

	Our ref.(Customer):	Your (SSDL) ref.:	SSDL/Form 1, Rev. 6
	<b>Request for Secondary Standard Dosimetry Calibration of Protection Level Radiation Monitoring Instruments from the Sri Lanka Atomic Energy Board (SLAEB)</b>		

Complete this form in duplicate

1. Name & designation of the Customer:.....
2. Institution /address : .....
3. Name of the Contact Person: .....
4. Tel. No. :.....Fax:.....Email:.....
5. Name /address to be included in the invoice:.....

Reference Radiation Standards used for calibration of radiation monitors are given in the SSDL/Form 9.

Please Mark “√” in the relevant cage/s and cross out inappropriate words/letters. If more than 5 instruments please use a new sheet.

Item no.	<b>6. Instrument information</b> Abbreviations: <b>GM:</b> GM tube. <b>I:</b> Ion–chamber. <b>P:</b> Proportional, <b>S:</b> Scintillation <b>SC:</b> Semiconductor. <b>Y :</b> Yes; <b>N :</b> No		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.
						Status of instrument at time of receipt  F= faulty S= basic operation is ok U= unknown	Condition of the instrument found during calibration  √ -Ok x -bad	Repair charges (Rs.)	Calibration charges (Rs.)	
								Charge	Charge	
								Tax	Tax	
i	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"/> 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"/>					
ii	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"/> 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: GM <input type="checkbox"/> I <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> SC <input type="checkbox"/> 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: GM <input type="checkbox"/> I <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> SC <input type="checkbox"/> 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: GM <input type="checkbox"/> I <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> SC <input type="checkbox"/> 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"/>					
Sub Total										
Total charges				Rs.		Total Tax		Rs.		
<p><i>Note: Calibration of instrument is accepted under the following condition/s.</i></p> <p>1. SSDL uses dose rates given in SSDL/Form 9 for calibration.</p> <p>2. While the Sri Lanka Atomic Energy Board exercises maximum care with respect to work entrusted to it by the client, the Sri Lanka Atomic Energy Board is not responsible for malfunctioning of instruments and exploding detectors during the calibration period.</p>										

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 our radiation monitors.  
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 (No:.....).

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.

20. Statement of conformity for the calibration is required: Yes ☐ No ☐

(If "Yes", Statement of conformity "SSDL/WI-13" shall be provided by SSDL.)

**Note 1:** The customer should complete No. 1 to 20. 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 your instruments 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 used for calibration.

**Note 3:** Calibration charges are subject to change. New charges and SSDL/Form 9 can be obtained by sending an email to [prasad@ae.gov.lk](mailto:prasad@ae.gov.lk) OR [alantha@ae.gov.lk](mailto:alantha@ae.gov.lk). Inquiries: Director, Radiation Protection & Technical Services Division, SLAEB.

Tel: 011 2533427-8, Fax: 011 2533448, Email: [officialmail@ae.gov.lk](mailto:officialmail@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"/>
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"/>
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"/>
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"/>
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"/>

☐ The item no/s. .... mentioned over leaf and manual/s for item no..... is/are received for calibration.

☐ The item no/s. .... mentioned over leaf is/are out of order and **not** accepted for repair.

☐ Performa 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:..... **Authorized for calibration:** ..... **Date:** .....

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

**Part C: For SLAEB use only**

**Job No: SSDL/CAL/**

**Director/ Finance Division, SLAEB.**

Please issue an invoice for Rs. .... (NBT +VAT) 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: .....

**Part D: Return of instruments with calibration certificates - For SLAEB use only**

☐ The item no/s ..... mentioned overleaf in good condition with a copy/copies of manual/s for item no..... and Calibration Certificate/s are received.

☐ Instrument with manual is received without calibration as the instrument is not working properly..

Name:..... N.I.D. No: ..... Signature:..... Date:.....

☐ Instrument is 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:.....