Survey Meter Calibration Request

If during calibration your survey meter is found to need repair, repair fees are the responsibility of the Lab. Repair fees could be up to $200 per meter. For the purpose of interdepartmental invoicing the repair costs, please confirm whether you want the meter repaired and provide the unrestricted account number that repair fees should be charged to for your equipment.

Do you have other meters in working condition and timely calibrated?  __Yes  __No

If repair costs are less than or equal to $200 dollars:  __Repair  __Do Not Repair

**Required Unrestricted Chartfield Information:**

<table>
<thead>
<tr>
<th>GL Unit</th>
<th>Account</th>
<th>Dept</th>
<th>PC Bus Unit</th>
<th>Project</th>
<th>Activity</th>
<th>Initiative</th>
<th>Segment</th>
<th>Site</th>
<th>Fund</th>
<th>Function</th>
<th>Affiliate</th>
<th>Fund</th>
<th>Affl.</th>
</tr>
</thead>
</table>

If repair costs are greater than $200 the EH&S Radiation Safety Program will return the meter to the responsible investigator without repair unless instructed otherwise.

_I authorize the repair of the meter and understand that the account above will be billed for the repair._

Print Name: ______________________ Signature: ______________________ Date: ____________

Responsible Investigator: ______________________ Email: ______________________
Contact Person: ______________________ Phone Number: ______________________

Meter Maker: ______________________
Meter Model: ______________________ Meter Serial Number: ______________________
Probe Model: ______________________ Probe Serial Number: ______________________

Please identify any problems with meter or probes (e.g.; battery, cable, calibration, etc):

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

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Office Use Only

Request Received By: ______________________ Date ____________

Revised August 2012