



SSDL CALIBRATION REQUEST FORM FOR RADIATION MONITORING INSTRUMENT

Instructions:

- Fill-out ALL the fields below and check the box that corresponds to your facility.
- Please write legibly. All information written in this form will be the basis of the certificate/report issued.

OR # _____
Date _____

I. Instrument Details

Type of Instrument	Field of Application	
	MEDICAL	INDUSTRIAL
<input type="checkbox"/> Dose rate meter / Survey Meter Type of Radiation <input type="checkbox"/> Gamma <input type="checkbox"/> Neutron <input checked="" type="checkbox"/> Beta <input type="checkbox"/> Contamination Meter <input type="checkbox"/> Active Personal Dosimeter Type of Radiation <input type="checkbox"/> Gamma <input type="checkbox"/> Neutron <input checked="" type="checkbox"/> Beta <input type="checkbox"/> Rate Alarm	<input type="checkbox"/> Nuclear Medicine <input type="checkbox"/> Conventional Diagnostic Radiology (Conventional Radiological, CT scan, Special Exam Radiology, Urology, Endoscopy, Mammography, etc.) <input type="checkbox"/> Interventional Procedure (e.g., Cardiovascular) <input type="checkbox"/> Radiotherapy (e.g., Brachytherapy, Teletherapy) <input type="checkbox"/> Dental Practice <input type="checkbox"/> Veterinary Medicine	<input type="checkbox"/> Industrial X-ray (Electronics, etc.) <input type="checkbox"/> Radioisotope production/distribution (e.g., Production/ distribution of I-131, Tc-99m, etc.) <input type="checkbox"/> Industrial Radiography (NDT, weld/pipe/concrete testing, etc.) <input type="checkbox"/> Industrial gauges (Density/thickness/level gauge, etc.) <input type="checkbox"/> Accelerator operation
	OTHERS	

Manufacturer	Model / Probe Model	Serial Number / Probe Serial Number	Check <input checked="" type="checkbox"/> box <input type="checkbox"/> if with		
			Case	Probe cover	Charger
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. Customer Information

Company Name: _____

Address: _____

Contact Person: _____ Designation: _____

Contact Number: _____ Email Address: _____

III. Terms and Conditions

- Radiation Monitoring Instruments submitted for calibration must have a NEW SET OF BATTERIES or CHARGER. It should also PASS the PRE-RESPONSE TESTS such as battery, HV, and source checks.
- The Institute is implementing a CASH PAYMENT POLICY. The services being requested will be provided only upon presentation of the official receipt.
- The Certificate of Instrument Calibration will be released 15 working days *after calibration schedule*.
- The Institute will not be liable for any damage incurred on UNCLAIMED INSTRUMENTS three (3) months after the date of calibration.
- If there are no complaints regarding the calibration ONE (1) WEEK upon release of certificate, it shall be considered acceptable.
- PNRI has no control over shipment of instruments from and to the client. PNRI is not responsible for any issues with the delivery (e.g., packing an instrument that did not undergo pre-response, incomplete requirements, etc.). Please see SSDL CALIBRATION SERVICES Annex: Packing of Instrument for guidelines.

I have read and agreed with all the terms and conditions stated above.

Signature over Printed Name of Applicant	Date	RPSS Receiving Personnel
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