**NAME AND ADDRESS OF LICENCE / AUTHORITY HOLDER:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | **Tel no:** | |
|  | | | **Fax no:** | |
|  | | | **Email:** | |
|  | | | **Licence / Authority no:** | |
| **SOURCE OF RADIATION**  (Please mark with an X) | | **MEDICAL AND VETERINARY USE OF DIAGNOSTIC X-RAY EQUIPMENT** (Please mark with an X) | | |
| X-ray unit or accelerator | Radio-isotope | **PRMD** above lead rubber apron[[1]](#footnote-1) | | **PRMD** below lead rubber apron |

|  |
| --- |
| **A. CAUSE OF RADIATION OCCURRENCE** (Particulars must be furnished below or on a separate page) |
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|  |
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|  |

**B. MEASURES TO PREVENT RADIATION OCCURRENCE OR RE-OCCURRENCE** (Particulars must

be furnished below or on a separate page)

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|  |

**C. PARTICULARS OF RADIATION WORKERS AND/OR PUBLIC INVOLVED**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Identity No.** | **BIN OR  Badge No** | **Magnitude  of exposure** | **Accumulated lifetime dose** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **DECLARATION BY LICENCE HOLDER**

I hereby declare that the aforementioned information is true and correct to the best of my knowledge.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Name** | **Signature** | **Date** |

1. . Personal Radiation Monitoring Device (PRMD) [↑](#footnote-ref-1)