



DOC# SLT-FORM-
Rev.2

Sealed Source Leak Testing Request Form

DATE: _____

| CUSTOMER INFORMATION | | | |
|---|---|--|--|
| COMPANY NAME | | | |
| CONTACT PERSON | | | |
| ADDRESS | | | |
| DEPARTMENT | | | |
| PHONE | | | |
| EMAIL | | | |
| INVOICE TO | | SHIP TO | |
| <input type="checkbox"/> SAME AS ABOVE | | <input type="checkbox"/> SAME AS ABOVE | |
| COMPANY NAME | | COMPANY NAME | |
| CONTACT PERSON | | CONTACT PERSON | |
| ADDRESS | | ADDRESS | |
| DEPARTMENT | | DEPARTMENT | |
| PHONE | | PHONE | |
| EMAIL | | EMAIL | |
| PAYMENT METHOD | | | |
| PURCHASE ORDER NUMBER | | | |
| RSIC QUOTE NUMBER | | | |
| VISA/MASTERCARD/AMEX | <input type="checkbox"/> We will contact you for card # | | |
| <p>This work order serves as a contract between the Radiation Safety Institute of Canada and the above listed customer.</p> | <p>Customer Signature/Date</p> <p>_____</p> <p>This is to certify that the leak tests being returned are properly packaged, marked, and labelled and are authorized for analysis by the Radiation Safety Institute of Canada.</p> | | |



| SEALED SOURCE LEAK TEST KIT REQUEST | | |
|---|----------------|--|
| PLEASE INDICATE THE QUANTITY AND TYPE OF LEAK TEST KITS BEING REQUESTED | | |
| QUANTITY REQUESTED | RADIATION TYPE | RADIONUCLIDE |
| | ALPHA | ALL |
| | BETA | Cl-36 |
| | | Ni-63 (When calculating the measured activity, the efficiency is assumed to be 4%) |
| | | Sr-90 |
| | | Yr-90 |
| | | Tc-99 |
| | | I-129 |
| | | I-131 |
| | | Pm-147 |
| | | Eu-152 |
| | | Tl-204 |
| | | Na-22 |
| | GAMMA | Mn-54 |
| | | Co-60 |
| | | Co-57 |
| | | Ba-133 |
| | | Cs-137/Ba-137m |
| | | Cd-109 |

Use a separate kit for each sealed source you are testing. Test kits will be mailed to you at the address provided on Page 1. Once received, follow the leak test sampling procedure prepared for the sealed source being tested.

SHIP COMPLETED LEAK TEST KITS, INCLUDING A COPY OF THIS FORM, TO:

RSIC National Laboratory
ATTN: Sealed Source Leak Testing
102-110 Research Dr.
Saskatoon SK,
S7N 3R3