Philippine Nuclear Research Institute

Nuclear Services Division

RADIATION PROTECTION SERVICES

**SERVICE REQUEST FOR *LEAK TESTING OF SEALED RADIOACTIVE SOURCE***

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

**I. Customer Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Company Name: |  | | |
| Address: |  | | |
| Contact Person: |  | Date: |  |
| Designation: |  | Phone/Fax: |  |
|  |  | E-mail Address: |  |
| *Leak Test Method:*  *Wipe Test*  *Immersion Test*  *Bubble Vacuum Test* | | | |
| *Smear Samples collect by:*  *Customer/Licensee*  *RPS Personnel* | | | |

**II. Details of Services Requested**

Number of Sources \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Radioactive Source*** | **Source**  **Serial Number** | ***Authorized***  ***Use*** | **Equipment Brand / Model** | **Equipment Serial Number** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

*d= 2.54 cm*

Figure 1. Size of *Smear Pad*

**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* is/are ready on the agreed date of schedule, as applicable.
3. *Maximum of* (5) *smear* samples (filter paper or *other* highly absorbent material) per *radioactive* source will be accepted/collected.
4. *Smear* 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. 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 smear 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

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Name and Signature of Applicant Date

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