Film and Materials Testing Request

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| --- | --- |
| Order no: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Company: |  | Name/position: |  |
| Address: |  |
| Email: |  | Phone no.: |  |
| [ ]  I hereby authorise the Australian Radiation Protection and Nuclear Safety Agency (ARPANSA) to conduct ultraviolet transmission testing of the samples described below. I have read and agree to the [Terms & Conditions for Service and Conditions for Test Samples](https://www.arpansa.gov.au/our-services/testing-and-calibration/ultraviolet-services/terms-conditions-service-and-conditions). |
| Signature: | Date: / / |

|  |  |
| --- | --- |
| No. | Sample description |
| Material type | Colour | Other info |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |
| **6** |  |  |  |
| **7** |  |  |  |
| **8** |  |  |  |
| **9** |  |  |  |
| **10** |  |  |  |
| **11** |  |  |  |
| **12** |  |  |  |
| **13** |  |  |  |
| **14** |  |  |  |
| **15** |  |  |  |