

Contact Details	
Name:	
Phone:	
Email:	

Customer Details (* please supply details as they are to appear on the Wipe Test Certificate)	
Name*:	
Address*:	

Sample Details	Sample Number
Taken by:	
Date taken:	
Authorising signature:	

Source and Equipment Detail (* please supply details as they are to appear on the Wipe Test Certificate)	
Equipment type*:	
Equipment serial number*:	
Source radionuclide*:	
Source serial number*:	
Source activity and units:	
Source activity reference date:	

Notes:

Please note: The dose rate at the surface of the package when mailed must be less than 5 µSv/hr when sent. If there is reason to believe that the surface dose rate could exceed this, please contact us for instructions.