



DOC# RNC-FORM-02
Rev.0

Radon Chamber Test Requisition Form

DATE: _____

CUSTOMER INFORMATION			
COMPANY NAME			
CONTACT PERSON			
ADDRESS			
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 instruments provided are properly packaged, marked, and labelled and are authorized for calibration by the Radiation Safety Institute of Canada.</p>	
SHIP INSTRUMENTS, INCLUDING A COPY OF THIS FORM, TO:			
<p>RSIC National Laboratory ATTN: Radon Chamber Laboratory 102-110 Research Dr. Saskatoon SK, S7N 3R3</p>			



All exposures are conducted to meet the criteria in accordance with the AARST-NRPP requirements for secondary radon calibration chambers.

RADON CHAMBER EXPOSURE REQUEST					
		EXPOSURE REQUESTED			
INSTRUMENT/MODEL NUMBER	INSTRUMENT SERIAL NUMBER	SPIKE TESTING SERVICE	PERFORMANCE TESTING SERVICE (BLIND)	CALIBRATION VERIFICATION EFFICIENCY SERVICE (ZNS CELL)	CALIBRATION VERIFICATION EFFICIENCY SERVICE (CRM)
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RETURN SHIPPING METHOD			INFORMATION FOR CERTIFICATE		
PREPAY AND ADD (PUROLATOR)	Service Type	Ground <input type="checkbox"/>	COMPANY NAME		
		Express <input type="checkbox"/>	CONTACT PERSON		
COLLECT	Carrier Name		ADDRESS		
	Account #		DEPARTMENT		
	Service Type	Ground <input type="checkbox"/>	PHONE		
		Express <input type="checkbox"/>	EMAIL		

LAB USE ONLY	
Date Instruments received: _____	Initials: _____
Date Instruments Placed in Chamber _____	
Date Instruments Retrieved from Chamber _____	Sample Tag: _____
Gamma Radiation During Exposure _____	
Laboratory Elevation	482 meters above sea level