Agenda Item 6a

WG 1 Outside workers & the dose passport

H5-6.a.2 Draft Radiation Passbook

FRONT COVER *(Identification of Radiation Worker)*

Window to allow to see picture on next page

Radiation worker
[SURNAME] [2nd SURNAME]
[First name] [Middle names]
[Unique identification number of the worker]

Ref. of domestic Legislation under which Radiation Passbook is issued

RADIATION PASSBOOK
BELGIUM
[Passbook number]

If found, please return to last named employer (see section ..)

SECTION 1 – Details of the radiation worker

(Normally to be completed by the company or institution designated by the competent authority to issue the radiation passbook)

Surname(s) **[SURNAME]** [2nd SURNAME]
First name **[First name]** Middle name(s) **[Middle names]**
Sex **[M/F]**
Date of birth **[date of birth]**
Nationality **[Nationality]**

Signature **[Signature]**

Picture

Unique identification number
(unique number in the worker's employer's country, for example :
National number **[National number]**
Social security number **[Social security number]**
Fiscal number **[Fiscal number]**

Relevant dose limits:

Whole-body dose (Effective dose)	**[]**
Eyes (Equivalent dose)	**[]**
Skin/Extremities (Equivalent dose)	**[]**
Other	**[]**

SECTION 2 – Issuing details of the radiation passbook

(to be completed by the entity issuing the radiation passbook)

Radiation passbook number **[Radiation Passbook number]**
Issuing date **[issuing date]** Valid until **[expiry date]**
Issuing body **[body issuing passbook]**
Address **[address]**
Tel number **[tel number]** Mark of endorsement
Fax number **[fax number]**
E-mail **[e-mail address]**

SECTION 3 – General information

(any information needed by foreign operator to interpret the conditions applying to this worker, depending on the nationality of his employer)

3.1. Contents

(to be completed by the Member States)

3.2. Guidelines to fill in the radiation passbook

(to be completed by the Member States)

3.3. General information

(to be completed by the Member States – including :

- purpose of the passbook
- conditions of use
- scope of application
- temporality
- conditions of issue/renewal
- loss of the radiation passbook/damage to the radiation passbook
- pursuit in case of fraudulent use/entries/amendments
- summary of the legal provisions relative to the operational protection of outside workers, including the definition of the following concepts :
    - operator
    - outside undertaking
    - outside worker
    - official dosimetry
    - operational dosimetry
- national dose limits (explanation)

SECTION 4 - Current outside undertaking

(To be completed by the employer of the outside worker)

Employer (Name, Identification number, Outside undertaking number, Address, Tel, Fax, e-mail address)	**Employment** (Start date/End date)	**Occupa - tional category** (ex: NACE code)	**Classifi-cation** (A or B)	**Stamp and signature or identificatin number of the responsible party**

SECTION 5 – Health surveillance

(To be completed by the approved medical practitioner or approved occupational health service acting for the employer).

Date	**Type of Examination**	**Result** (fit, not fit, fit subject to special conditions as shown)	**Restrictions to work with radiations**	**Validation of result** (name, signature and stamp or identification number of the approved medical practitioner, approved occupational health service or other designated instance/person)	**Period of validity of the result**

SECTION 6 – Official dose record up to the radiation passbook issue date

(To be completed by the entity issuing the radiation passbook).

6.1. Occupational life time dose (mSv)

External dose								Internal dose						Effective dose [sum of {1},{2} and {3}]	Authorized signature/ stamp of the issuing entity and date
Uniform			Non-uniform : equivalent dose to specific body location (extremities/other area's)					Committed effective dose from internally deposited radionuclides {3}	Committed equivalent dose to specific individual organs or tissues						
photon/ electron $H_p(10)$ {1}	Neutron dose $H_p(10)$ {2}	Skin dose $H_p(0.07)$	Lens dose $H_p(3)$	…	…	…	…		…	…	…	…	…		

6.2. Official doses (mSv) for the last 5 calendar years *(not including the current year – mandatory for persons having a 5 year dose limit.)*

Year	External dose								Internal dose						**Effective dose [sum of {1}, {2} and {3}]**	Authorized signature/ stamp of the issuing entity and date
	Uniform			Non-uniform : equivalent dose to specific body location (extremities/other area's)					Committed effective dose from internally deposited radionuclides {3}	Committed equivalent dose to specific individual organs or tissues						
	photon/ electron $H_p(10)$ {1}	Neutron dose $H_p(10)$ {2}	Skin dose $H_p(0.07)$	Lens dose $H_p(3)$	…	…	…	…		…	…	…	…	…		

Signature/stamp of the issuing entity and date	

6.3. Details concerning the entity responsible for the record of the official dosimetry *(To be completed by the entity(ies) responsible for the record of the official dosimetry : approved dosimetry service, National Dose Register or other. Only if different from the entity issuing the passbook.)*

Responsible entity	**[name of the responsible entity]**
Address	**[Address of the responsible entity]**
Contact person	**[name and job title of contact person]**
Tel number	**[tel number]**
Fax number	**[fax number]**
E-mail	**[e-mail address]**

Responsible entity	**[name of the responsible entity]**
Address	**[Address of the responsible entity]**
Contact person	**[name and job title of contact person]**
Tel number	**[tel number]**
Fax number	**[fax number]**
E-mail	**[e-mail address]**

Responsible entity	**[name of the responsible entity]**
Address	**[Address of the responsible entity]**
Contact person	**[name and job title of contact person]**
Tel number	**[tel number]**
Fax number	**[fax number]**
E-mail	**[e-mail address]**

6.4. Official dose record for current year …. (mSv) *(To be completed by the employer or the health physics service or other person acting for him).*

Period (ddmm yyyy-ddmm yyyy)	External dose								
	Uniform					Non-uniform : equivalent dose to specific body location (extremities/other area's)			
	ph/e $H_p(10)$ {1}	n $H_p(10)$ {2}	Skin dose $H_p(0.07)$	Above apron	Under apron	Lens dose $H_p(3)$	…	…	…
TOTAL									

ph/e : photon/electron - n : neutron

Internal dose						Effective dose [sum of {1}, {2} and {3}]	Signature of the responsible person and identification number of the outside undertaking
Committed effective dose from internally deposited radionuclides {3}	Committed equivalent dose to specific individual organs or tissues						
	…	…	…	…	…		

SECTION 7 – Operational dose in the operator's controlled area(s) (mSv) *(An estimate of any dose received by the outside worker, to be filled by the operator after the end of any activity in the operator's controlled area)*

Period (ddmm yyyy-ddmm yyyy)	External dose								
	Uniform					Non-uniform : equivalent dose to specific body location (extremities/ other area's)			
	ph/e $H_p(10)$ {1}	n $H_p(10)$ {2}	Skin dose $H_p(0.07)$	above apron	Under apron	Lens dose $H_p(3)$	…	…	…
Name and address operator :									
Name and address operator :									
Name and address operator :									
Name and address operator :									
Name and address operator :									
Name and address operator :									
Name and address operator :									

Internal dose						Effective dose [sum of {1}, {2} and {3}]	Signature/ stamp of the responsible person for the operator and date
Committed effective dose from internally deposited radionuclides {3}	Committed equivalent dose to specific individual organs or tissues						
	…	…	…	…	…		

SECTION 8 – Information regarding training in radiological protection *(To be filled by the person or entity responsible for the course)*

8.1. Basic training in radiological protection *(obligation of the outside undertaking)*

Date	Description of the contents	Centre or training company	Signature and stamp of the responsible for the entity or delegated person	Observations

8.2. Specific training in radiological protection *(obligation of the operator)*

Date	Description of the contents	Centre or training company	Signature and stamp of the responsible for the entity or delegated person	Observations