

## Pakistan Nuclear Regulatory Authority

## **Environmental Monitoring and Dosimetry Laboratories**

Sector H-11/4, Islamabad

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

## APPLICATION FORM FOR GRANT OF WHOLE-BODY COUNTING (WBC) SERVICES

Name of Facility:  Type of radiation work:  Director/Owner Name:  License Number:  Telephone No.:  Fax No.:  Email address:  Mailing Address (Organization):	Name (in Capital Letters):			
Gender: Male Female Designation:  Employee No./PIN:  Weight of Personnel:  Height of Personnel:  Nature of Job.:  Previous Internal Dose Record (in mSv):  Previous Dosimetry Service Provider:  Detail of Radiation sources worked with:  Potential radionuclide(s) inhaled, if known:  FACILITY DATA  Name of Facility:  Type of radiation work:  Director/Owner Name:  License Number:  License Validity:  Telephone No.:  Email address:  Mailing Address (Organization):	CNIC No.:			
Designation:  Employee No./PIN:  Weight of Personnel:  Height of Personnel:  Nature of Job.:  Previous Internal Dose Record (in mSv):  Previous Dosimetry Service Provider:  Detail of Radiation sources worked with:  Potential radionuclide(s) inhaled, if known:  FACILITY DATA  Name of Facility:  Type of radiation work:  Director/Owner Name:  License Number:  License Validity:  Telephone No.:  Email address:  Mailing Address (Organization):	Date of Birth: (DD/MM/YY)			
Employee No./PIN:	Gender: Male Female			
Weight of Personnel: Height of Personnel: Nature of Job.: Previous Internal Dose Record (in mSv): Previous Dosimetry Service Provider: Detail of Radiation sources worked with: Potential radionuclide(s) inhaled, if known:  FACILITY DATA Name of Facility: Type of radiation work: Director/Owner Name: License Number: License Validity: Telephone No.: Fax No.: Email address: Mailing Address (Organization):	Designation:			
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Mailing Address (Organization):	Telephone No.:Fax No.:			
	Email address:			
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Note: For any feedback/complaint, please contact at emd.labs@pnra.org

<ul> <li>Following are the terms and conditions for availing WBC services from EM&amp;D Labs, PNRA.</li> <li>Facilities interested in availing WBC services from EM&amp;D labs (PNRA) must complete the application and submit to the Director EM&amp;D.</li> <li>The appointment date for WBC services will be communicated by EM&amp;D labs after submission of applit forms for all radiation workers to be monitored.</li> <li>WBC reports will be provided to the licensed facilities upon receipt of the applicable WBC service characcordance with PNRA Regulations PAK/900 (latest applicable version).</li> <li>The licensee must ensure that personnel requiring whole body counting undergo decontamination before v the WBC lab.</li> <li>I, hereby, affirm that all the particulars given above are correct to the best of my knowledge and belief.</li> <li>Signature with Stamp:</li> </ul>		Date:
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