

JPL - Calibration Application Form

Please complete one form for each instrument (photocopy as necessary) and return the form to Mehboob Rathod.

1. Customer Details

Customer's Name and Address:			
Contact Name:			
Department:			
Establishment Address			
Email address			
Postcode		Tel:	
Customer's order No:		Fax:	

Invoice Address: (if different from above)	
Contact Name	
Department:	
Address:	

JPL Job No.

Office use only

2. Instrument Details

Dosemeter / kilovoltage meter Delete as applicable

Repair required: Yes / No Delete as applicable

Instrument Make	Model	Serial No

Chamber / Filter Pack No.	Make and Model	Serial No.
1		
2		
3		
4		
5		

3. Energy Points required

Indicate the kV points at which calibration is required by circling the appropriate chamber or filter pack number (from 2 above) under the desired waveform(s) at the kV required. If the instrument concerned has an integral chamber or a built in kV detector circle "1".

(i) Medium Frequency waveform, Diagnostic (50 - 150 kV)

kV required	50	70	90	109	129
Chamber/pack	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
kV required	150	Other kV's			
Chamber/pack	1 2 3 4 5		1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

Standard 2.5 mm Al filtration required Yes/No?

If the answer is "No" state total filtration required mm Al

(ii) Medium Frequency waveform, Mammographic (25 - 50 kV)

Circle box for molybdenum (Mo) target and/or tungsten (W) target Mo W

kV required	25	28	30	32	35
Chamber/pack	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Other kV's					
Chamber/pack	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

Standard 30 µm Mo filtration required Yes/No?

If the answer is "No" state total filtration required µm Mo / mm Al

Calibration factor OR adjustment required (please tick as appropriate):

Calibration factor: OR adjustment (where possible):

Return of Instrument (please tick as appropriate):

JPL's Courier: OR Customer's own arrangements:

N.B. please ensure that, if you use your own courier, they can and will deliver directly to JPL, otherwise delays can occur.

I the undersigned apply, on behalf of the above organisation, for the above service

Name: (capitals please)		Position	
Signature		Date	