FTSI

IMPROVING QUALITY WITH SCIENCE

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
Gross Weight: _____ each

Length: _____
Width: _____
Height: _____

Containers: ☐ Boxes ☐ Bags ☐ Barrels ☐ Drums ☐ Other _____

Number of Containers: _____

Number of Pallets: _____

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)