



## 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			
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 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 Telephone: 306-975-0566 Ext 225 Email: chamber@radiationsafety.ca</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					
INSTRUMENT/MODEL NUMBER	INSTRUMENT SERIAL NUMBER	EXPOSURE REQUESTED			
		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"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RETURN SHIPPING METHOD			INFORMATION FOR CERTIFICATE		
<b>PREPAY AND ADD (PUROLATOR)</b>	Service Type	Ground <input type="checkbox"/>	<b>COMPANY NAME</b>		
		Express <input type="checkbox"/>	<b>CONTACT PERSON</b>		
<b>COLLECT</b>	Carrier Name		<b>ADDRESS</b>		
	Account #		<b>DEPARTMENT</b>		
	Service Type	Ground <input type="checkbox"/>	<b>PHONE</b>		
		Express <input type="checkbox"/>	<b>EMAIL</b>		

**LAB USE ONLY**

Date instrument received: \_\_\_\_\_ Initials \_\_\_\_\_

Date instrument placed in chamber: \_\_\_\_\_

Date instrument removed from chamber: \_\_\_\_\_