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| ***Request for Helium Leak Test*** | | | | | Ref No:  ***(Assigned by Vacuum RO)*** | | |
| Submitter1: | *Name, e-mail:* | | | | | | |
| Component to be tested – details of test | *e.g. leak test of diagnostic window interspace* | | | | | | |
| Type of test | Acceptance | | | Qualification | | | |
| VQC | 1 | 2 | | 3 | | | 4 |
| Relating to procurement arrangement | *IDM Ref:* | | | | | | |
| Approved Procedure**1** | *IDM Ref:* | | | | | | |
| Location of test/ Supplier Information | *Contact person:* | | | | | | |
| *Address:* | | | | | | |
| Date of requested test | *dd/mm/yy* | | Expected duration | | | *Days:* | |
| Additional Information | *Other information considered relevant by Submitter:* | | | | | | |
| **1**Submitter must be IO staff or IO (Ext) Contractor  2Procedure for leak test shall be approved by ITER Vacuum RO prior to submission of request for Leak Test | | | | | | | |