**Request for calibration in Cs-137 (Air-Kerma)**

Request ID No. Click here to enter text.

(Filled by FANR SSDL)

*Customer information:*

Name of company: Click here to enter text.

Address: Click here to enter text.

Email: Click here to enter text.

Phone number: Click here to enter text.

Contact’s Name: Click here to enter text.

Contact’s Email: Click here to enter text.

Contact’s Phone number (Mobile preferred): Click here to enter text.

*Equipment information:*

Chamber type: Click here to enter text.

Serial number: Click here to enter text. Polarizing Voltage for chamber: -400 V

Connection TNC:  Other Click here to enter text.

Please notice that FANR SSDL uses TNC connections and that in case of other connection you must provide an adapter or send the chamber together with “its own electrometer”

Electrometer type: Click here to enter text.

Serial number: Click here to enter text.

*Requested radiation quality (Air-Kerma):*

Cs-137

Date when FANR SSDL is to have possession of the equipment (filled by FANR SSDL): Click here to enter a date.

Cost of calibration (filled by FANR SSDL): Click here to enter text. AED

Date/signature FANR SSDL as accept of request:

Click here to enter a date. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date/signature of customer as accept of calibration of equipment at the mentioned costs:

Click here to enter a date. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have read and agree to Terms and conditions of FANR SSDL services. Found at FANR web page