

DOSE CALIBRATOR LINEARITY TEST FORM

FACILITY: _____

Dose Calibrator Manufacturer and Model: _____

Dose Calibrator Serial Number: _____

Date of Test: _____

Start Time: _____

Completion Time: _____

TUBE NUMBER

ASSAY ACTIVITY (minus background)

1 only

1 + 2

1 + 3A

1 + 4

1 + 2, 3A

1 + 2, 4

1 + 3A, 4

1 + 2, 3A, 4

Chief Technologist