



## SERVICE REQUEST FOR LEAK TESTING OF SEALED RADIOACTIVE SOURCE

**Instruction:** Please write legibly. All information written in this form will be the basis of the certificate issued.

### I. Customer Information

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

Designation: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Leak Test Method: ☐ Wipe Test ☐ Immersion Test ☐ Bubble Vacuum Test

Smear Samples collect by: ☐ Customer/Licensee ☐ RPS Personnel

### II. Details of Services Requested

Number of Sources \_\_\_\_\_

Radioactive Source	Source Serial Number	Authorized Use	Equipment Brand / Model	Equipment Serial Number

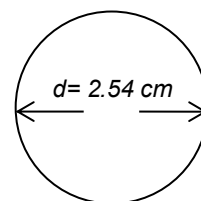


Figure 1. Size of Smear Pad

### III. TERMS & CONDITIONS

1. The Customer shall provide the transportation from PNRI to the site and accommodations, as applicable.
2. The Customer shall make sure that the source/s to be *leak tested* is/are ready on the agreed date of schedule, as applicable.
3. *Maximum of (5) smear* samples (filter paper or *other* highly absorbent material) per *radioactive* source will be accepted/collected.
4. *Smear* sample should have a maximum diameter of 1 inch / 2.54 cm and each collected samples should be placed in separate containers with proper labels accompanied by a sampling location diagram. See Figure 1 for illustration.
5. The Certificate of Analysis will be released 10 working days after conduct of service or upon receipt of sample/s, and only to the person who applied for the service or *to an* authorized representative.
6. If there are no complaints regarding the analysis one week upon release of certificate, *it* shall be considered acceptable, and the smear samples will be disposed of.
7. The Institute is implementing a CASH PAYMENT POLICY. The services being requested will be provided only upon presentation of the official receipt.

I have read and agreed with all the terms and conditions stated upon and other supplementary provisions regarding special conditions and/or agreements

\_\_\_\_\_  
Name and Signature of Applicant

\_\_\_\_\_  
Date

To be filled by RPSS Staff

	Person-in-Charge	Date	Signature	Payment Details
Received by	_____	_____	_____	Amount _____
Performed by	_____	_____	_____	OR No. _____
Measured by	_____	_____	_____	OR Date _____
Remarks	_____			

# CUSTOMER GUIDELINE

## SMEAR SAMPLE COLLECTION AND SUBMISSION

### LEAK TESTING OF SEALED RADIOACTIVE SOURCES

#### Preparation and Sampling procedure

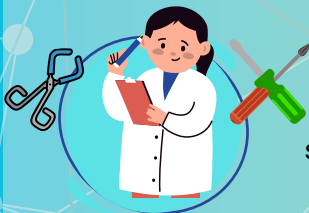
Wear appropriate **PERSONAL PROTECTIVE EQUIPMENT (PPE)**

including gloves, goggles, and lab coat



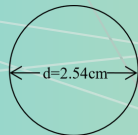
Use appropriate **HANDLING TOOLS OR DEVICES**

such as tongs, screwdrivers, or similar equipment



Prepare **CLEAN, UNUSED SMEAR MEDIA** (e.g. filter paper or cotton swab)

smear pad does not exceed **2.54 cm (1 inch)** in diameter



Wipe the surface of the sealed source using moistened smear pad (**use WATER OR ALCOHOL**)



Collect only **3 to 5 SMEAR SAMPLES PER SEALED RADIOACTIVE SOURCE**

with one sample taken from each designated location



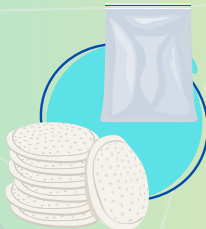
Placed the smear sample in a **SEPARATE, SEALABLE, AND CLEAN PLASTIC BAG**

Clearly label each plastic bag



#### Submission of Smear Samples

Prepare the **SMEAR SAMPLES** in separated plastic bag to prevent cross contamination



Prepare a **SAMPLING LOCATION DIAGRAM** either marked photograph or sketch drawing



Fill-out and sign **SERVICE REQUEST FORM**



Submit all documents via **MAIL or iPOSSH Transaction**



**PAY** the service fee and get the copy of the **PAYMENT RECEIPT**

Fill out and submit **CUSTOMER SATISFACTION FORM**



DOST-PNRI

Radiation Protection Services Section



/RadiationProtectionServicesSection



8-929-601- to 19 loc 262 / 09336079294



/services.pnri.dost.gov.ph/portal/Appoint



rps@pnri.dost.gov.ph