



2986 Industrial Blvd. , Bethel Park, PA 15102 Phone: (412) 835-9555 Fax: (412) 835-9559
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MARK V LEAK TEST DATA

Complete this form in a legible fashion and return with appropriate leak test specimen to:
 Applied Health Physics, Inc. 2986 Industrial Blvd., Bethel Park, PA 15102

NOTE: Please do not test more than one (1) sealed source per kit.

This is to certify that I have followed the instructions governing the use of the enclosed Mark V Leak Test Kit.

This specimen _____ (leak test tube label number) was taken
 by _____ (person performing test) on _____ (date of test).

Frequency of Leak Test: _____ Example: 6 months, 1, 3 or 10 years

INSTALLED IN: GAUGE EXPOSURE DEVICE THERAPY OTHER

Manufacturer Model # Serial # Location of Device

SOURCE DESCRIPTION :

Manufacturer Isotope Activity (mCi) Model # Serial #

Please be sure that all of the above fields are filled with the correct data.

Company: _____ Person to be contacted: _____
 Mailing address: _____ Telephone: _____
 _____ FAX: _____
 City State Zip Code Email address: _____
 Attn.: _____ Byproduct Materials License #: _____

NOTIFICATION

The analysis of this leak test sample will be performed by Applied Health Physics, Inc. under Pennsylvania State License Number PA-0228A. In the event this specimen indicates leakage and/or removable contamination in excess of 0.005 microcuries, Applied Health Physics, Inc. will notify you promptly by telephone. At such time you will need to take the appropriate actions required by the governing regulatory agency within the specified time period. This form may not be reproduced except in full, without the written approval of Applied Health Physics, Inc.