Information

Company Name: _____
Address: _____
Designation: _____ Date: _____
Contact Person: _____ Phone/Fax: _____
(Regarding the service) E-mail Address: _____

II. Details of Services Requested

Number of Sources _____

Radioactive Material (RAM)	Source Serial Number	Use/application of RAM	Equipment Brand/Model	Equipment Serial Number

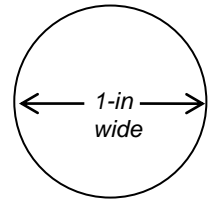


Figure 1. Size of Wipe sample

III. TERMS & CONDITIONS

1. The Customer shall provide the transportation from PNRI to the site and accommodations, as applicable.
2. The Customer shall make sure that the source/s to be *leak tested or wiped* is/are ready on the agreed date of schedule, as applicable.
3. Three (3) to five (5) wipe samples (filter paper or another suitable highly absorbent material) per unit source will be accepted/collected.
4. *Wipe sample should have a maximum diameter of 1 inch / 2.54 cm and each collected samples should be placed in separate containers with proper labels accompanied by a sampling location diagram. Please see Figure 1 for illustration.*
5. The Certificate of Analysis will be released 10 working days after conduct of service or upon receipt of sample/s, and only to the person who applied for the service or *to an* authorized representative.
6. If there are no complaints regarding the analysis one week upon release of certificate, *it* shall be considered acceptable, and the *wipe* samples will be disposed of.
7. The Institute is implementing a CASH PAYMENT POLICY. The services being requested will be provided only upon presentation of the official receipt.

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

Name and Signature of Applicant _____
Date

	To be filled by RPSS Staff			Payment Details
	Person-in-Charge	Date	Signature	
Received by	_____	_____	_____	Amount _____
Performed by	_____	_____	_____	OR No. _____
Measured by	_____	_____	_____	OR Date _____

Remarks _____