

REQUEST FOR CALIBRATION OF INSTRUMENTS

A. General information

SSDL / Institution*		
Full mailing address:		
Street*		
City*		
PO Box		
ZIP		
Province/State		
Country*		
Contact information:		
Family name*		
First name*		
Telephone		
E-mail*		
Position		

B. Transport of the instruments to the IAEA

by international carrier: *(please specify)*

hand carried by: *(please specify)*

C. Customs formalities

The value of your entire shipment for customs purposes (EUR):

Custom formalities handled by:

United Nations Development Programme (UNDP)

ATA Carnet

Other (temporary import, etc.)

Additional information:

D. Electrometer information (optional)

Type	
¹ Other type	
Serial number	
² Electrometer setting	

PLEASE REMOVE AND DO NOT SEND BATTERIES

¹ Please specify if electrometer type "Other" is selected

² Please provide information on: mode, range settings, main voltage etc.

E. Description of instrument requiring calibration

Dosimetry level*			
Ion. chamber*			³ Other type
Serial No*			Connector type
Polarizing voltage*		Sign	⁴ Applied to
⁵ Quantity*			
Radiation qualities*			
Quantity			
Radiation qualities			
Quantity			
Radiation qualities			
Quantity			
Radiation qualities			
Quantity			
Radiation qualities			
⁶ Comments			

F. Description of instrument requiring calibration

Dosimetry level*			
Ion. chamber*			³ Other type
Serial No*			Connector type
Polarizing voltage*		Sign	⁴ Applied to
⁵ Quantity*			
Radiation qualities*			
Quantity			
Radiation qualities			
Quantity			
Radiation qualities			
Quantity			
Radiation qualities			
Quantity			
Radiation qualities			
⁶ Comments			

G. Description of instrument requiring calibration

Dosimetry level*			
Ion. chamber*			³ Other type
Serial No*			Connector type
Polarizing voltage*		Sign	⁴ Applied to
⁵ Quantity*			
Radiation qualities*			
Quantity			
Radiation qualities			
Quantity			
Radiation qualities			
Quantity			
Radiation qualities			
Quantity			
Radiation qualities			
⁶ Comments			

H. Description of instrument requiring calibration

Dosimetry level*			
Ion. chamber*			³ Other type
Serial No*			Connector type
Polarizing voltage*		Sign	⁴ Applied to
⁵ Quantity*			
Radiation qualities*			
Quantity			
Radiation qualities			
Quantity			
Radiation qualities			
Quantity			
Radiation qualities			
Quantity			
Radiation qualities			
⁶ Comments			

I. Official authorization

Family name*		
First name*		
Position*		
Telephone		
E-mail*		

I am electronically signing the form by checking this box*

<i>Name:</i>			
<i>Date:</i>			

Please fill out parts A, B, C, D, E, F, G, H and I of this FORM and e-mail the pdf file to:
dosimetry@iaea.org

Instruments to be sent DDP (Delivery and Duty paid) to the IAEA Laboratories Seibersdorf address: Friedensstrasse 1
2444 Seibersdorf, Austria

For attention of:

1. Ladislav Czap (Email: L.Czap@iaea.org, Office No: (+43-1-28332)
2. Joao Cardoso (Email: J.Cardoso@iaea.org, Office No: (+43-1-28328))

³Please specify if ionization chamber type "Other" is selected.

⁴Please indicate if the polarizing voltage is applied to the collecting electrode (collector) or to the outer electrode (chamber wall).

⁵Please find information about our services on our [web site](#) and [Calibration and Measurement Capabilities](#) database.

⁶Please enter any other information if necessary e.g. tube voltage range for X rays, whether the measurements should be performed with or without build up cab or X ray qualities.