Radiation Detection Instrument Calibration Authorization Form

* PURCHASE ORDER NUMBER: Name:

Ship to: Quality Assurance Services
1500 Via Hacienda
Chula Vista, CA 91913

(619) 482-1003 Telephone
(619) 421-7670 Fax
e-mail: glenn.qas@gmail.com

Note: Please be sure your instruments are properly packaged to preclude damage in shipping. Send your packages by any means you wish. All instruments will be returned via UPS insured.

Bill to Email: _____

Shipping Address (below):	**Billing Address (if different from shipping address):**
Telephone Number: ( )	

*(Circle One) UPS Ground (3-5 days) UPS Second Day UPS Next Day

***Instrument Information:**

Manufacturer:

Model:
(And Serial Number)

Detector (s):
(Make and Serial Number)

Calibration Information:

Type of Calibration Desired: (Circle One) Count Rate (CPM) Exposure Rate (^{137}Cs) (mR/br)

Calibration Cycle: (Circle One) Annual Semi-annual Quarterly

(2n) Detector Check: (Circe one or more) ^{14}C 99TcP3p 36CI/32p 1311/tJJBa BOTh *s1*Co 6oc$_0$ 12s1 63Ni

Special Instructions: _____

OFFICE USE: _____/_____

72 Hour Turn-Around from Time of Receipt!