



Irradiation Service Request Form (Sample Conveyor)

(to be filled by the users of sample conveyor for irradiation and submitted with products at the receiving point)

SECTION A: CUSTOMER DETAILS

Institute/ Company Name & Address	Tel:
	Fax:
	E.mail:
	Contact person:
	Mobile No:

Product Details

No	Sample Description	No. of boxes/ packages	Quantity (kg)/ (m ³) per sample package

Dose / Dose range need to be given:

I/ We hereby certify that the above mentioned sample(s) will not cause any hazard or damage to the facility.

Signature		Date:
Name		
Designation		

SECTION B: FOR OFFICE USE ONLY**JOB NO:**

No of samples :

Any observed damages :

Remarks :

Products Received & approved to process by :	
Signature	
Name	
Date	