



Client Request Form
(RHS-RFC-FORM-011 v3)

CLIENT REQUEST FORM

The calibration service provided will be performed in accordance with the procedures described in the ARPANSA Radiation Health Services Branch Radiofrequency Calibrations Quality Manual.

Calibration Service Requested

Client: Contact Person:

Phone No: Fax/Email:

Client equipment:

Meter model:

Table with 4 columns: Probe Model, Qty, Test Frequency (MHz), Nominal Field Level. The table is currently empty.

Note: A survey fee of \$200.00 (inc. GST) applies for faulty equipment when calibration is unable to be completed, or for additional work not covered under calibration quotation.

A quotation will be faxed/emailed to the Contact Person at the number/address listed above.

Requested calibration date: / /

All services provided are subject to ARPANSA standard terms and conditions (www.arpansa.gov.au/pubs/calibration/RFCterms.pdf). Unless negotiated otherwise, goods will be dispatched to originator within 10 working days after the nominated calibration date.

Do not send equipment until a quote is received and Client Agreement Form has been signed and returned to ARPANSA.

An invoice will be issued on return of goods, payment is due within 30 days of invoice date. A return consignment note should be included.

Chen Li
Radiofrequency Calibration Service
Radiation Health Services Branch
ARPANSA
619 Lower Plenty Road
Yallambie VIC 3085

Contact Phone No: +61 3 9433 2211
Fax No: +61 3 9432 1835
Email: RFC@arpansa.gov.au