



Customer Ref.:

SSDL Ref.:

SSDL/ Form 1

**Request for Secondary Standard Dosimetry Calibration of Protection Level  
Radiation Monitoring Instruments from the Sri Lanka Atomic Energy Board (SLAEB)**

**Complete this form in duplicate**

- Name & designation of the Customer:.....
- Institution /address :.....
- Name of the Contact Person:.....
- Tel. No. :..... Fax:..... Email:.....
- Name /address to be included in the invoice:.....

**Reference Radiation Standards used for calibration of radiation monitors are given in the SSDL/Form 09.**

**Please Mark "√" in the relevant cage/s and cross out inappropriate words/letters. If more than 5 instruments, please use a new Form.**

Item no.	6. Instrument information				7. Is instrument under warranty?	8. Type & mode of calibration G = Gamma, X= x-ray C = Contamination DR =Dose rate calibration AD = Accumulated Dose	9. Repaired after previous calibration	SLAEB use only				Cal. Certificate No.
	Name:	Model No:	Serial No:	Detector type: GM <input type="checkbox"/> I <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> SC <input type="checkbox"/>				Status of instrument at time of receipt	Condition of the instrument found during calibration	Repair charges (Rs.)	Calibration charges (Rs.)	
										Taxes	Taxes	
i	Name: Model No: Serial No: Detector type: Model No: Serial No: ID No:				Y/N	C <input type="checkbox"/> G <input type="checkbox"/> X <input type="checkbox"/> DR <input type="checkbox"/> AD <input type="checkbox"/>	Y/N	F <input type="checkbox"/> S <input type="checkbox"/> U <input type="checkbox"/> U <input type="checkbox"/>				
ii	Name: Model No: Serial No: Detector type: Model No: Serial No: ID No:				Y/N	C <input type="checkbox"/> G <input type="checkbox"/> X <input type="checkbox"/> DR <input type="checkbox"/> AD <input type="checkbox"/>	Y/N	S <input type="checkbox"/> U <input type="checkbox"/> F <input type="checkbox"/>				
iii	Name: Model No: Serial No: Detector type: Model No: Serial No: ID No:				Y/N	C <input type="checkbox"/> G <input type="checkbox"/> X <input type="checkbox"/> DR <input type="checkbox"/> AD <input type="checkbox"/>	Y/N	S <input type="checkbox"/> U <input type="checkbox"/> F <input type="checkbox"/>				
iv	Name: Model No: Serial No: Detector type: Model No: Serial No: ID No:				Y/N	C <input type="checkbox"/> G <input type="checkbox"/> X <input type="checkbox"/> DR <input type="checkbox"/> AD <input type="checkbox"/>	Y/N	S <input type="checkbox"/> U <input type="checkbox"/> F <input type="checkbox"/>				
v	Name: Model No: Serial No: Detector type: Model No: Serial No: ID No:				Y/N	C <input type="checkbox"/> G <input type="checkbox"/> X <input type="checkbox"/> DR <input type="checkbox"/> AD <input type="checkbox"/>	Y/N	S <input type="checkbox"/> U <input type="checkbox"/> F <input type="checkbox"/>				
<i>Sub Total</i>												
<b>Total charges</b>						<b>Rs.</b>	<b>Total Tax</b>	<b>Rs.</b>				

**Note: Calibration of instruments is accepted under the following condition/s.**  
**1. SSDL uses dose rates given in SSDL/ Form 09 for calibration.**  
**2. While the Sri Lanka Atomic Energy Board (SLAEB) exercises maximum care with respect to work entrusted to it by the client, the SLAEB is not responsible for malfunctioning of instruments and exploding detectors during the calibration period.**

10. Type of sealed photon radiation sources and X-ray facilities available at the institution OR handled by the institution:  
 Cs-137  Co-60  Ir-192  X-ray industrial  X-ray medical  .....
11. Type of Beta radiation sources available at the institution OR handled by the institution:  
 P-32  Sr-90  H-3  .....
12. Type of unsealed sources available at the institution OR handled by the institution:  
 Tc-99m  I-125  I-131  .....
13.  Relevant reference radiation standards stated in the SSDL/Form 9 is acceptable for calibration of radiation monitors referred above. Please calibrate the above instrument/s and issue calibration certificate/s. Payments for calibration will be made after receiving the invoice.
14. Additional instructions for calibration, if any:.....
15.  Please send a quotation for repair if faults are found before OR during calibration.
16.  Please send the invoice by fax or email (Fax No:..... Email:.....).
17.  Please send the original invoice by post to the customer/contact person (address.....)
18.  Arrangements will be made to collect the invoice.
19.  I undersigned, hereby grant permission to adjust internal calibration potentiometers of the instrument (analogue type) in order to optimize the accuracy during the calibration, if necessary.

**Note 1:** The customer should complete No. 1 to 19. Please tick off "✓" in the relevant cage/s. Cross out "X" words if not applicable. Completion of this form in duplicate will enable SLAEB to provide most appropriate calibration factors for instruments referred above for accurate measurement of radiation dose. Please send a copy of manual with the circuit diagram of the instrument if the instrument is sent for the first time calibration.

**Note 2:** Completion of calibration of an equipment & issuance of certificate may take about 10 working days. This duration may depend on workload available and status of equipment under calibration.

**Note 3:** Calibration Charges are subject to change. Charges and SSDL/Form 9 can be obtained by sending an email to [ssdl@ae.gov.lk](mailto:ssdl@ae.gov.lk).  
 Inquiries/complaints: Director, General Scientific Division, SLAEB <[ckasige@ae.gov.lk](mailto:ckasige@ae.gov.lk)>. Tel: 011 2 533 427-8, 2553449, 2534206.  
 Fax: 0112533448. Email: [ssdl@ae.gov.lk](mailto:ssdl@ae.gov.lk).

.....  
 Name and signature of the authorized officer Official Stamp: Date:.....

Part B: Receipt of acceptance of the equipment for calibration/repair -	√ -Ok ; X -bad	For SLAEB use only
Condition of the instrument 1: Physical <input type="checkbox"/> Battery <input type="checkbox"/> Background reading <input type="checkbox"/> Battery compartment <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condition of the instrument 2: Physical <input type="checkbox"/> Battery <input type="checkbox"/> Background reading <input type="checkbox"/> Battery compartment <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condition of the instrument 3: Physical <input type="checkbox"/> Battery <input type="checkbox"/> Background reading <input type="checkbox"/> Battery compartment <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condition of the instrument 4: Physical <input type="checkbox"/> Battery <input type="checkbox"/> Background reading <input type="checkbox"/> Battery compartment <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condition of the instrument 5: Physical <input type="checkbox"/> Battery <input type="checkbox"/> Background reading <input type="checkbox"/> Battery compartment <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- The item no/s. .... mentioned overleaf and manual/s for item no/s..... is/are received for calibration.
- The item no/s. .... mentioned overleaf is/are out of order and **not** accepted for repair.
- Proforma invoice for charges for repair will be forwarded after testing the instrument thoroughly.
- Please send a copy/ copies of manual/s/circuit diagram/s of item no/s.....

Name of acceptor: ..... Signature:..... Date:..... **Authorization for calibration:**..... **Date:**.....

**N.B. Please bring this form with a photo copy to collect the instrument/s once informed.**

<b>Part C: For SLAEB use only</b>	<b>Job No: SSDL/CAL/</b>
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**Director / Finance Division, SLAEB.**

Please issue an invoice for Rs. .... (Taxes) for the **calibration & repair** of above mentioned instrument/s. State calibration certificate number with the information of the instrument/s in the invoice. Details are overleaf.

Signature of the TM/SSDL Date: .....

<b>Part D: Return of instruments with calibration certificates - For SLAEB use only</b>
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- The item no/s ..... mentioned overleaf in good condition with a copy/copies of manual/s for item no/s..... and Calibration Certificate/s are received.
- The item no/s..... with manual is /are received without calibration as the instrument/s is/are not working properly. Accepted by:..... N.I.D. No: ..... Signature:..... Date:.....
- The item no/s..... is /are not functioning properly and cannot be calibrated. ( Range x1, x2, x3, x4 not working).

**Remarks:**.....

Name of the person who returned the items:..... Signature:..... Date:.....