

LEAK TEST SAMPLING CERTIFICATE

Company/Institution: _____ _____ _____ Telephone: () _____ C.N.S.C. Licence No: _____ Sampler: _____	Address: _____ _____ _____ Fax: () _____ Contact: _____
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Source Identification: Isotope _____ Maximum Strength _____ Serial Number _____	Device Identification: Make _____ Model _____ Serial Number _____			
Wipe Number: <table border="1" style="width: 100%; height: 30px; border-collapse: collapse;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>				
Location: <table border="1" style="width: 100%; height: 50px; border-collapse: collapse;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>				
Sampling Date: _____ (D/M/Y) Sampler Signature: _____				

If more than three samples are taken from a single source/device or if more than one source/device is sampled, please copy this certificate. If wipe test procedures are available from the device manufacturer follow them carefully, otherwise general test procedures are available from BTI. Enclose wipe sample(s) in the envelope(s) provided and return them immediately via prepaid **courier** to BTI for analysis.

NOTE: It is prohibited to send these wipe samples via the mail.

Should there be any contamination of the wipes above the prescribed level, you will be contacted by phone or fax, otherwise a Leak Test Measuring Certificate will be sent via mail.