



IMPROVING QUALITY WITH SCIENCE

502 PRAIRIE MINE ROAD
MULBERRY, FLORIDA 33860
PH: 863-425-0039
FX: 863-425-5526

PRODUCT INFORMATION SHEET

PLEASE TYPE OR PRINT

Company Name: _____

Contact Name: _____

Phone: _____

Fax: _____

Product Name _____
(Detailed Description of Product: i.e. – uses, human consumption, animal consumption, medical internal-external use)

Container Size: Length _____
Width _____
Height _____

Expected Load Size: No. of Containers _____
No. of Pallets _____
Total Weight _____

Container Weight:
Gross _____
Net _____

***Minimum Dose** _____ kGy **Maximum Dose** _____ kGy

Product State: Liquid Dry
 Frozen Refrigerated
 Other _____

	<u>YES</u>	<u>NO</u>
Does the product contain any ingredient that could release heat, gas or toxic fumes?	<input type="checkbox"/>	<input type="checkbox"/>
Is the flash point 140F or below? (Liquid Only)	<input type="checkbox"/>	<input type="checkbox"/>
Labeling Requirements?	<input type="checkbox"/>	<input type="checkbox"/>
Is irradiation of this product in compliance with the laws of the United States?	<input type="checkbox"/>	<input type="checkbox"/>
Is the product labeled sterile? <i>If yes, a Sterile Interstate shipping agreement is required</i>	<input type="checkbox"/>	<input type="checkbox"/>
Is the product intended for export outside the US?	<input type="checkbox"/>	<input type="checkbox"/>

All medical products must be accompanied by a Product Scheduling Worksheet which includes a Purchase Order Number and Lot Number.
Irradiation Certification will be sent to the billing address with the invoice.

Respondents Name: _____ Date: _____
(Signature/Title)

Accepted by: _____ Date: _____

***DOSE LEVELS MUST BE SET BY THE CUSTOMER**
Liability to the customer is limited to the amount invoiced for the irradiation processing. Revision 2 (10/07/05)