



## 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			
CHEQUE/CREDIT CARD/EFT	Payment Terms - 30 days from the date of invoice.		
<p>This work order serves as a contract between the Radiation Safety Institute of Canada and the above listed customer.</p> <p>An invoice will be emailed upon completion of the work.</p>	<p><b>Customer Signature/Date</b></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  
Telephone: 306-975-0566 Ext 224  
Email: omavrichi@radiationsafety.ca