



## CUSTOMER SERVICE REQUEST FORM

Please complete this form and return with the specified instruments packaged properly to:

**Applied Health Physics, LLC**  
**2986 Industrial Blvd.**  
**Bethel Park, PA 15102**

To prevent delays, please complete all **BOLD** fields.

(Instrument/Probe) <b>Manufacturer</b>	(Instruments/Probe) <b>Model #</b>	(Instrument/Probe) <b>Serial #</b>	Calibrate in (units of measure)	Efficiencies (CPM meters only)		Calibrate to ( $\mu$ R/h/mR/h meters only)
			<input type="checkbox"/> CPM <input type="checkbox"/> $\mu$ R/h/mR/h	<input type="checkbox"/> Pu-239 <input type="checkbox"/> Th-230 <input type="checkbox"/> Sr-90	<input type="checkbox"/> Tc-99 <input type="checkbox"/> I-125 <input type="checkbox"/> I-129	<input type="checkbox"/> Cs-137 (Standard) <input type="checkbox"/> Ra-226
			<input type="checkbox"/> CPM <input type="checkbox"/> $\mu$ R/h/mR/h	<input type="checkbox"/> Pu-239 <input type="checkbox"/> Th-230 <input type="checkbox"/> Sr-90	<input type="checkbox"/> Tc-99 <input type="checkbox"/> I-125 <input type="checkbox"/> I-129	<input type="checkbox"/> Cs-137 (Standard) <input type="checkbox"/> Ra-226
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			<input type="checkbox"/> CPM <input type="checkbox"/> $\mu$ R/h/mR/h	<input type="checkbox"/> Pu-239 <input type="checkbox"/> Th-230 <input type="checkbox"/> Sr-90	<input type="checkbox"/> Tc-99 <input type="checkbox"/> I-125 <input type="checkbox"/> I-129	<input type="checkbox"/> Cs-137 (Standard) <input type="checkbox"/> Ra-226

**Bill to:**

**Ship to:**

Same as bill to

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Contact:** \_\_\_\_\_

**Contact:** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Payment Method: Purchase Order #** \_\_\_\_\_

**Credit Card #** \_\_\_\_\_

**Name on Card:** \_\_\_\_\_

**Expiration:** \_\_\_\_\_ **CID/CVV** \_\_\_\_\_

**Shipping Fees**     Prepay & Add     UPS Account# \_\_\_\_\_     FedEx Account# \_\_\_\_\_

**What is the required calibration frequency for the survey meter(s)?** \_\_\_\_\_

Regulatory requirements for calibrations do not exceed 1 year for most users; more restrictive frequencies (3-6 Mos.) are required for radiography and well logging. Please check your Radiation Safety Program commitments!

Repair – Please describe problem below

Other / Special request – Please specify below

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_