



ATLANTIC SUPPLY

MATERIALS TESTING SUPPLIES & EQUIPMENT
 DRILLING EQUIPMENT & SUPPLIES
 www.atlanticsupply.com

4187 S.W. 34th. Street Orlando, FL 32811
 Phone: 800-569-8950 Fax: 407-246-6518

P.O. #: _____
 MODEL #: _____
 SERIAL #: _____

NUCLEAR GAUGE SERVICE REQUEST FORM

COMPANY: _____

LOCATION: _____

CONTACT NAME: _____ PHONE #: _____

SERVICE REQUESTED: CALIBRATION: _____ LEAK TEST: _____ REPAIR: _____

Other Services (explain in detail): _____

STATEMENT OF TRANSFER OF RADIOACTIVE MATERIALS

1. I accept responsibility for the physical security, safe handling, and transportation of the radioactive material(s) listed below.
2. I have been formally trained in Radiation Safety to understand the special requirements for the use, safe handling, and transportation of nuclear moisture, density, and asphalt content gauges.
3. I will comply with and insure that all persons, including observers, comply with applicable safety rules and regulations.
4. I understand that source transfers can only be executed to entities explicitly licensed to possess the radioactive material(s) listed below.
5. The source(s) involved in this transfer may be accurately described as follows:

Source Owner: _____ State & License #: _____

Gauge Manufacturer	Gauge Model #	Radioactive Material	Radioactive Quantity	Type Instrument
		Cs-137	mCi	Density
		Am241/Be	mCi	Moisture
Formal Reference	Identification	Form	Category	Transport Index & Type
Radioactive Material Special Form, N.O.S.,7	UN 3332 USA DOT 7A	Special Form Sealed Source	Yellow II Label	No more than 0.7 "A"

6. By signature below, both certified individuals authorizing this transfer assure that the aforementioned material(s) are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Health Dept.

Gauge Delivery:

Date: _____

Entity Transfer from: _____

Signature of person issuing source(s)

Entity Transfer to: ATLANTIC SUPPLY

Signature of person receiving source(s)

Gauge Pick Up:

Date: _____

Entity Transfer from: ATLANTIC SUPPLY

Signature of person issuing source(s)

Entity Transfer to: _____

Signature of person receiving source(s)