



6312 Oakton Street
 Morton Grove, IL 60053-2723
 847-965-1999
 Fax 847-965-1991

Calibration Service Request Form 2024 Version

This form has been updated for 2024. If you have questions, please call RSSI at 847-965-1999. A completed version of this form must accompany each **type** of instrument, alarm, or pocket dosimeter sent to RSSI for calibration or repair services. Multiple types of devices can be accounted for with additional copies of page 2 of this form. Prices may be subject to change. All prices in US\$. If repairs are needed, RSSI will contact you with an estimate of the cost in order to get authorization to continue. Batteries will be replaced as needed at our current rates without authorization.

	User Information (Address on certificate)	Return Shipping Information <input type="checkbox"/> Check if same as user	Billing Information <input type="checkbox"/> Check if same as shipping
Company:			
Address:			
City, State, Zip:			

	Technical Contact	Shipping Contact	Billing Contact
Name:			
Phone:			
Email:			

Payment Method:		
<input type="checkbox"/> Credit Card Call RSSI after receipt of invoice	<input type="checkbox"/> Purchase Order PO#: _____	<input type="checkbox"/> Other: _____

Return Shipping Information:		
RSSI's shipping account (Charged back at cost) <input type="checkbox"/> Ground (default speed) <input type="checkbox"/> Other Shipping Speed: _____	Your Shipping Account: <input type="checkbox"/> UPS / <input type="checkbox"/> FedEx / <input type="checkbox"/> Other: _____ Account #: _____ Shipping Speed: _____	<input type="checkbox"/> Pickup
<input type="checkbox"/> Ship as ready	<input type="checkbox"/> Ship together	Return by: _____
<input type="checkbox"/> Requested additional insurance: _____		



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Instrument Make*	Model	Serial Number(s)

*Individual copies of this page are not needed for multiple devices of the same model type if they are all to be calibrated identically. List all serial numbers in the box above.

Probe Make(s)	Model	Serial Number (if applicable)

Asterisks indicate that a service **will carry** an additional charge. Default options are underlined.
 ISO/IEC 17025:2017 calibrations include as-received and after calibration records. If you require uncertainties on your ISO/IEC 17025:2017 certificate, check that box.

Calibration (C) or Repair (R)		Calibration Type: Standard (S) or ISO/IEC 17025:2017 (ISO)		Additional Calibration Point		Recalibration Interval (months)		
<input type="checkbox"/> <u>C</u>	<input type="checkbox"/> R*	<input type="checkbox"/> <u>S</u>	<input type="checkbox"/> ISO* <input type="checkbox"/> Uncertainties	<input type="checkbox"/> <u>No</u>	<input type="checkbox"/> Yes*	<input type="checkbox"/> 3	<input type="checkbox"/> 6	<input type="checkbox"/> <u>12</u>

Instruments and probe combinations, if applicable, will be calibrated for their customary use. (E.g. a Ludlum 3 with a pancake probe will be calibrated in cpm; a NDS ND-2000 will be calibrated in mR/hr; an Arrow-Tech W138 will be calibrated in mR.) If you have a non-customary use, please contact RSSI at 847-965-1999 for assistance.

For count rate or scaler calibrations, what detector efficiencies you would like performed? For instruments with multiple probes, please specify which efficiency is to be performed with which probe. **Additional charges will apply for more than 2 efficiencies per probe.**

Alpha (α)	<input type="checkbox"/> Th-230 _____	<input type="checkbox"/> Pu-239 _____	<input type="checkbox"/> Am-241 _____
Beta (β)	<input type="checkbox"/> C-14 _____	<input type="checkbox"/> Cl-36 _____	<input type="checkbox"/> Sr-90 _____
	<input type="checkbox"/> Tc-99 _____	<input type="checkbox"/> Cs-137 _____	
Gamma (γ) (Scintillators ONLY)	<input type="checkbox"/> Co-60 _____	<input type="checkbox"/> I-125 _____	<input type="checkbox"/> I-129 _____
	<input type="checkbox"/> Cs-137 _____	<input type="checkbox"/> Ba-133 _____	

Please indicate any additional components you are sending:

Check Source(s):	<input type="checkbox"/> No	<input type="checkbox"/> Yes	ID #: _____
Sample Holder	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Position used: _____
Case			
Manual(s)			