



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

Product Scheduling Worksheet

Please Send this Form each time you ship product for irradiation services.
Please Type or Print

Company Name: _____

Contact Name: _____

Name of Product: _____

P.O. # _____ **Type of Run:** Validation Dose Audit Research Production
(Circle One)
Lot Numbers: _____

Minimum Dose: _____ kGy **Maximum Dose:** _____ kGy
DOSE LEVELS MUST BE SET BY THE CUSTOMER
Medical and Pharmaceutical Customers must also include Lot #'s.

Shipping Information:

Net Weight: _____ each Length: _____
Gross Weight: _____ each Width: _____
Height: _____

Containers: Boxes Bags Number of Containers: _____
 Barrels Drums Number of Pallets: _____
 Other _____

DOSE MAP FEES ARE CHARGED ON EACH NEW PRODUCT AND EACH TIME PRODUCT DENSITY CHANGES DUE TO DIFFERENT WEIGHTS, SIZE OR MULTIPLES.

Approximate Date of Arrival: _____

Approximate Time of Arrival: AM PM

Special Instruction/Request: _____

The Customer Must Make All Shipping Arrangements.
Liability to the customer is limited to the amount invoiced for the irradiation processing.
Revision 2 (10/13/05)