



6312 Oakton Street  
 Morton Grove, IL 60053-2723  
 847-965-1999  
 Fax 847-965-1991

## Instrument Shipment Form

A completed version of this form must accompany each instrument sent to RSSI for calibration or repair. This sheet will not be returned to you; please make a copy for your records.

	User Information	Billing Information <input type="checkbox"/> Check if same
Company:		
Address Line 1:		
Address Line 2:		
City, State, Zip:		
Contact Person:		
Phone:		
Email:		

Payment Method:			
<input type="checkbox"/> Credit Card Call RSSI	<input type="checkbox"/> Purchase Order PO#: _____	Cash/Check	<input type="checkbox"/> Other:

Return Shipping Information:			
Note: There is a US\$5.00 handling fee for packaging all shipments.			
<input type="checkbox"/> UPS Ground (US\$10.00)	<input type="checkbox"/> UPS (Other) Speed: _____	<input type="checkbox"/> UPS / <input type="checkbox"/> FedEx Account #: _____ Delivery Speed: _____	<input type="checkbox"/> Pickup

Please indicate what is being sent in.

Instrument Make	Model	Serial Number

Probe Make	Model	Serial Number (if applicable)
(1)		
(2)		
(3)		



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Please indicate the desired service. Asterisks indicate that a service will carry an additional charge. Default values for calibration are 2 points per scale, without as-received values, and annual (12-month) recalibration intervals. Digital instruments will be calibrated at 1 point at the midpoint of each scale.

Calibration (C) or Repair (R)		Number of Calibration Points per Scale			As Received Values?		Recalibration Interval (months)		
<input type="checkbox"/> C	<input type="checkbox"/> R*	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3*	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	<input type="checkbox"/> 3	<input type="checkbox"/> 6	<input type="checkbox"/> 12

Batteries will be replaced as needed with the following costs:  
 AA and AAA at \$1.50 each, C and D at \$2.50 each, 9-volt at \$4.50 each.

Please indicate the units you would like your instrument calibrated in. Examples are provided.

Count Rate (cpm, kcpm)	Exposure Rate ( $\mu$ R/hr, mR/hr, R/hr)	Integrated Units (counts, mR)

What efficiencies you would like performed? Please specify which probe you would like the efficiency performed on. Additional charges will apply for more than 2 efficiencies per probe.

<b>Alpha (<math>\alpha</math>)</b>	<input type="checkbox"/> Th-230	<input type="checkbox"/> Pu-239	
<b>Beta (<math>\beta</math>)</b>	<input type="checkbox"/> C-14	<input type="checkbox"/> Cl-36	<input type="checkbox"/> Co-60
	<input type="checkbox"/> Sr-90	<input type="checkbox"/> Tc-99	<input type="checkbox"/> Cs-137
<b>Gamma (<math>\gamma</math>)</b>	<input type="checkbox"/> Co-60	<input type="checkbox"/> Cd-109	<input type="checkbox"/> I-125
	<input type="checkbox"/> I-129	<input type="checkbox"/> Cs-137	<input type="checkbox"/> Ba-133

Additional:

Check Source(s)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	#: _____
Sample Holder	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Position used: _____
Case			
Manual(s)			

RSSI Use Only

Arrival Date: \_\_\_\_\_

Surveyed By: \_\_\_\_\_

Certificate Number: \_\_\_\_\_

Notes: \_\_\_\_\_