



Client agreement form
 (RFC-FORM-012 v13)

Quote No.:
(Bolded quote number)

Radiofrequency hazard probe calibrations client agreement form and quotation

The calibration service provided will be performed in accord with procedures described in the ARPANSA Radiation Health Services Branch Radiofrequency Calibrations Laboratory Quality Manual. These procedures specify test methods for the calibration of radiofrequency hazard meters and probes, which according to test frequency, may use a TEM cell, anechoic chamber or wave-guide calibration apparatus.

NATA calibration service provided

Client equipment:

Meter model:

Probe model	Qty	Test frequencies (MHz)						Nominal field levels

*Note: A survey fee of **up to \$226.28** (inclusive of GST) applies for faulty equipment when calibration is unable to be completed, or for additional work not covered under this calibration quotation.*

Nominated calibration start date:	Calibration quotation price (including GST): \$
	GST: \$
Signed:	Date:

The quotation for the above services is valid for thirty days from the date shown above. All services provided are subject to ARPANSA's standard terms and conditions: (<http://www.arpansa.gov.au/rfc#terms>). Equipment must be received complete and in good condition prior to the nominated calibration date above if calibration is to be completed on schedule. Unless negotiated otherwise, goods will be dispatched at client's cost to originator within 10 working days after the nominated calibration date. ARPANSA's preference is for the client to arrange and pay for collection of the equipment by courier or other means. If indicated below, ARPANSA will engage a commercial courier to return the equipment at the client's risk and bill the client accordingly.

Goods must be marked EQUIPMENT FOR EMR CALIBRATION – HAND DELIVER.

This agreement will be deemed to be accepted if either this form is signed and returned or a purchase order/calibration request citing the above quote number is received. An invoice will be issued on the return of goods; payment is due within 30 days of invoice date. A return consignment note should be included.

Client:

Tel:

Attn:

Email:

- I accept this quote
- I will arrange return of equipment when notified that it is ready for collection.

OR

- I request that ARPANSA arrange return of equipment by commercial courier and agree to reimburse ARPANSA for any costs incurred with such arrangements.

Signed:

Date: