

Service/Calibration Check List

Purchase Order: _____
Billing Address
Company: _____
Address: _____
City _____ **State** _____ **Zip** _____
Name of Contact
Full Name: _____
Email: _____
Phone #: _____






Recalibration Interval-
MUST SELECT ONE






12 month calibration interval
 24 month calibration interval
 Do not specify any interval

RA/CASE #: _____
Shipping Address (Same as billing)
Company: _____
Address: _____
City _____ **State** _____ **Zip** _____
Accounts Payable Contact
Full Name: _____
Email: _____
Phone #: _____

RTI Detectors

(Please check all the customer boxes if you are sending in the detector for service/calibration- This must be filled and sent along with RA page)

 ___ Cust ___ RTI(In) ___ RTI(Out) Barracuda	 ___ Cust ___ RTI(In) ___ RTI(Out) MPD-	 ___ Cust ___ RTI(In) ___ RTI(Out) Piranha	 ___ Cust ___ RTI(In) ___ RTI(Out) Dose Detector	 ___ Cust ___ RTI(In) ___ RTI(Out) T-20 Detector
BC1- _____	MPD- _____	CB2- _____	S/N: _____	S/N: _____
Power Supply _____	Cable _____ Condition _____	Power Supply _____	Black Cover _____	Metal Foot _____

 ___ Cust ___ RTI(In) ___ RTI(Out) Non-Invasive mAs-2 Probe	 ___ Cust ___ RTI(In) ___ RTI(Out) mAs-1 Probe	 ___ Cust ___ RTI(In) ___ RTI(Out) mAs-3 Probe	 ___ Cust ___ RTI(In) ___ RTI(Out) CTDP/SD/16:	 ___ Cust ___ RTI(In) ___ RTI(Out) Chamber adapter
S/N: _____	S/N: _____	S/N: _____	S/N: _____	S/N: _____
Cable: ___ Cust ___ In ___ Out	Cable: ___ Cust ___ In ___ Out	Cable: ___ Cust ___ In ___ Out	Cable: ___ Cust ___ In ___ Out	Cable: ___ Cust ___ In ___ Out

Typical turnaround time using our regular service is 5-10 business days under normal circumstances, but cannot be guaranteed. Certain repairs may take longer.


 Light Probe
-Lux

 ___ Cust
___ RTI(In)
___ RTI(Out)


Monitor

 ___ Cust
___ RTI(In)
___ RTI(Out)

 CT-Ion
Chamber

 ___ Cust
___ RTI(In)
___ RTI(Out)


Barracuda BT

 ___ Cust
___ RTI(In)
___ RTI(Out)

 Other
Chamber

 ___ Cust
___ RTI(In)
___ RTI(Out)

Lux Adapter: _____ MON: _____ CT-chamber _____ S/N: _____ S/N: _____

Accessories Checklist:

Items	Cust	In	Out	Items	Cust	In	Out
8" Tablet _____ Power Supply _____				Light probe Large BK seal			
10" Tablet _____ Power Supply _____				Light probe Small BK seal			
PC- Netbook				USB Cable			
Netbook Power Supply & Mouse				USB BT Adapter			
Handheld Type _____				RS-232(9 pin to circular)			
Handheld S/N _____				RS-232 Circular to circular			
Stylus _____				EXT-1 Lemo Ext cable			
Power Supply _____				BNC Adapter Cable			
HotSync Cable				BNT Adapter cable			
Charge Cable 5V Palm Multi				MDH Radcal Cable			
Carrying case+ BK form insert				Tape measure			
MAS-3 Transformer _____				BK & RD Banana cables			
MAS-3 Blue Seal				Bk & RD connector cables-MAS-2			
Panoramic Dental holder(Magnets)				HVL Stand			
Panoramic Dental holder(Straps)				HVL Filter 33x99			
Calibration Records/Manuals/CDs				HVL Filters 100 x 100			



Service Options

Calibrations:

 ___ * **Express Service (ES):** Add 50% to the calibration cost; includes 2nd Day Air return shipping (3 days turnaround)

 ___ * **Express Service (ES) + Overnight Shipping:** Add 50% + \$35 (Extra charge) in the contiguous U.S (**Higher Outside**)

 ___ **Regular Service:** Includes 2nd Day return shipping; extra charge outside the contiguous U.S. (10 days turnaround)

Repairs:

 ___ **Warranty repair:** UPS Ground is included or, **I will pay for** _____

 ___ **Non-Warranty repair:** Extra shipping charges. **I will pay for** _____ and my Kit needs to be calibrated: _____

 ___ **Make my Non-Warranty repair an Express Service:** 50% extra charge

 ___ **Use my FedEx/UPS account #** _____

Completed By: _____ Signature _____ Date: _____

RTI Use Only:

Received at RTI by: _____ Date _____

Shipped from RTI by: _____ Date: _____

CD/Letter: Yes/ NO