

TYPICAL NUCLEAR HOT LAB SET UP

Instructions:

1. Please place a ✓ next to the items you would like pricing on.
2. Please indicate the quantity of the items you want.
3. Please complete the bottom portion with your name, facility name, a phone number where you can be reached and either your email address or fax number.
4. Please return completed form by email to info@technologyimaging.com or by fax at 330.758.1617, Attention:Sales.

ITEM	QUANTITY
<input type="checkbox"/> Dose Calibrator	_____
<input type="checkbox"/> Syringe Shield, 3cc	_____
<input type="checkbox"/> Syringe Shield, 5cc	_____
<input type="checkbox"/> Mini "L" Shield	_____
<input type="checkbox"/> Waste Container, Shielded	_____
<input type="checkbox"/> Survey Meter, Model 14C	_____
<input type="checkbox"/> Pancake or GM Probe	_____
<input type="checkbox"/> Check Source, Cs-137, 1.0 uCi	_____
<input type="checkbox"/> Check Source Holder	_____
<input type="checkbox"/> Syringe Carrier, Large, .25" lead	_____
<input type="checkbox"/> Caution - Radiation Area Sign	_____
<input type="checkbox"/> Caution -Radioactive Material Sign	_____
<input type="checkbox"/> Warning Labels 500/RL	_____
<input type="checkbox"/> Dual Sharps Shield	_____
<input type="checkbox"/> Red Containers, Case of 32	_____
<input type="checkbox"/> Cs-137 E-Vial 200 uCi	_____
<input type="checkbox"/> Co-57 Flood Source	_____
<input type="checkbox"/> Ba-133 E-Vial 250 uCi	_____
<input type="checkbox"/> Cs-137 Rod Source, .1 mCi	_____
<input type="checkbox"/> Co-57 E-Vial, 5 mCi	_____
<input type="checkbox"/> Radiacwash Spray Mist	_____
<input type="checkbox"/> Straight Forceps	_____
<input type="checkbox"/> Extruded Lead Bricks	_____

NAME: _____ PH: _____

FACILITY _____ EMAIL: _____

FAX: _____ ANTICIPATED INSTALL DATE: _____



PLEASE SUBMIT TO:
info@technologyimaging.com
 or fax to:
 330.758.1617 Attn: Sales