**Request for calibration - Survey Meter.**

**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:*

Manufacturer: Click here to enter text.

Model: Click here to enter text.

Serial number: Click here to enter text.

*Requested radiation qualities:*

137Cs  N-40  N-60  N-80  N-100

N-120  N-150  N-200

***Requested calibration range(s):*  *1mSv/h - 10mSv/h*  *0.1mSv/h - 1mSv/h*  *0.01mSv/h - 0.1mSv/h.***

**Note: One, two or three calibration ranges can be selected, depending on the customer’s needs. Calibration ranges must be consistent with the capacity of the instrument.**

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