



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

Calibration Service Request Form 2019 Version

A completed version of this form must accompany each instrument, alarm, or pocket dosimeter shipment sent to RSSI for calibration or repair services. Multiple instruments can be accounted for with multiple copies of page 2 of this form. This sheet will not be returned to you; please make a copy for your records. Prices may be subject to change.

	Shipping Information (Also used for certificate address)	Billing Information <input type="checkbox"/> Check if same as user information
Company:		
Address:		
City, State, Zip:		
Contact Person:		
Phone Number:		
Email:		

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

Note: If repairs are needed, RSSI will contact you with an estimate of the cost in order to get authorization to continue. Batteries will be replaced as needed at our current rates.

Return Shipping Information: Note: There is a US\$5.00 handling fee for packaging on all shipments.			
<input type="checkbox"/> UPS Ground (US\$10.00)	<input type="checkbox"/> UPS (Other) Speed: _____ (Charged at cost)	<input type="checkbox"/> UPS / <input type="checkbox"/> FedEx / <input type="checkbox"/> DHL / <input type="checkbox"/> USPS Account #: _____ Speed: _____	<input type="checkbox"/> Pickup
<input type="checkbox"/> Ship as ready	<input type="checkbox"/> Ship together	Return by: _____	

RSSI Use Only

Arrival Date: _____ Surveyed By: _____

Certificate Number: _____ Notes: _____



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Instrument Make*	Model	Serial Number

*Pocket dosimeters do not need to be individually listed.

Probe Make(s)	Model	Serial Number (if applicable)

Asterisks indicate that a service will carry an additional charge. Default values are underlined.
 Note: Digital instruments will be calibrated at 1 point at the midpoint of each scale/decade.

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

Please indicate the units you would like your instrument calibrated in. Most common instrument/probe configurations and unit examples are provided.

Count Rate (Pancake probes) (cpm, kcpm)	Exposure Rate (Internal detectors, HP-270) (μ R/hr, mR/hr, R/hr)	Integrated Units (Scalers, dosimeters) (counts, mR)

For count rate instruments, what efficiencies you would like performed? If multiple probes, please specify which probe you would like the efficiency performed on. Additional charges will apply for more than 2 efficiencies per probe.

Alpha (α)	<input type="checkbox"/> Th-230 _____	<input type="checkbox"/> Pu-239 _____	<input type="checkbox"/> Am-241 _____
Beta (β)	<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 _____
Gamma (γ) (For scintillation detectors ONLY)	<input type="checkbox"/> Co-60 _____	<input type="checkbox"/> I-125 _____	<input type="checkbox"/> I-129 _____
	<input type="checkbox"/> Cs-137 _____	<input type="checkbox"/> Ba-133 _____	

Please indicate any additional components you are sending:

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)			