



PERSONAL DOSIMETRY SERVICE

DOSE RECORD KEEPING SERVICE – REGISTRATION OF EMPLOYEE B1778/S/97

BEFORE COMPLETING THIS FORM, PLEASE REFER TO THE INSTRUCTIONS OVERLEAF Use this form to open a new dose record for an employee.

PART 1 EMPLOYER DETAILS

Name of employer

CUSTOMER REF. NO. (CIDI Establishment Code No.)

Address of employer

Contact Name (please print) Telephone No.

PART 2 EMPLOYEE DETAILS

*Surname

*Date of Birth:

*Forenames (not just initials, please – leave spaces between names)

*Sex Male / Female

*NATIONAL INSURANCE NUMBER

PLEASE MAKE SURE THIS IS FILLED IN!

If the employee is a foreign national, and therefore has no NIN, please tick this box

Personal Identifier (optional)

*Occupational Category (see over)

PART 3 CLASSIFIED PERSONS

CLASSIFIED: Y/N (please circle)

Date of Classification: (In this employment)

Please advise us separately if any special dose limits apply.

PART 4 OTHER SERVICES – DOSEMETERS & PASSBOOKS

Table with columns: DOSEMETER TYPE (please circle), INTERVAL (please circle), WEEKS, MONTHS. Rows include HTLD, EXTREMITY STALL, EXTREMITY RING, NEUTRON, RADON, HEAD BAND (EYE).

Is this employee to be an Outside Worker under IRR17?

If so, a Radiation Passbook will be required:

SUPPLY RADIATION PASSBOOK? (Please tick if radiation passbook required and supply completed form 349)

Please tell us if you want the passbook delivering to an address other than your normal one.

RADIATION PASSBOOK ALREADY HELD SERIAL NO.

PART 5 RADIATION DOSE HISTORY

IF THIS EMPLOYEE HAS A TERMINATION RECORD FROM A PREVIOUS EMPLOYMENT, OR ANY OTHER DOCUMENTARY EVIDENCE OF DOSE HISTORY, PLEASE ATTACH IT TO THIS FORM, AND COMPLETE THE FOLLOWING:

I attach evidence of dose history for this employee. I am not aware of any previous radiation dose history for this employee

Signed for employer Date

INSTRUCTIONS FOR COMPLETION

PART 1 : Please complete all the sections of this part of the form. **NOTE – if you do not yet have a customer reference number (ie you are a new customer) please write 'NEW ACCOUNT' in this section**

PART 2 : You must complete **ALL** sections marked with a asterisk (*) **NOTE - incomplete forms cannot be processed and registration will be delayed.**

If you don't know the NIN, please tell us and we will issue a temporary identifier – but please still try to find the real one. Please include the end letter if you know it, as we can now use this in our database.

PERSONAL IDENTIFIER: You can choose an optional extra identifier for this employee, e.g. a works number or department name, to be displayed on personal dosimeters. We can fit up to 10 characters on most types of dosimeters, and 16 characters on TLDs.

OCCUPATIONAL CATEGORY: Please choose the three-digit identifier from the list below which best represents the kind of work this employee does. If more than one occupational category is appropriate, choose the one which is likely to contribute the most dose.

PART 3 : **If the employee is a Classified Person under Regulation 21 of the Ionising Radiations Regulations 2017 (IRR17), please enter the date of classification in the box.** Also, please indicate if the employee is subject to any special dose limits, e.g. the 5-year dose limits specified in Schedule 3 of IRR17 (see regulation 12).

PART 4 : Does this employee need any radiation dosimeters (badges)? If so, please indicate the change interval required in the appropriate box: **N.B. WE WILL ACCEPT THIS AS AUTHORITY TO INCREASE YOUR DOSEMETER SUPPLY IF NECESSARY.**

PART 5 : ¹ For persons who have been monitored for radiation exposure whilst classified persons, there should be a termination record. If this is not available we will still collect the latest data from HSE CIDI. For anyone who has been monitored whilst **NOT** classified, please provide information about doses received.

OCCUPATIONAL CATEGORIES for use in PART 2 above

Select the occupational category which best represents the employee's tasks, and, if more than one category is appropriate, the one which is likely to contribute the greatest dose. **Please tell us** if the occupational category changes.

SECTOR	MAIN OCCUPATIONAL CATEGORY	CODE	SECTOR	MAIN OCCUPATIONAL CATEGORY	CODE	
1 Nuclear (including contractors)	Nuclear reactor operations	103	4 Mining/ Drilling/ Quarrying	Offshore work activities	415	
	Nuclear reactor maintenance	104		Site radiography (without a shielded enclosure)	402	
	Nuclear fuel fabrication	105		Onshore drilling activities	416	
	Nuclear fuel reprocessing	106		Mining coal – underground workers	417	
	Nuclear decommissioning	153		Mining coal – surface workers	418	
	Site radiography (without a shielded enclosure)	102		Mining minerals other than coal – underground workers	419	
	Other nuclear industry applications	150		Mining minerals other than coal – surface workers	420	
2 Dental, Medical & Veterinary	Medical applications, doctors	230	5 General Industrial	Quarrying	440	
	Medical applications, nurses	231		Application & servicing of machines producing ionising radiations (other than those covered elsewhere)	510	
	Medical applications, radiographers	232		Application & manipulation of radioactive substances (other than those covered elsewhere)	511	
	Medical applications, physicists & physics technicians	233		Industrial applications not mentioned elsewhere	551	
	Other medical applications	234		6 Non-Destructive Testing	Industrial radiography using permanent shielded enclosures	601
	Dental applications	225			Site radiography (without a shielded enclosure)	602
3 Research & Teaching	Veterinary work	226	7 Other	Radioactive waste treatment	707	
	Academic research & teaching	341		Radiological protection	708	
Industrial research	342	Transport activities		714		
				Defence related activities not covered elsewhere	749	
				Others	752	