



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, PHE CUSTOMER REF. NO., LICENCE NO., Address of employer, Contact Name (please print), Telephone No.

PART 2 EMPLOYEE DETAILS

\*Surname, \*Date of Birth, \*Sex Male / Female, \*Forenames (not just initials, please – leave spaces between names)

For Irish citizens we will also allocate a unique identification code on registration which will start EI

Personal Identifier, \*Practice, Occupation (see over)

PART 3 START DATE

Start Date of Record, CATEGORY: A / B (please circle)

\*Note: Most workers will be Category B. Please refer to Radiological Protection Act, 1991 (Ionising Radiation) Order, 2000; Article 18 for details.

(In this employment)

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.

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. ) please delete as appropriate
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 (i.e. you are a new customer) please write 'NEW ACCOUNT' in this section

PART 2: You must complete **ALL** sections marked with an asterisk (\*) **NOTE - incomplete forms cannot be processed and will incur delay.**

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.

PRACTICE AND OCCUPATION: Please choose a practice and an occupation from the lists below supplied which best represents the kind of work this employee does. These have been supplied by the Environmental Protection Agency (EPA) as categories to use in the National Dose Registry of Ireland. A return will be made each year by 30<sup>th</sup> April to EPA for those registered.

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: <sup>1</sup> If the person has been monitored for radiation exposure whilst a classified person, there should be a termination record. For non-classified work please supply a summary if possible or we may be able to collect historic data from EPA.

### OCCUPATIONAL CATEGORIES for use in PART 2 overleaf

Select the practice (from Table 1) and the occupation (from Table 2) which best represents the employee's tasks. **Please tell us** if the occupational category changes.

**Table 1 Practices**

Activity	Practice
Medicine	Diagnostic radiology Interventional radiology Interventional cardiology Dental radiology Nuclear medicine Radiotherapy All other medical uses
Industry	Industrial irradiation Industrial radiography (fixed) Industrial radiography (mobile) Radioisotope production Well logging All other industrial uses
Miscellaneous	Education/ research Veterinary medicine – radiology Veterinary medicine – nuclear medicine Safety and Inspections Transport Military All other practices
Natural	Civil aviation Other mineral mining Oil and gas industries Handling of minerals and ores

**Table 2 Occupations**

Medical doctor
Nurse
Radio-pharmacist
Radiographer
Other health care professional
Physicist
Technician
Air crew
Geologist
Engineer
Miner
Oil and Gas worker
Other