



Client Request Form (version 2009-2)

CLIENT REQUEST FORM

The calibration service provided will be performed in accordance with the procedures described in the ARPANSA Non-Ionising Radiation Branch EMR, Radiofrequency Calibrations Quality Manual.

Calibration Service Requested

Client: Contact Person:

Phone No: Fax/Email:

Client Equipment:

Meter model:

Table with 4 columns: Probe Model, Quantity, Test Frequency (MHz), and Nominal Field Level. The table is currently empty.

Additional Note: A survey fee of \$190.00 (inc. GST) applies for faulty equipment when calibration is unable to be completed, or for additional work not covered under calibration quotation.

A quotation will be faxed or emailed on request.

Requested Calibration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

All services provided are subject to ARPANSA standard terms and conditions (http://www.arpansa.gov.au/pubs/calibration/RFCTerms.pdf). Unless negotiated otherwise, goods will be dispatched to originator within 10 working days after the nominated calibration date.

Do not send equipment until a quote is received and Client Agreement Form has been returned to ARPANSA.

An invoice will be issued on return of goods, payment is due within 30 days of invoice date. A return consignment note should be included.

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