



# Calibration / Repair Request

FOR RSO USE ONLY	
RECEIVE DATE	
RSO ORDER NO:	

<b>SHIP TO INFORMATION:</b>				<b>BILL TO INFORMATION:</b>			
COMPANY				COMPANY			
ADDRESS:				ADDRESS:			
CITY:		STATE:	ZIP:	CITY:		STATE:	ZIP:
PHONE:		EXT:	FAX:	PHONE:		EXT:	FAX:
CONTACT:				ATTN:			
EMAIL:				PURCHASE ORDER #		CONTRACT #	
						CREDIT CARD #	

INSTRUMENT INFORMATION				CALIBRATION METHOD			CALIBRATION INTERVAL			
ITEM #	Manufacturer	Model	Serial #	Exposure Rate	Count Rate	Radionuclide(s)	3 mo.	6 mo.	12 mo.	Other (mo.)
	Meter:									
	Detector:									
	Meter:									
	Detector:									
	Meter:									
	Detector:									
	Meter:									
	Detector:									

ITEM #	REPAIR REQUEST / SPECIAL INSTRUCTIONS	LIST ADDITIONAL DETECTORS AND CAL. METHOD BELOW
REPAIRS/SPECIAL:	QUOTE REQUIRED? YES NO	REPAIR / EMERGENCY CALIBRATION AUTHORIZATION SIGNATURE FOR REPAIR EMERGENCY CAL.
		SPECIAL SHIPPING CRATE YES NO

**SHIP INSTRUMENTS TO :**  
**Calibration Laboratory**  
**RSO, Inc.**  
**5204 Minnick Road**  
**Laurel, MD 20707**

SPECIAL SHIPPING INSTRUCTIONS:			
CARRIER:	UPS	FEDEX	OTHER
CUSTOMER PICKUP:			
OTHER:			



**Calibration / Repair  
Request  
Continuation Sheet**

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