Special Form Capsule Traveler Sheet

Special Form Capsule Identification number: _____

QA Visual results: _____ Field Inspection results: _____

QA Signature: _____ Field Initials: _____

QA Date: _____ Field Date: _____

Depth gauge S/N: _____ Calibration Due Date: _____

	QA	Field
QA Capsule gap measurement without plug in place:	1._____	3._____
QA Capsule gap measurement with plug in place:	2._____	4._____
Record gap measurement after shear off of nut:		5._____
Subtract line 5 from line 4:		6._____

To achieve a Special Form seal, the measured reading on Line 5 must be greater than or equal to the measurement on Line 3, and the difference on line 6 must be a positive number and ≥ 0.005".

Serial# or ID number of source(s) loaded in SFC: _____
(Attach separate listing if necessary)

Physical/Chemical Form: _____ Isotope(s): _____

Total Activity: _____ Content Weight: _____

Location of loading: _____

Special Form Qualification

Any Criteria listed below marked as "NO" will prevent achievement of Special Form Classification:

Criteria	YES	NO	N/A
Capsule was assembled in compliance with applicable regulations in effect at the time of assembly and in accordance with the correct revision of OSR-DOP-190?			
The capsule seal complies with the requirements of OSR-DOP-190 Section 9.0?			
Void volume was verified by appropriate CVT (Model I & III only)?			

Name of SFC Packager: _____ Organization: _____

Signature of SFC Packager: _____ Date: _____

Name of Verifier: _____ Organization: _____

Signature of Verifier: _____ Date: _____