



# 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
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**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**

PAGE                      OF

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