



COMPLETE RADIOLOGICAL SERVICES

CALIBRATION REQUEST FORM

Please complete this form and return with the specified instruments packaged properly to:

Applied Health Physics, Inc., 2986 Industrial Blvd. Bethel Park, PA 15102

To prevent delays in calibrations, please ensure **bolded** fields are completed.

Instrument / Probe Manufacturer	Instruments / Probe Model #	Instrument / Probe Serial #	Calibrate in (units of measure)	Efficiencies (CPM meters only)	Calibrate to: (uR/h/mR/h meters only)
			<input type="checkbox"/> CPM <input type="checkbox"/> uR/h / mR/h	<input type="checkbox"/> Pu-239 <input type="checkbox"/> Th-230 <input type="checkbox"/> Sr-90 <input type="checkbox"/> Tc-99 <input type="checkbox"/> I-125 <input type="checkbox"/> I-129	<input type="checkbox"/> Cs-137 (Standard) <input type="checkbox"/> Ra-226
			<input type="checkbox"/> CPM <input type="checkbox"/> uR/h / mR/h	<input type="checkbox"/> Pu-239 <input type="checkbox"/> Th-230 <input type="checkbox"/> Sr-90 <input type="checkbox"/> Tc-99 <input type="checkbox"/> I-125 <input type="checkbox"/> I-129	<input type="checkbox"/> Cs-137 (Standard) <input type="checkbox"/> Ra-226
			<input type="checkbox"/> CPM <input type="checkbox"/> uR/h / mR/h	<input type="checkbox"/> Pu-239 <input type="checkbox"/> Th-230 <input type="checkbox"/> Sr-90 <input type="checkbox"/> Tc-99 <input type="checkbox"/> I-125 <input type="checkbox"/> I-129	<input type="checkbox"/> Cs-137 (Standard) <input type="checkbox"/> Ra-226
			<input type="checkbox"/> CPM <input type="checkbox"/> uR/h / mR/h	<input type="checkbox"/> Pu-239 <input type="checkbox"/> Th-230 <input type="checkbox"/> Sr-90 <input type="checkbox"/> Tc-99 <input type="checkbox"/> I-125 <input type="checkbox"/> I-129	<input type="checkbox"/> Cs-137 (Standard) <input type="checkbox"/> Ra-226

Bill to address:

Ship to address: Same as bill to address

Contact: _____

Contact: _____

Phone # _____

Phone # _____

E-Mail: _____

E-Mail: _____

Payment Method: **Purchase Order #** _____ **Credit Card:** VISA Master Card

Name on Card: _____ **Card #** _____ **Expiration:** _____

What is the required calibration frequency for the survey meter(s)? _____

Regulatory requirements for calibrations do not exceed 1 year for most users; more restrictive frequencies (3-6 Mos.) are required for radiography and well logging. Please check your Radiation Safety Program commitments!

Repair – Please describe problem below

Other / Special request – Please specify below

