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| --- | --- | --- |
|  |  |  |
| **A signed copy of this request form must accompany an instrument submitted for assessment**  |
|  |  |  |
| **Client Declaration – I confirm that:** |  |
| * ***The radiation survey meter/s listed on this booking form have been screened for radiation and subsidiary hazard contamination.***
* ***The radiation survey meter/s on this booking form have been decontaminated / cleaned of all hazards and are safe for general handling.***
* ***I authorise Radiation and Nuclear Sciences (RNS) to conduct a calibration performance assessment on these instruments in accordance with RNS terms and conditions.***
 |
| ***Authorised Officer Signature:*** | Date: |
| **1. Client Details** |  |  |
| **Contact Name:** |  | **Phone:** |  |
|  |  |  |  |
| **Email address:** |  | **Fax No.** |       |
|  |  |  |  |
| **Company Name:** |  |
|  |  |  |  |
| **Mailing address for reports:** |  |
|  |  |
| **Mailing address for invoice:***(if different from mailing address)* |  |
|  |  |  |  |
| **Return address for instrument:** *(if using a courier must be a physical street address not a PO Box)* |  |
|  |  |  |  |
| **Record the total number of instruments enclosed for assessment:** |

**2. Return Courier Details** – **PLEASE INCLUDE A PREPAID CONSIGNMENT NOTE / SATCHEL WITH YOUR BOOKING FORM**

|  |  |
| --- | --- |
| **Name of Courier Company:** |      |
|  |
| **Telephone number:** |  | **Email address:** |       |
|  |
| **Client account name:****(as known by courier)** |  |
|  |  |
| **Client courier account number:** |  |
|  |  |
| **Courier service type (please tick (✓)** | [ ]  Routine | [ ]  Over night | [ ]  Express | [ ]  Same Day | [ ]  Other (specify) |
|  |  |  |  |  |  |
| **Insurance (please tick (✓) if applicable)** | [ ]  No (go to Q3) | [ ]  Yes (please quote amount of insurance) $ **.00** |

**3. Comments / Special Requirements**

|  |
| --- |
|       |

**4.** **Important Notes**

|  |
| --- |
| 1. The calibration assessment booking request form must be signed by an authorised officer before work will commence on an instrument/s.
2. The instrument/s must be identified and labeled and include a copy of the assessment booking form, instrument/detector manual, a fully charged battery for each instrument and completed consignment note for the return of the instrument/s.
3. It is the responsibility of the client to ensure the instrument/s are packaged, labeled and transported safely to Queensland Health Forensic & Scientific Services (QHFSS). QHFSS will not assume responsibility for any damage that occurs to the instrument/s whilst it is in transit to QHFSS.
4. Instruments will be returned to the client within a period of five (5) days after issue of the test report.
5. Non-operational instruments must not be submitted for assessment. Non-operational instruments received at QHFSS will be returned to the client and an instrument performance assessment will not be conducted.
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| **PLEASE ENSURE THE CLIENT DECLARATION IS SIGNED ON PAGE 1**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Instrument details for ALL survey meters must be recorded below.*****Please print an extra copies of Page 2 if there are more than two instruments requiring an annual assessment.*** |
| **INSTRUMENT 1 DETAILS** |
| **Make of instrument:** |       | **Model of instrument:** |       |
|  |       |  |  |
| **Serial number of instrument:** |       | **Instrument ranges & units:** |       |
|  |  |  |  |
| **Does the instrument integrate:** | [ ]  Yes  | [ ]  No |
|  |  |  |  |
| **Accessories included with instrument *(please tick ✓ all accessories included with instrument)*** |
| [ ]  Manual | [ ]  Previous assessment certificate | [ ]  Batteries | [ ]  Carry case | [ ]  Charger | [ ]  Other |
|  |  |
| **External detector for instrument** | [ ]  Yes ***(include Make, Model, serial number & maximum dimensions)***  | [ ]  **No** |
|  |  |  |  |
| **Radiation practice type for instrument *(details in this section are mandatory - please tick ✓ applicable description)*** |
| [ ]  Industrial radiography |  [ ]  Chemical analysis | [ ]  Unsealed laboratory |
| [ ]  Borehole logging |  [ ]  Sterilization | [ ]  Moisture/density measurements |
| [ ]  Other |  |  |
|  |  |  |
| **Radiation measured using instrument**  |
|  [ ]  Gamma | [ ]  X-ray | [ ]  Alpha | [ ] Beta |

|  |
| --- |
| **Assessment type** *(please tick one or both where applicable)* |
|  [ ]  Surface Contamination ($150.00) | [ ]  Exposure Rate ($300.00) | [ ]  Surface Contamination/Exposure Rate ($400.00) |
|  |  |

 **INSTRUMENT 2 DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Make of instrument:** |       | **Model of instrument:** |       |
|  |  |  |  |
| **Serial number of instrument:**  |       | **Instrument ranges & units:** |       |
|  |  |  |  |
| **Does the instrument integrate:** | [ ]  Yes  | [ ]  No |
|  |  |  |  |
| **Accessories included with instrument *(please tick ✓ all accessories included with instrument)*** |
| [ ]  Manual | [ ]  Previous assessment certificate | [ ]  Batteries | [ ]  Carry case | [ ]  Charger | [ ]  Other |
|  |  |
| **External detector for instrument**  | [ ]  Yes ***(include Make, Model, Serial number & maximum dimensions)***  | [ ]  No |
|  |  |  |  |
| **Radiation practice type for instrument *(information in this section is mandatory - please tick ✓ applicable description)*** |
| [ ]  Industrial radiography |  [ ]  Chemical analysis | [ ]  Unsealed laboratory |
| [ ]  Borehole logging |  [ ]  Sterilization | [ ]  Moisture/density measurements |
| [ ]  Other |  |  |
|  |  |  |
| **Radiation measured using instrument *(information in this section is mandatory - please tick ✓ applicable description)*** |
| [ ]  Gamma | [ ]  X-ray | [ ]  Alpha | [ ] Beta |
|  |  |  |  |
| **Assessment type** *(please tick one or both where applicable)* |
|  [ ]  Surface Contamination ($150.00) | [ ]  Exposure Rate ($300.00) | [ ]  Surface Contamination/Exposure Rate ($400.00) |
|  |  |  |  |
| *OFFICE USE ONLY* |
| *Quotation number* |  | *Consignment note number*  |
| *Booking form receive date* |  |
| *Assessment Date* |  | *XBooking officer signature* |
| *Date instrument returned to client* |  |

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