Philippine Nuclear Research Institute
Nuclear Services Division
RADIATION PROTECTION SERVICES

# SSDL CALIBRATION FOR RADIATION MONITORING INSTRUMENT REQUEST FORM

*OR #* _____

*Date* _____

**Instructions:**

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

## I. Instrument Details

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

| *Cal Ref Code* | Manufacturer | Model / Serial Number | Probe Model / Probe Serial Number | Check ✓ box ☐ if with | | |
|---|---|---|---|---|---|---|
| | | | | Case | Probe cover | Charger |
| | | | | ☐ | ☐ | ☐ |
| | | | | ☐ | ☐ | ☐ |
| | | | | ☐ | ☐ | ☐ |
| | | | | ☐ | ☐ | ☐ |
| | | | | ☐ | ☐ | ☐ |
| | | | | ☐ | ☐ | ☐ |

## II. Customer Information

Company Name: _____

Address: _____

Contact Person: _____ Designation: _____

Contact Number: _____ Email Address: _____

## III. Terms and Conditions

1. 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.
2. The Institute is implementing a CASH PAYMENT POLICY. The services being requested will be provided only upon presentation of the official receipt.
3. The Certificate of Instrument Calibration will be released *10* working days after calibration schedule.
4. The Institute will not be liable for any damage incurred to UNCLAIMED INSTRUMENTS three (3) months after the date of calibration.
5. If there are no complaints regarding the calibration ONE (1) WEEK upon release of certificate, it shall be considered acceptable.
6. 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 |