

Pakistan Nuclear Regulatory Authority

Environmental Monitoring and Dosimetry Laboratories

Plot no. 61, Sector H-11/4, Islamabad

Tel: +92 51 9257827 Fax: +92 51 9257832 Email: emd.labs@pnra.org

APPLICATION FORM FOR GRANT OF EXTERNAL DOSIMETRY SERVICES

1. PERSONAL DATA OF RADIATION WORKER

Name (in Capital Letters):					
CNIC No:					
Date of birth:					
Gender: Male Female					
Designation:					
Qualification:					
Phone/Mobile No.:Email:					
Nature of job:					
Specify starting year of work in radiation area:					
Previous accumulative radiation dose (mSv):					
Name of previous dosimetry service provider (if any):					
FACILITY DATA					
Name of facility:					
Type of radiation work:					
Director/Owner Name:					
PNRA License Number:					
Telephone No.:Fax/Email:					
Postal Address (Organization):					
3. Particulars of Bank Draft of Registration Fee and Annual Measurement Charges for Dosimetry					
Services in favor of "Director Finance PNRA"					
Bank Draft Number:Date:					
Amount:Bank Name:					

 $\textbf{Note:}\ (i)\ Please\ attach\ copy\ of\ CNIC\ and\ proof\ of\ previous\ dose\ record\ (if\ any)$

(ii) For any feedback/complaint, please contact at emd.labs@pnra.org

4. TECHNICAL INFORMATION					
Type of service required: TLD	Badge	Extremity Dosimeter	Both		
Radiation sources in use: X-ra	y/CT Scan	Radioisotope/SRS	Both		
5. TERMS & CONDITIONS					
❖ The facility owner is required to deposit the registration fee and annual measurement charges as mentioned in PNRA Regulations PAK/900 (latest applicable version) along with filled-in this application form against each radiation worker					
to obtain personal dosimetry services. Dosimeters will be collected from EM&D and return back for dose assessment preferably by hand. However, if facility owner request for courier dispatch then he/she will be responsible for any damage or loss of TLD cards/badges occurred during courier dispatch.					
❖ The dosimeters allotted to radiation worker(s) must be returned by the facility to EM&D for personal dose assessment as					
per defined frequency, even if they have not been used. In case of accidental/overexposure to any radiation worker, the TLD card must be returned immediately to EM&D for dose assessment without waiting for completion of monitoring period.					
The radiation worker(s) must use only the allotted dosimeter(s) on regular basis and are not allowed to transfer					
the allotted dosimeters to any other radiation worker(s) or the facility.					
 If any TLD card is accidentally exposed to radiation, the worker(s) are strictly prohibited to use the exposed card for personal dose monitoring and return to EM&D on immediate basis. During the work in radiation area, if extremities (hands etc.) are likely to be exposed then worker(s) are also 					
required to wear the allotted extremity dosimeters in addition to whole body dosimeter.					
* The worker(s) are advised not to wear dosimeter during their own medical treatment/diagnostic tests (X-ray,					
CT scan etc.) The dosimeter badge must not be opened by radiation worker or any other person, as due to its opening the TLD card					
may be damaged or received radiation dose may be lost. The case of lost or any damage to the allotted TLD cards/rings/badges, the cost of lost/damaged dosimeter(s) shall be					
paid by the facility owner i.e @ Rs. 15000 per dosimeter.					
 The allotted dosimeters are the property of PNRA and the facilities are bound to return the dosimeters to PNRA on termination of dosimetry service. In this regard, the facility owner(s) are required to submit a formal application on the prescribed PNRA Form along with allotted TLD cards/badges and bank draft of pending charges (if any). EM&D will share the dose records or any other information of radiation worker(s) with PNRA and the National Dose 					
Registry (NDR), if required under the national rules, regulations and policies etc.					
I, hereby confirm that all the details provided in the form are accurate to the best of my knowledge.					
Signature of Radiation Worker					
Signature:					
Date:					
Endorsed by Director/Owner:					
Signature:					
	Date:				
6. FOR EM&D USE ONLY					
Reference Number:					
ID of TLD cards: (i)	(ii)				
ID of Extremity Ring: (i)	(ii)				
Lab In-charge:					
(Signature/Date)					
Note: (i) Places attack convert CNIC and proof of	. 1 1/16				

Note: (i) Please attach copy of CNIC and proof of previous dose record (if any)

(ii) For any feedback/complaint, please contact at emd.labs@pnra.org $\,$