

215 Indacom Drive St. Peters, MO 63376 Phone: (636) 928-9628 Fax: (636) 928-9576 www.rmwester.com

Service Repair Authorization

Licensee Name:	License #:	
Expiration Date:	License Issued By:	
Radiation Safety Officer:	Phone Number:	
Contact Name:	Email:	
Bill To:	PO #:	
	Date Scheduled:	
	Date Received:	
	Date Completed:	
Make and Model:	Serial Number:	
Last Leak Test: (Must be within 6 months to transport)	Isotope(s)/Activity:	
Rod Depth x Increment:((typically 8"x2", 8"x1", 12"x2", etc.)	
Services requested: Calibration, cleaning, replacements	ace seals, etc. as needed	
☐ Leak Test ☐ Repair	☐ Other (describe below)	
Please describe any needed repairs and/or problems with	ith the gauge:	
I hereby authorize R. M. Wester and Associates, Inc. to p	perform the above services.	
Signed:	Date:	
I hereby authorize R. M. Wester and Associates, Inc. to perfore further authorization is given.	perform the above services to a total of \$	
Signed:	Date:	
Authorization for services are in accordance with the ter	rms and conditions listed on the reverse side of this pa	ıge.
Received By (R. M. Wester and Associates, Inc.)	Date:	
prii	inted signed	
Received By:	Date:	
Printed	signed	