



"Specializing in YOUR Radiation Safety Needs"

215 Indacom Drive
St. Peters, MO 63376
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Service Repair Authorization

Licensee Name / Location: \_\_\_\_\_ License #: \_\_\_\_\_
Expiration Date: \_\_\_\_\_ License Issued By: \_\_\_\_\_
Radiation Safety Officer: \_\_\_\_\_ Phone Number: \_\_\_\_\_
Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_
Bill To: \_\_\_\_\_ PO #: \_\_\_\_\_
\_\_\_\_\_ Date Scheduled: \_\_\_\_\_
\_\_\_\_\_ Date Received: \_\_\_\_\_
\_\_\_\_\_ Date Completed: \_\_\_\_\_

Make and Model: \_\_\_\_\_ Serial Number: \_\_\_\_\_
Last Leak Test: \_\_\_\_\_ Isotope(s)/Activity: \_\_\_\_\_
(Must be within 6 months to transport)
Rod Depth x Increment: \_\_\_\_\_ (typically 8"x2", 8"x1", 12"x2", etc.)
Services requested: [ ] Calibration, cleaning, replace seals, etc. as needed
[ ] Leak Test [ ] Repair [ ] Other (describe below)

Please describe any needed repairs and/or problems with the gauge:
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

I hereby authorize R. M. Wester and Associates, Inc. to perform the above services.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby authorize R. M. Wester and Associates, Inc. to perform the above services to a total of \$ \_\_\_\_\_ before further authorization is given.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Authorization for services are in accordance with the terms and conditions listed on the reverse side of this page.

Received By (R. M. Wester and Associates, Inc.) \_\_\_\_\_ Date: \_\_\_\_\_
printed signed

Received By: \_\_\_\_\_ Date: \_\_\_\_\_
Printed signed