



Our ref.(Customer):

Your (SSDL) ref.:

Doc. Ref.: SSDL/TL/Form 1

Request for Secondary Standard Dosimetry Calibration of Therapy Level Radiation Dose Measuring Instruments from the Atomic Energy Board (SLAEB)

Complete this form in duplicate

SLAEB use only:

1. Name & designation of the Customer:.....

2. Institution /address :

3. Name of the Contact Person:

4. Tel. No. :.....Fax:.....Email:.....

5. Details for invoicing:**6. Name and address to be appeared in the invoice:**

Please Mark "✓" in the relevant cage/s and cross out inappropriate words/letters. If more than 3 instruments please use a new sheet.

Item no.	7. Instrument information Abbreviations: $N_{D,w}$ = Absorbed dose to water in a Co-60 beam. N_k = Absorbed dose to air in a Co-60 beam. Y = Yes N = No.		8. Present calibration factor (absorbed Dose to water) and date of calibration	9. Mode of calibration	10. Maintenance of regular performance	11. Availability of stability check source	12. Repaired after the last calibration	AEA use only	
								Calibration charges (Rs.)	Cal. Certificate No.
								Charge	
i	Electrometer Name: Model #: Serial #: Ion-chamber Model #: Serial #: Chamber volume: Manufacturer			$N_{D,w}$ <input type="checkbox"/> N_k <input type="checkbox"/>	Y/N	Y/N	Y/N		
ii	Electrometer Name: Model #: Serial #: Ion-chamber Model #: Serial #: Chamber volume: Manufacturer			$N_{D,w}$ <input type="checkbox"/> N_k <input type="checkbox"/>	Y/N	Y/N	Y/N		
iii	Electrometer Name: Model #: Serial #: Ion-chamber Model #: Serial #: Chamber volume: Manufacturer			$N_{D,w}$ <input type="checkbox"/> N_k <input type="checkbox"/>	Y/N	Y/N	Y/N		
Sub Total									
Transport charges									
Total charges			Rs.	Total Tax			Rs.		

Note: Calibration of instrument is accepted under the following condition/s. 1. SSDL uses Tele-therapy Machine available at client place. 2. While the Atomic Energy Authority exercises maximum care with respect to work entrusted to it by the client, the Atomic Energy Authority is not responsible for malfunctioning of instruments and exploding detectors during the calibration period. Tele-therapy machine should be operated by the radiographer or any other authorized person in the hospital. The physicist or trained technical person should handle the ion-chamber during the calibration.

13. Details of tele-therapy (Co-60) source available for calibration:

Manufacturer: Model No: Serial; No: ...
 Activity of the source: as of.....(dd-mm-yyyy)
 Output at 1m:..... (mGy/hr) as of (dd-mm-yyyy).

14. Details of the Stability Check Source: Manufacturer: Model No:.....
Serial; No: Activity of the source: as of (dd-mm-yyyy).**15. Details of the water phantom available: Dimension: Material:.....****16. Details of other phantom available:.....****17. Details of Water proof sheath for ion-chamber available:.....****18. Facilities to control temperature and humidity in Tele-therapy room (Air-conditioner):Yes/No; Temp =..... °C ; RH %=****19. Facilities to control temperature and humidity in Control room (Air-conditioner): Yes/No; Temp =..... °C ; RH %=****20. Facilities available for Verification of coincidence of light filed and radiation field : Yes/No.****21. Additional instructions for calibration, if any:****22. Condition stated above is acceptable for calibration. Please calibrate the above instrument/s and issue calibration certificate/s.**

Payments for calibration will be made after receiving the invoice.

23. ☐ Please send the Performa invoice by fax (No:.....).**24. ☐ Please send the original invoice by post to the customer/contact person (address****25. ☐ Arrangements will be made to collect the calibration certificate by paying the service charges.****26. ☐ Please send the Calibration report/s by post to the customer/contact person (address**

Note 1: The customer should complete No. 1 to 24. Please tick off “√” in the relevant cage/s. Cross out “X” words if not applicable.
Completion of this form in duplicate is necessary.

Note 2: Calibration Charges are subject to change. New charges and SSDL/TL/Form 1 can be obtained by sending an email to ckasige@aea.ac.lk OR ravindra@aea.ac.lk. Inquiries: Head, General Scientific Division, AEA <ckasige@aea.ac.lk> . Tel: 011 2 533 427-8, 2553449, 2534206 Fax: 0112533448. Email: officialmail@aea.ac.lk.

.....
Name and signature of the authorized officer

Official Stamp:

Date:

Part B: AEA use only

☐ Request is acceptable. Schedule date for calibration: Name officer: Sign.....Date:

☐ Ref./Ancillary instruments are tested on Name: Sign..... Date:

☐ Transport is requested onRemarks:

.....
 Name officer:

Signature:

Date:.....

Part C: AEA use only

The above item no/s. is/are calibrated onat

The above item no/s. cannot be calibrated due to malfunctioning /instability of reference system/client measuring system/.....

Name of AEA officer: Signature:..... Date:.....

Name of the client: Signature:..... Date:.....

Part D: AEA use only

Job No: SSDL/TL/CAL/

Head/ Finance Division, AEA.

Please issue an invoice for Rs.+ tax (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 Head/SSDL

Date:

Part E: Receiving payment - AEA use only

Payment is received on Cheque No:..... Certificate is posted on :.....

Name:..... Signature:..... Date: