

3998 Commerce Circle
 Idaho Falls, Idaho 83401
 Ph: 208 523-5557
 Fax: 208 524-8470



NUCLEAR DENSITY GAUGE SERVICE REQUEST

Please complete sections 1 - 4, sign and return this form with your Gauge.

1: CLIENT & RADIOACTIVE MATERIAL LICENSE INFORMATION

Company Name: _____	Bill To: _____
Return Shipping Address: _____ _____	_____
Contact: _____	P.O. # if required _____
Phone: _____	Fax: _____
License # and Agency _____	Expiration Date: _____

2: GAUGE INFORMATION

Gauge Make, Model & Serial #: _____	Current Leak Test Date Performed: _____
Services Needed: <input type="checkbox"/> A2LA Calibration <input type="checkbox"/> Std. Calibration	<input type="checkbox"/> Clean Lube <input type="checkbox"/> LeakTest <input type="checkbox"/> Repair / Check out
Please list repairs needed and / or operational problems in detail: _____ _____	

3: TRANSFER OF CUSTODY to Qal-Tek Associates

Temporary custody of above listed Nuclear Density Gauge is hereby granted to Qal-Tek Associates, NRC License # 11-27610-01

Authorized By: _____ Client (Signature) Date: _____	Received By: _____ Qal-Tek (Signature) Date: _____
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4: RETURN SHIPPING INSTRUCTIONS

Prepaid & Bill COD Client Account#
 Motor Freight FedEx 1Day 2Day 3Day Other

5: RETURNED CUSTODY TO CLIENT

Custody of above listed Nuclear Density Gauge is returned to the Client.

Received By: _____ Client (Signature) Date: _____	Released By: QTA _____ (Signature) Date: _____
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BILL OF LADING

Carrier: Qal-Tek Associates 3998 Commerce Cir. Idaho Falls, ID 83401	Destination: Qal-Tek Associates 3998 Commerce Cir. Idaho Falls, ID 83401
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NO	HM	DESCRIPTION OF MATERIALS, PACKAGING AND SPECIAL MARKING
1	RQ	Radioactive Materials, TYPE A PACKAGE, SPECIAL FORM, 7, UN3332 Cs-137 _____ GBq (_____ mCi) and Am-241:Be _____ GBq (_____ mCi) RADIOACTIVE - YELLOW II LABEL TRANSPORTATION INDEX = _____ USDOT 7A TYPE A PACKAGE Emergency Response (208) 523-5557, M-F, 8 AM to 5 PM MST, After hours (888) 828-5228

This is to certify that the above named materials are properly classified, described, packaged, marked and labled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.

PICK-UP/RECEIPT INSPECTION (Completed by QTA)

GAUGE SAFETY

1. SOURCE ROD LOCKED
2. SHIELD BLOCK IN THE CLOSED POSITION

YES/GOOD	NO/MISSING	ACTION
GOOD	BAD	DESCRIPTION

CASE INSPECTION

3. TRANSPORTATION CASE STICKERS / LABELING
4. HANDLES, HINGES, LATCHES, AND STRIKES
5. STANDARD BLOCK S/N MATCHES GAUGE S/N
6. CASE CONDITION, INSIDE AND OUTSIDE -- HOLES, TEARS, BREAKS, ETC.

RETURN INSPECTION (Completed by QTA)

GAUGE INSPECTION

1. GASKETS AND SEALS INSPECTION
IF REPLACED, LIST ITEMS: _____

YES/GOOD	NO/MISSING	ACTION

2. BATTERY INSPECTION
3. TYPE OF BATTERIES INSTALLED IN GAUGE: ALKALIN NICA
4. SOURCE ROD/SHIELD BLOCK CLEAN AND LUBE
5. SCRAPER RING AND BUMPER RING CONDITION
6. GENERAL GAUGE CLEANING
7. INSPECTION FOR LOOSE DEBRIS OR SCREWS IN GAUGE
8. ELECTRONICS DAMAGE/CORROSION INSPECTION
9. ELECTRONICS VERIFICATION
10. GENERAL TRANSPORT CASE CLEANING

YES/GOOD	NO/MISSING	ACTION

CALIBRATION / LEAK TESTING

11. TYPE OF CALIBRATION PERFORMED
STANDARD 3 BLOCK CALIBRATION
A2LA 3 BLOCK CALIBRATION
12. GAUGE RECEIVED "AS LEFT VERIFICATION"
13. STANDARD BLOCK RETURNED TO TRANSPORTATION CASE
14. COPY OF THE CALIBRATION CERTIFICATE PLACED IN CASE
15. LEAK TEST PERFORMED
16. COPY OF LEAK TEST CERTIFICATE PLACED IN THE CASE
17. COPY OF THIS FORM PLACED IN CASE OR GIVEN TO CLIENT

YES/GOOD	NO/MISSING	ACTION

DESCRIPTION OF REPAIRS

CLIENT SURVEY SECTION

This section is to help us ensure the most reliable and pleasant calibration services. We would like to hear what you

- | | | | |
|--|------------------------------------|--------------------------------|---|
| | YES | NO | |
| DID THE TECHNICIAN PROPERLY REVIEW THE WORK PERFORMED? | <input type="checkbox"/> | <input type="checkbox"/> | |
| WAS THE TECHNICIAN KNOWLEDGEABLE? | <input type="checkbox"/> | <input type="checkbox"/> | |
| WAS THE TECHNICIAN FRIENDLY? | <input type="checkbox"/> | <input type="checkbox"/> | |
| HOW WOULD YOU RATE THE QUALITY OF OUR WORK? | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average <input type="checkbox"/> Poor |
| HOW WOULD YOU RATE OUR OVERALL SERVICE? | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average <input type="checkbox"/> Poor |
| WHAT DO YOU LIKE MOST ABOUT OUR SERVICES? | <input type="checkbox"/> Service | <input type="checkbox"/> Price | <input type="checkbox"/> Convenience <input type="checkbox"/> Quality |

CLIENT SIGNATURE

DATE

FAX THIS PAGE TO QTA AT 208-524-8470 WHEN COMPLETED