Access Control Systems, Inc.

Milford, NH | 603-249-9820
service@acsdetection.com

SERVICE REQUEST FORM

Complete one form per system; type or print clearly. Email with photos/screenshots to service@acsdetection.com.

1 REQUESTER & SITE CONTACTS

Organization / facility name

Request date (MM/DD/YYYY)

Equipment location: street, city, state, ZIP and room / checkpoint

Requester name / job title

Phone

Email

On-site contact (if different)

Contact phone

Contact email

☐ Requester can assist with phone troubleshooting ☐ On-site contact can assist with troubleshooting

New customers: provide your billing address if different from the equipment location to help expedite your service quotation.

2 EQUIPMENT & REQUEST DETAILS

☐ X-Ray system ☐ Walk-Through Metal Detector ☐ Other Describe below

Manufacturer

Model

Serial number

Date of manufacture

X-Ray / metal detectors: find the ID label at the power-cord connection. Enter "Unknown" if unavailable.

Request type: ☐ Repair ☐ General Inspection / Radiation Survey ☐ Calibration ☐ Other

Current status: ☐ Not operational ☐ Intermittent issue ☐ Operational

3 ISSUE DESCRIPTION & ERROR DETAILS

Describe the issue, when it began, how often it occurs, and any steps already taken.

Issue description / requested service

Error code(s) and message(s) - enter "None" if no errors are displayed

X-Ray only - radiation certificate: ☐ Valid ☐ Expired ☐ Unknown Last radiation survey date:

SERVICE BUSINESS HOURS: MONDAY-FRIDAY, 8:00 AM-4:00 PM EASTERN TIME

Requests received after 2:00 PM Eastern Time may not be reviewed until the next business day.

Access Control Systems, Inc. strives to respond promptly.
On-site response times vary based on technician availability and service contract status.