



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) Manufacturer	(Instruments/Probe) Model #	(Instrument/Probe) Serial #	Calibrate in (units of measure)	Efficiencies (CPM meters only)		Calibrate to (μ R/h/mR/h meters only)
			☐ CPM ☐ μ R/h/mR/h	☐ Pu-239 ☐ Th-230 ☐ Sr-90	☐ Tc-99 ☐ I-125 ☐ I-129	☐ Cs-137 (Standard) ☐ Ra-226
			☐ CPM ☐ μ R/h/mR/h	☐ Pu-239 ☐ Th-230 ☐ Sr-90	☐ Tc-99 ☐ I-125 ☐ I-129	☐ Cs-137 (Standard) ☐ Ra-226
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			☐ CPM ☐ μ R/h/mR/h	☐ Pu-239 ☐ Th-230 ☐ Sr-90	☐ Tc-99 ☐ I-125 ☐ I-129	☐ Cs-137 (Standard) ☐ Ra-226

Bill to:

Ship to:

☐ Same as bill to

Contact: _____

Contact: _____

Phone # _____

Phone # _____

E-Mail: _____

E-Mail: _____

Payment Method:

☐ **Credit Card** (Link will be sent to the above email address for payment)

☐ **Purchase Order #** _____

A fee of 2.99% will apply to all credit card transactions

Shipping/Handling 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

