

Personal Dosimetry Management

A Nuclear Industry
Good Practice Guide

Attachment

Example International
Radiation Passbooks

Personal Dosimetry Management - Good Practice Guide – Attachment - Example International Radiation Passbooks

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Note this is not a definitive list and is provided solely as examples of typical radiation passbooks that may be encountered

Table 1 - Details of Countries and National Competent Authorities

Name in English	Countries Name in National Language	Passbook	National Competent Authority for issuing 'Passbooks'	Notes
Austria	Österreich	?	Bundesministerium für Land- und Forstwirtschaft, Umwelt und Wasserwirtschaft)	No passbook data available
Belgium	Belgique	Yes	Federal Agency for Nuclear Control	Booklet – example 6
Bulgaria	България	?	Nuclear Regulatory Agency (NRA),	No passbook data available (see note 1)
Cyprus	ΚΥΠΡΙΑΚΗ ΔΗΜΟΚΡΑΤΙΑ	?	Cyprus Assoc of Medical Physics and BioMedical Engineering	No passbook data available
Czech Republic	Ceske Republiky	Yes	State Office For Nuclear Safety <i>Státní úřad pro jadernou bezpečnost (SUJB)</i>	2 Part Document
Denmark	Danmark	Yes	National Institute of Radiation Hygiene	No passbook data available

Name in English	Countries Name in National Language	Passbook	National Competent Authority for issuing 'Passbooks'	Notes
European Comission		Yes		Employees of European Commission facilities will usually be issued with their own 'European' radiation passbook by the base location. See example 10
Estonia	Eesti Vabariik	Yes	Estonian Radiation Protection Centre	(dose cards)
Finland	Suomi	Yes	Radiation and Nuclear Safety Authority <i>Säteilyturvakeskus strålsäkerhets centraen (STUK).</i>	2 sheets A4 – See example 11
France	France	Yes	Institut de Radioprotection et Sûreté Nucléaire (IRSN)	Booklet – example 2 Passbook does not contain medical data.
Germany	Deutschland	Yes	Federal Office for Radiation Protection <i>Bundesamt für Strahlenschutz (BfS)</i>	Booklet – example 3
Greece	ΕΛΛΗΝΙΚΗ ΔΗΜΟΚΡΑΤΙΑ	Yes	Greek Atomic Energy Commission	A6 format
Holland – See Netherlands				
Hungary	Magyar	Yes	National Institute of Radiation Hygiene	No passbook data available

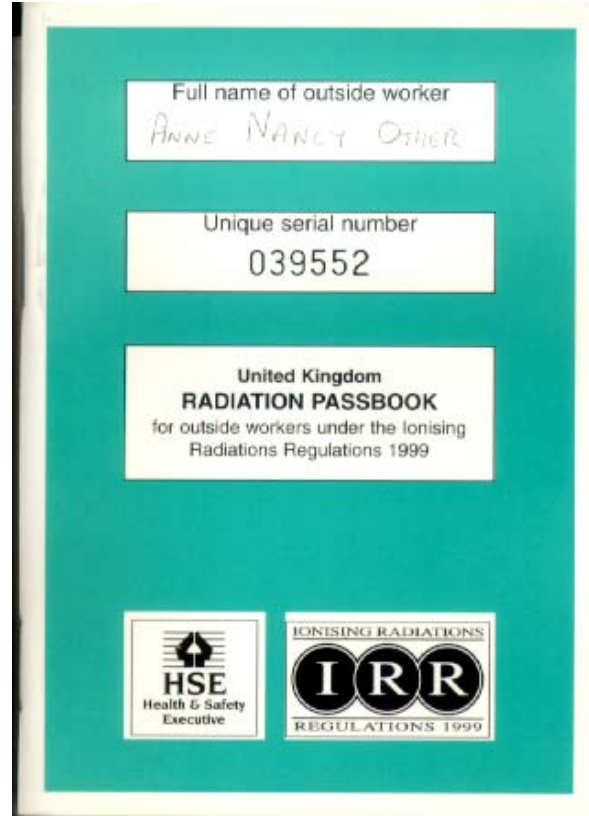
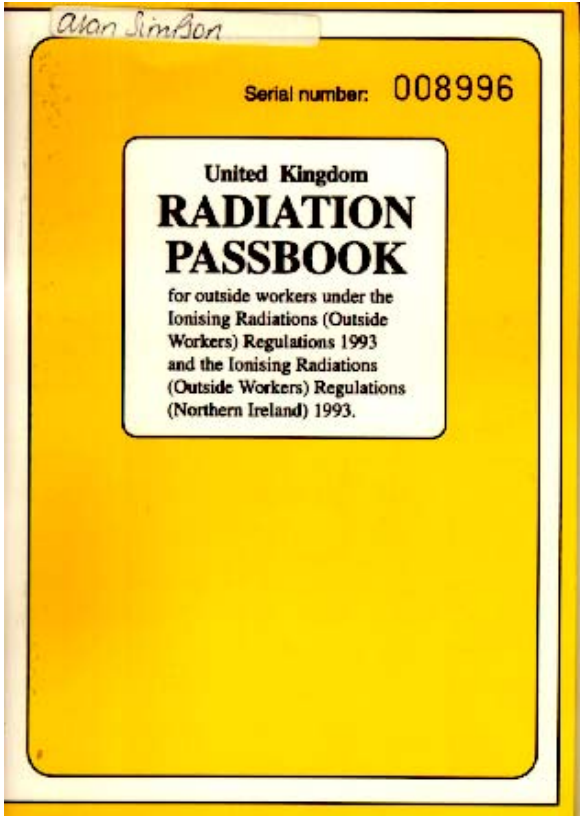
Name in English	Countries Name in National Language	Passbook	National Competent Authority for issuing 'Passbooks'	Notes
Ireland	Eire	Yes	Radiological Protection Institute of Ireland	Booklet – example 6 (very few classified persons based in Ireland so more likely to see UK or other passbook issued by a UK Employer)
Italy	Italia	Yes	L'Istituto Superiore per la Prevenzione e la Sicurezza del Lavoro (ISPESL)	No passbook data available
Latvia	Latvijas	?	Radiation Safety Centre	No passbook data available
Lithuania	Lietuvos	Yes	Radiation Protection Centre, Vilnius	See example 8. Note conditions on time limits and returning the passbook at bottom of page 2. (In the past workers have produced Igalina dose records instead of a passbook)
Luxembourg	Luxembourg	?	Radiation Protection Department of the Ministry of Health	No passbook data available
Malta	Malta	?	Occupational Health and Safety Authority	No passbook data available
Netherlands	Nederland	Yes	Ministry of Social Affairs and Employment Directorate for Safety and Health at work	Booklet – example 4
Northern Ireland	-	Yes	HSE for Northern Ireland	To be added EU membership as part of UK.
Norway	Norge	No	Norwegian Radiation Protection Authority	(See note 1)

Name in English	Countries Name in National Language	Passbook	National Competent Authority for issuing 'Passbooks'	Notes
Poland	Polska	?	National Atomic Energy Agency	No passbook data available
Portugal	Portuguesa	Yes	Directorate General for Health	Caderneta radiológica (2 sheets A4) see note 2
Romania	România	Yes	National Commission for Nuclear Activities Control (CNCAN).	No passbook data available (see note 1)
Slovakia	Slovenskej Republiky	Yes	Public Health Authority of the Slovak Republic	Issued by central register of doses for Slovak republic
Slovenia	Slovenija	?	Slovenian Nuclear Safety Administration (SNSA)	No passbook data available
Spain	España	Yes	Nuclear Safety Council (CSN), <i>Consejo de Seguridad Nuclear</i>	See example 5
Sweden	Sverige	Yes	Swedish Radiation Protection Institute <i>Statens stralskyddsinstitut</i>	2 sheets A4 – See example 9 [note – time limited]. Have been known to use UK passbooks (incorrectly)
Switzerland	Schweiz, Suisse	Yes	Swiss National Accident Insurance Fund, Physics Section Suva	Each radiation worker in Switzerland has an individual dose certificate issued by BAG (see note 1)
Turkey	Türkiye	?	Radiological Health and Safety Division	No passbook data available (see note 1)

Name in English	Countries Name in National Language	Passbook	National Competent Authority for issuing 'Passbooks'	Notes
UK	-	Yes	Health and Safety Executive (HSE)	Current passbook blue but earlier yellow versions issued under earlier legislation still valid until full or a change of employer. See example 1.
USA	-	Yes	Nuclear Regulatory Commission (NRC)	Note: annual medical not legally required. Dose data provided in NRC Form 4. 2 sheets A4 – See example 12
Note 1. Non-EU Country but operates in accordance with the EU Directive				
Note 2. After the worker has been informed about his received dose, the passbook should be sent to the Competent Authority in Portugal.				

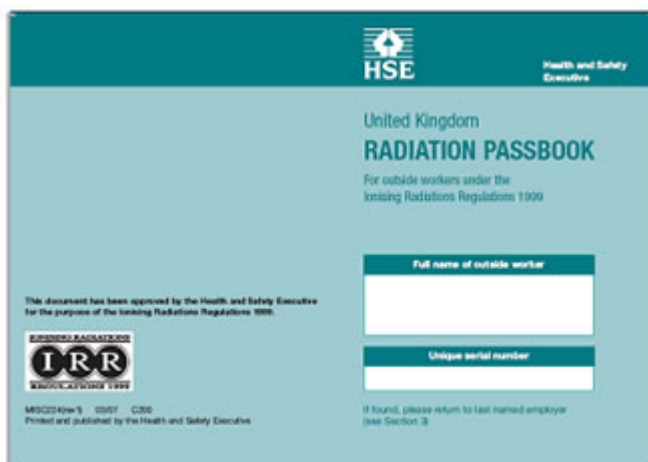
Example - 1. UK Radiation Passbooks

The earlier (Yellow) version issued under the outside workers regs 1993, has now been superseded by the later (Blue) passbook issued under the Ionising Radiations Regulations 1999 and updated in 2008



Earlier, superseded 'Yellow Passbook'

IRR'99 'Blue' Passbook.

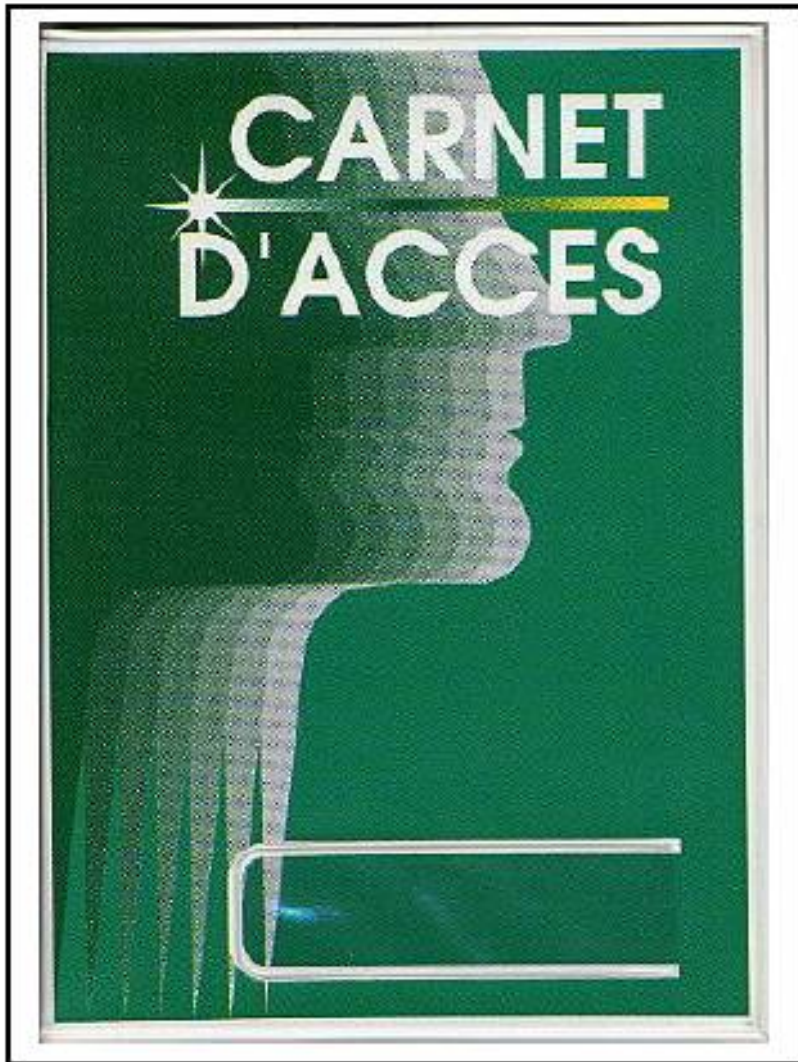


United Kingdom radiation passbook
 For outside workers under the Ionising Radiations Regulations 1999

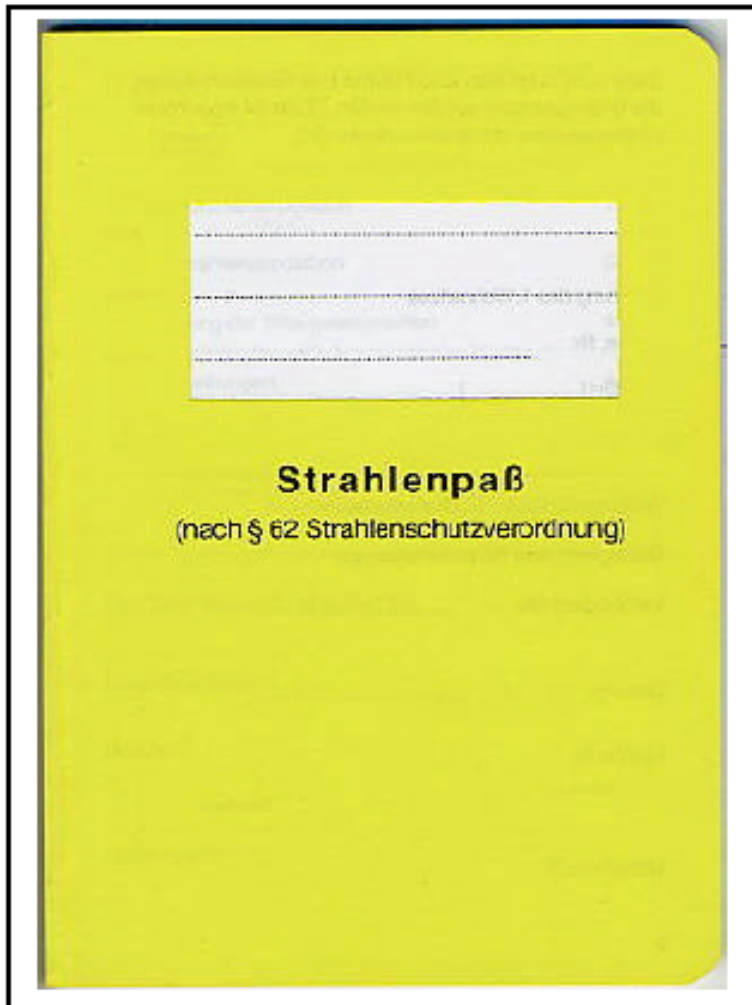
Contents		
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IRR '99 2008 Revision

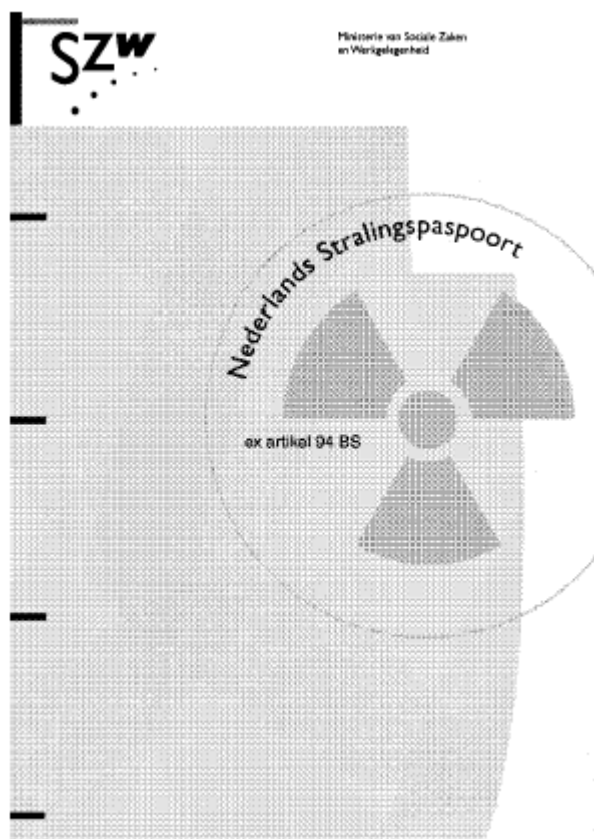
Example - 2. France (Colour – Green)



Example - 3. Germany (colour – Yellow)



Example - 4. Netherlands (colour - Blue on white)



Besluit Stralingsbescherming

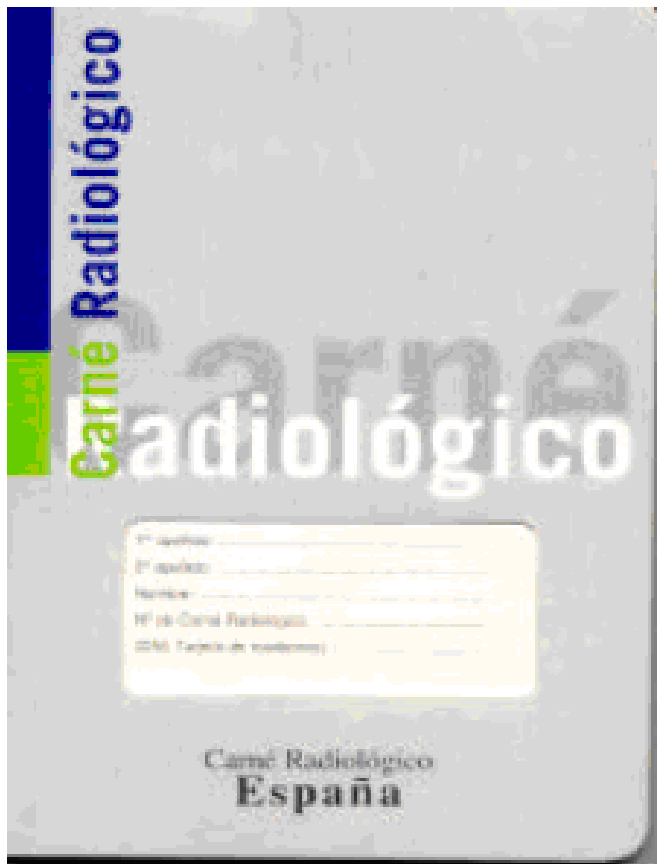
Artikel 94

1. Het is de ondernemer van een in Nederland gevestigde onderneming verboden een werknemer, die niet in het bezit is van een geldig stralingspaspoort en een persoonlijk controlemiddel, in een andere lidstaat van de Europese Unie handelingen als A-werker te laten verrichten.
2. Het stralingspaspoort wordt op aanvraag door Onze Minister van Sociale Zaken en Werkgelegenheid, of een door hem daartoe aangewezen instelling, afgegeven aan een ondernemer ten behoeve van diens werknemer.
3. Bij terugkeer van de werknemer in Nederland meldt de ondernemer onverwijld de gegevens uit het stralingspaspoort aan de in artikel 91 bedoelde instelling.
4. Onze Minister van Sociale Zaken en Werkgelegenheid kan met betrekking tot het bepaalde in dit artikel nadere regels stellen die onder meer betrekking hebben op het model van het stralingspaspoort en op de aanvraag, de kosten, het verlies of het in het ongereede raken van het stralingspaspoort.





Dit stralingspaspoort is afgegeven door
NRG Radiation & Environment
Postbus 9034, 6800 ES Arnhem
Tel: 026 35 62 473
Fax: 026 44 50 787


Example - 5. Spain (Colour – Grey)



Example - 6. Belgium

	ROYAUME DE BELGIQUE
MINISTERE DE L'EMPLOI ET DU TRAVAIL	PASSEPORT RADIOLOGIQUE DU TRAVAILLEUR EXTERIEUR
MINISTERIE VAN TEWERKSTELLING EN ARBEID	EXPOSE AUX
	RAYONNEMENTS IONISANTS
	
	KONINKRIJK BELGIE
	BESTRALINGSPASPOORT VOOR DE AAN
	IONISERENDE STRALING
	BLOOTGESTELDE EXTERNE WERKER

Example - 7. Ireland (Colour - Blue logo)

 <p>Radiological Protection Institute of Ireland An Institiúid Éireannach um Chosaint Raideolaíoch</p>
Serial number: OW/_____
RADIATION PASSBOOK FOR OUTSIDE WORKERS issued under the Radiological Protection Act, 1991 (Ionising Radiation) Order, 2000 S.I. No. 125 of 2000
This Radiation Passbook has been issued by The Regulatory Service Radiological Protection Institute of Ireland 3 Clonskeagh Square Clonskeagh Road Dublin 14
Date:
Signed: Principal Scientific Officer on behalf of the RPII

Example - 8. Lithuania Radiation Passbook (front)

Radiation Protection Centre, Kalvariju street. 153, LT- 08221 Vilnius		I OK
PASSBOOK OF OUTSIDE WORKER'S EXPOSURE		V DK
Date of issue:	Identification Number (According the Register):	Forma Nr. 710/a

Shall be filled up by the Radiation Protection Centre

1. Data about the Outside Worker								
1.1. Name								
1.2. Surname								
1.3. Other Surnames (including Maiden Name)								
1.4. Data of Birth (Year, Month, Day)								
Sex Female <input type="checkbox"/> Male <input type="checkbox"/>								
2. State of Health								
2.1. Conclusions of Examination of State of Health								
<input type="checkbox"/> Suitable to work <input type="checkbox"/> Suitable to work in special conditions								
2.2. Title of Health Institution carried out the examination of state of health								
Date of last examination of state of health (Year, Month, Day)								
3. Data about the Outside Undertaking								
3.1. Title								
3.2. Address								
3.3. Phone						3.4. Faxes		
3.5. E-mail address								
4. Registered Dose of Ionising Radiation during 5 years								
Year	4.1. Equivalents of measured dose, mSv				4.2. Internal exposure			4.3. Total effective dose, E, mSv
	Whole body Hp(10)	Skin Hp(0,07)	Lens of the eyes Hp(3)	Neutrons Hp(n)	Committed effective dose, E(50), mSv	Radionuclide	Activity of radionuclide, Bq	

Explanations:

Hp(10) – personal dose equivalent for strongly penetrating ionising radiation. This value can be calculated using equivalent dose.

Hp(0,07) – personal dose equivalent for weekly penetrating ionising radiation.

Hp(3) – personal dose equivalent for measuring dose of lens of the eyes.

Hp(n) – personal dose equivalent for corresponding to neutron dose.

(position) A. V. (signature) (Name and Surname)

Lithuania Radiation Passbook (Reverse Side)

Shall be filled up by the Operator

5. Data about the Operator	
5.1. Title	
5.2. Address	
5.3. Phone	5.4. Fax
5.5. E-mail address	
6. Person, responsible for radiation protection	
6.1. Name	
6.2. Surname	
6.3. Phone	6.4. Fax
6.5. E-mail address	

7. Data about exposure doses of outside worker								
(Name and Surname)								
Year	7.1. Equivalent of measured dose, mSv				7.2. Internal exposure			7.3. Total effective dose, E, mSv
	Whole body Hp(10)	Skin Hp(0,07)	Lens of the eyes Hp(3)	Neutron Hp(n)	Committed effective dose, E(50), mSv	Radionuclide	Activity of radionuclide, Bq	

8. Date of the fill the passbook

(Title of person, responsible for radiation protection) (Signature) (Name and Surname)

A. V.

Outside undertaking shall send back this document to Radiation Protection Centre after the end of outside workers work in controlled area after receiving passbook of outside worker's exposure from operator. If the worker didn't start the work during 3 months after the issue of the passbook of outside worker's exposure, this document has to be sent back to the Radiation Protection Centre.

Example - 9. Swedish Radiation Passbook (front)

Bilaga 1	Dnr No :	SSI FS 1996:3						
Personligt dokument (Dospass) Personal Document (Ionising Radiation Dose Passport)								
Dospass avseende extern verksamhet med joniserande strålning enligt SSI FS 1996:3 <i>Dose passport regarding external work with ionising radiation according to the regulations SSI FS 1996:3</i>								
Innehavare <i>Holder</i> efternamn <i>surname</i> : förnamn <i>given name(s)</i> : personnummer: kön <i>sex</i>: man <i>male</i> <input type="checkbox"/> <i>date of birth: yymmdd - security number</i> <i>kvinn</i> <i>female</i> <input type="checkbox"/> anställning (entreprenör) <i>employed by (undertaker)</i> :								
telefon <i>phone</i> : telefax <i>fax</i> : Innehavarens namnteckning <i>Signature of the holder</i>								
För innehavaren av detta dospass har följande persondosekvivalenter registrerats: <i>For the holder of this passport the personal dose equivalents below are recorded:</i>								
1993: mSv	1995: mSv							
1994: mSv	1996: mSv							
1997: <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> persondosekvivalent (helkroppsdos) $H_p(10)$ <i>personal dose equivalent (whole body) $H_p(10)$</i>: mSv </td> <td style="width: 50%; vertical-align: top;"> persondosekvivalent (ögons lins) $H_p(3)$ <i>personal dose equivalent (lens of the eye) $H_p(3)$</i>: mSv </td> </tr> <tr> <td style="vertical-align: top;"> varav under den senaste rapporterade mätperioden <i>whereof during the latest known period of recording:</i> mätperiod - <i>recording period:</i> mSv </td> <td style="vertical-align: top;"> persondosekvivalent (händer, hud) $H_p(0,07)$ <i>personal dose equivalent (hands, skin) $H_p(0,07)$</i>: mSv </td> </tr> <tr> <td></td> <td style="vertical-align: top;"> intecknad dos <i>committed effective dose:</i> mSv </td> </tr> </table>			persondosekvivalent (helkroppsdos) $H_p(10)$ <i>personal dose equivalent (whole body) $H_p(10)$</i> : mSv	persondosekvivalent (ögons lins) $H_p(3)$ <i>personal dose equivalent (lens of the eye) $H_p(3)$</i> : mSv	varav under den senaste rapporterade mätperioden <i>whereof during the latest known period of recording:</i> mätperiod - <i>recording period:</i> mSv	persondosekvivalent (händer, hud) $H_p(0,07)$ <i>personal dose equivalent (hands, skin) $H_p(0,07)$</i> : mSv		intecknad dos <i>committed effective dose:</i> mSv
persondosekvivalent (helkroppsdos) $H_p(10)$ <i>personal dose equivalent (whole body) $H_p(10)$</i> : mSv	persondosekvivalent (ögons lins) $H_p(3)$ <i>personal dose equivalent (lens of the eye) $H_p(3)$</i> : mSv							
varav under den senaste rapporterade mätperioden <i>whereof during the latest known period of recording:</i> mätperiod - <i>recording period:</i> mSv	persondosekvivalent (händer, hud) $H_p(0,07)$ <i>personal dose equivalent (hands, skin) $H_p(0,07)$</i> : mSv							
	intecknad dos <i>committed effective dose:</i> mSv							
Detta dospass är utfärdat av: <i>This passport is issued by:</i> Statens strålskyddsinstitut <i>Swedish Radiation Protection Institute</i> 171 16 Stockholm <i>S-171 16 Stockholm</i> <i>Sweden</i> telefon 08 729 71 00 <i>phone +46 8 729 71 00</i> telefax 08 729 71 08 <i>fax +46 8 729 71 08</i> datum <i>date</i> : underskrift <i>signature</i> :								
Detta pass består av sidor <i>This passport contains pages</i>								

Swedish Radiation Passbook (Reverse Side)

SSI FS 1996:3

Bilaga 1

Dnr No: Sida Page

Uppmätta persondoser efter utfört uppdrag
Measured personal doses after finished commission

Fylls i av huvudmannen *To be filled in by the operator*

För innehavaren av detta dospass har nedanstående persondoser uppmätts.
Concerning the holder of this dose passport the following personal doses have been measured.

Tidsperiod *Period of time:*

Extern bestrålning *External exposure:*
 persondosekvivalent $H_p(10)$ mSv persondosekvivalent $H_p(0,07)$
personal dose equivalent $H_p(10)$ mSv *personal dose equivalent $H_p(0.07)$* mSv
 persondosekvivalent $H_p(3)$
personal dose equivalent $H_p(3)$ mSv

Intag av radionuklider *Intake of radionuclides:*
 intecknad effektiv dos *committed effective dose* mSv
 nuklid *nuclide* aktivitet *activity* Bq

Doser erhållna vid *Doses received at:*
 huvudman *operator*

Datum och underskrift *Date and signature*

För innehavaren av detta dospass har nedanstående persondoser uppmätts.
Concerning the holder of this dose passport the following personal doses have been measured.

Tidsperiod *Period of time:*

Extern bestrålning *External exposure:*
 persondosekvivalent $H_p(10)$ mSv persondosekvivalent $H_p(0,07)$
personal dose equivalent $H_p(10)$ mSv *personal dose equivalent $H_p(0.07)$* mSv
 persondosekvivalent $H_p(3)$
personal dose equivalent $H_p(3)$ mSv

Intag av radionuklider *Intake of radionuclides:*
 intecknad effektiv dos *committed effective dose* mSv
 nuklid *nuclide* aktivitet *activity* Bq


Doser erhållna vid *Doses received at:*
 huvudman *operator*

Datum och underskrift *Date and signature*

Example - 10. European Commission (example from ISPRA, EU Joint Research Centre)



Example - 11. Finland (Front)

	Date No.	Page 1 (2)																	
RADIOLOGICAL MONITORING DOCUMENT																			
<p>This Document is used by Finnish workers exposed to ionizing radiation outside Finland. The Document shall be returned to STUK if the worker will later be exposed to radiation in Finland. Page 2 of this Document is to be completed by an Approved Dosimetric Service outside Finland.</p>																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Surname</td> <td colspan="2"></td> </tr> <tr> <td>First names</td> <td colspan="2"></td> </tr> <tr> <td>Identity Number ¹⁾</td> <td rowspan="2" style="text-align: center; vertical-align: middle;"> Male <input type="checkbox"/> Female <input type="checkbox"/> </td> <td></td> </tr> <tr> <td>Last health review ²⁾</td> <td></td> </tr> <tr> <td>Nationality</td> <td colspan="2"></td> </tr> <tr> <td>Employer in Finland</td> <td colspan="2"></td> </tr> </table>			Surname			First names			Identity Number ¹⁾	Male <input type="checkbox"/> Female <input type="checkbox"/>		Last health review ²⁾		Nationality			Employer in Finland		
Surname																			
First names																			
Identity Number ¹⁾	Male <input type="checkbox"/> Female <input type="checkbox"/>																		
Last health review ²⁾																			
Nationality																			
Employer in Finland																			
A. EXPOSURE TO RADIATION PRIOR TO THE ISSUANCE OF THIS DOCUMENT																			
Year	Dose from external radiation (mSv) ³⁾				Dose from internal radiation (mSv) ⁴⁾	Effective dose (mSv) ⁵⁾													
	H _p (10)	H _p (0.07)	H _p (3)	H _p (10) (neutrons)	E(50)														
Sum																			
<p>¹⁾ The Identity Number is given the form DDDMMYY-NNNN, in which the first part is the date of birth (DD is the day, MM is the month and YY is the year) and the second part is the individual check code. ²⁾ The document of the last health review is to be kept attached to this Document. ³⁾ The dose from neutrons is given separately. The estimate H_p(3) of the dose to the lens of the eye is given in cases in which the dose to the lens is remarkably greater than H_p(10) or H_p(0.07). ⁴⁾ The dose from internal radiation is given if internal contamination is detected or suspected and if the measured committed effective dose is 0.1 mSv or greater. ⁵⁾ The effective dose is the sum H_p(10) + H_p(10) (neutrons) + E(50).</p>																			
Only the original Document with a signature and stamp is valid.																			
Signature: _____																			
Stamp _____																			
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border: none;"> STUK • SÄTEILYTURVAKESKUS STRÅLSÄKERHETS CENTRALEN RADIATION AND NUCLEAR SAFETY AUTHORITY </td> <td style="width: 25%; border: none;"> OSOITE/ADDRESS Laippatie 4 00690 HELSINKI </td> <td style="width: 25%; border: none;"> POSTAL ADDRESS P.O. BOX 14 FIN - 00881 HELSINKI, FINLAND </td> <td style="width: 25%; border: none;"> PUH./TEL. (09) 759 881 +358 9 759 881 </td> <td style="width: 25%; border: none;"> FAX (09) 7598 8500 +358 9 7598 8500 </td> </tr> </table>							STUK • SÄTEILYTURVAKESKUS STRÅLSÄKERHETS CENTRALEN RADIATION AND NUCLEAR SAFETY AUTHORITY	OSOITE/ADDRESS Laippatie 4 00690 HELSINKI	POSTAL ADDRESS P.O. BOX 14 FIN - 00881 HELSINKI, FINLAND	PUH./TEL. (09) 759 881 +358 9 759 881	FAX (09) 7598 8500 +358 9 7598 8500								
STUK • SÄTEILYTURVAKESKUS STRÅLSÄKERHETS CENTRALEN RADIATION AND NUCLEAR SAFETY AUTHORITY	OSOITE/ADDRESS Laippatie 4 00690 HELSINKI	POSTAL ADDRESS P.O. BOX 14 FIN - 00881 HELSINKI, FINLAND	PUH./TEL. (09) 759 881 +358 9 759 881	FAX (09) 7598 8500 +358 9 7598 8500															

Finland (Reverse)

B. EXPOSURE TO RADIATION AFTER THE ISSUANCE OF THIS DOCUMENT

This page is to be completed by an Approved Dosimetric Service outside Finland.

Monitoring period	Dose from external radiation (mSv) ¹⁾				Dose from internal radiation (mSv) ²⁾	Effective dose (mSv)
	From to	H _p (10)	H _p (0.07)	H _p (3)		

Employer outside Finland	Name: Address:	Contact person: Telephone:
Work	Date of beginning:	Date of end:
Approved Dosimetric Service	Name: Address:	Contact person: Telephone: Signature and stamp:

Employer outside Finland	Name: Address:	Contact person: Telephone:
Work	Date of beginning:	Date of end:
Approved Dosimetric Service	Name: Address:	Contact person: Telephone: Signature and stamp:

- 1) Monitoring data after the issuance of this Document is requested to be given as personal dose equivalents H_p(10) and H_p(0.07). When necessary, the estimate H_p(3) of the dose to the lens of the eye shall also be given. The neutron dose H_p(10) (neutrons) is requested to be given separately. If the monitoring data is given in a different way than requested, please make a note of it in the Further information box below.
- 2) The dose from internal radiation is requested to be given as the committed effective dose E(50) or as the activity measured with a whole body counter. The results of the whole body measurement (nuclides, activities and date of intake) and any other information is requested to be given in the Further information box below.

Further information (dose measurements and health reviews):

Example - 12. Czech Republic



STÁTNÍ ÚŘAD PRO JADERNOU BEZPEČNOST
110 00 Praha 1, Senovážné náměstí 9

OSOBNÍ RADIČNÍ PRŮKAZ
PERSONAL RADIATION PASSPORT
ЛИЧНОЕ РАДИАЦИОННОЕ
УДОСТОВЕРЕНИЕ

Registrační číslo: 123456789 /A
Registration No.:
№ регистрации:

Czech Republic page 2

Část A

Part A Часть А

1. Příjmení <i>Surname</i> Фамилия			Foto Photo фотография
2. Jméno <i>First name</i> Имя, отчество			
3. Pohlaví <i>Gender</i> Пол	Mužské <i>male</i> мужской <input type="checkbox"/>	ženské <i>female</i> женский <input type="checkbox"/>	
5. Osobní kód v CRPO ¹⁾ <i>CROE Personal Code</i> Личный код ЦРПО			
6. Státní příslušnost <i>Country</i> Страна			
7. Číslo občanského průkazu ^{2),3)} <i>Identity Card No</i> № паспорта			
8. Číslo pasu ³⁾ <i>Passport No</i> № заграничного паспорта			
10. Datum vydání <i>Date of issue</i> Дата выдачи			

¹⁾ osobní kód pracovníka sdělí Centrální registr profesionálních ozáření (CRPO) SÚJB

²⁾ vyplní pouze občan ČR

³⁾ případnou změnu v těchto údajích oznamte SÚJB a předložte průkaz k zaznamenání této změny

Czech Republic page 3

...../B

Měsíční dávky (mSv) v roce.....³⁾
Month's Doses in Year
 Ежемесячные дозы (mSv) в году

Měsíc <i>Month</i> Месяц	H_p(10)	E₅₀	E	H_{T1}	H_{T2}
Leden <i>January</i> Январь					
Únor <i>February</i> Февраль					
Březen <i>March</i> Март					
Duben <i>April</i> Апрель					
Květen <i>May</i> Май					
Červen <i>June</i> Июнь					
Červenec <i>July</i> Июль					
Srpen <i>August</i> Август					
Září <i>September</i> Сентябрь					
Říjen <i>October</i> Октябрь					
Listopad <i>November</i> Ноябрь					
Prosinec <i>December</i> Декабрь					
Celkem <i>Sum</i> Сумма					

³⁾ Pokud pracovník v jednom monitorovacím období pracuje na více pracovištích musí být jeho monitorování, případně sčítání dávek

Czech Republic page 4

Část B

Registrační číslo¹⁾:/B
Registration No.:/B
№ регистрации:/B

Part B Часть B

1. Příjmení <i>Surname</i> Фамилия	
2. Jméno <i>First name</i> Имя, отчество	
3. Osobní kód v CRPO²⁾ <i>CROE Personal Code</i> Личный код ЦРПО	
4. Profese <i>Profession</i> Специальность	
1. Evidenční číslo smluvní 2) organizace <i>Registration number of outside undertaking</i> № регистрации договорной организации	
2. Datum přidělení této části pracovníkovi <i>Date of issue of this part</i> Дата выдачи	

1) registrační číslo je nutno doplnit podle registračního čísla části A
number of registration is necessary to fill in accordance with Part A

№ регистрации должно дополнить для Части А

2) vyplňte podle části A

Personal Dosimetry Management - Good Practice Guide
Attachment – Example International Radiation Passbooks
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Example - 13. US NRC Form 4 (Front)

NRC FORM 4 <small>(9-2004)</small> <small>10 CFR PART 20</small>		U.S. NUCLEAR REGULATORY COMMISSION		APPROVED BY OMB NO.3150-0005 <small>Expires: 09/30/2007</small>		EXPIRES: 09/30/2007	
CUMULATIVE OCCUPATIONAL DOSE HISTORY							
1. NAME (LAST, FIRST, MIDDLE INITIAL)		2. IDENTIFICATION NUMBER		3. ID TYPE	4. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY)	
6. MONITORING PERIOD (MM/DD/YYYY - MM/DD/YYYY)		7. LICENSEE NAME		8. LICENSE NUMBER		9. <input type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE <input type="checkbox"/> NO RECORD	10. <input type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
11. DDE	12. LDE	13. SDE, W5	14. SDE, ME	15. CEDE	16. CDE	17. TEDE	18. TODE
6. MONITORING PERIOD (MM/DD/YYYY - MM/DD/YYYY)		7. LICENSEE NAME		8. LICENSE NUMBER		9. <input type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE <input type="checkbox"/> NO RECORD	10. <input type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
11. DDE	12. LDE	13. SDE, W5	14. SDE, ME	15. CEDE	16. CDE	17. TEDE	18. TODE
6. MONITORING PERIOD (MM/DD/YYYY - MM/DD/YYYY)		7. LICENSEE NAME		8. LICENSE NUMBER		9. <input type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE <input type="checkbox"/> NO RECORD	10. <input type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
11. DDE	12. LDE	13. SDE, W5	14. SDE, ME	15. CEDE	16. CDE	17. TEDE	18. TODE
6. MONITORING PERIOD (MM/DD/YYYY - MM/DD/YYYY)		7. LICENSEE NAME		8. LICENSE NUMBER		9. <input type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE <input type="checkbox"/> NO RECORD	10. <input type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
11. DDE	12. LDE	13. SDE, W5	14. SDE, ME	15. CEDE	16. CDE	17. TEDE	18. TODE
6. MONITORING PERIOD (MM/DD/YYYY - MM/DD/YYYY)		7. LICENSEE NAME		8. LICENSE NUMBER		9. <input type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE <input type="checkbox"/> NO RECORD	10. <input type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
11. DDE	12. LDE	13. SDE, W5	14. SDE, ME	15. CEDE	16. CDE	17. TEDE	18. TODE
19. SIGNATURE OF MONITORED INDIVIDUAL		20. DATE SIGNED		21. CERTIFYING ORGANIZATION		22. SIGNATURE OF DESIGNEE	
						23. DATE SIGNED	

US NRC Form 4 (reverse Side)

INSTRUCTIONS AND ADDITIONAL INFORMATION PERTINENT TO THE COMPLETION OF NRC FORM 4 <i>(All doses should be stated in rems)</i>	PRIVACY ACT STATEMENT														
<p>1. Type or print the full name of the monitored individual in the order of last name (include "Jr," "Sr," "III," etc.), first name, middle initial (if applicable).</p> <p>2. Enter the individual's identification number, including punctuation. This number should be the 9-digit social security number if at all possible. If the individual has no social security number, enter the number from another official identification such as a passport or work permit.</p> <p>3. Enter the code for the type of identification used as shown below:</p> <table style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">CODE</th> <th style="text-align: left; border-bottom: 1px solid black;">ID TYPE</th> </tr> </thead> <tbody> <tr> <td>SSN</td> <td>U.S. Social Security Number</td> </tr> <tr> <td>PPN</td> <td>Passport Number</td> </tr> <tr> <td>CSI</td> <td>Canadian Social Insurance Number</td> </tr> <tr> <td>WPN</td> <td>Work Permit Number</td> </tr> <tr> <td>PADS</td> <td>PADS Identification Number</td> </tr> <tr> <td>OTH</td> <td>Other</td> </tr> </tbody> </table> <p>4. Check the box that denotes the sex of the individual being monitored.</p> <p>5. Enter the date of birth of the individual being monitored in the format MM/DD/YYYY.</p> <p>6. Enter the monitoring period for which this report is filed. The format should be MM/DD/YYYY - MM/DD/YYYY.</p> <p>7. Enter the name of the licensee or facility not licensed by NRC that provided monitoring.</p> <p>8. Enter the NRC license number or numbers.</p> <p>9. Place an "X" in Record, Estimate, or No Record. Choose "Record" if the dose data listed represent a final determination of the dose received to the best of the licensee's knowledge. Choose "Estimate" only if the listed dose data are preliminary and will be superseded by a final determination resulting in a subsequent report. An example of such an instance would be dose data based on self-reading dosimeter results and the licensee intends to assign the record dose on the basis of TLD results that are not yet available. If the individual or an organization has indicated that the individual was monitored, but the monitoring records could not be obtained, enter "No Record" for this monitoring period. The individual would not be available for a PSE. For monitoring periods during the current year where records are not available, reduce the individual's allowable dose by 1.25 rems for each quarter for which records were unavailable as required by 10 CFR 20.2104(e)(1).</p>	CODE	ID TYPE	SSN	U.S. Social Security Number	PPN	Passport Number	CSI	Canadian Social Insurance Number	WPN	Work Permit Number	PADS	PADS Identification Number	OTH	Other	<p>Pursuant to 5 U.S.C. 552a(e)(3), enacted into law by Section 3 of the Privacy Act of 1974 (Public Law 93-579), the following statement is furnished to individuals who supply information to the U.S. Nuclear Regulatory Commission (NRC) on NRC Form 4. This information is maintained in a system of records designated as NRC-27 and described at 69 Federal Register 57801 (September 24, 2004), or the most recent Federal Register publication of the NRC's "Republication of Systems of Records Notices" that is available at the NRC Public Document Room, 11555 Rockville Pike, Rockville, Maryland or located in NRC's Agencywide Documents Access and Management System (ADAMS).</p> <p>1. AUTHORITY: 5 U.S.C. 7902; 29 U.S.C. 689; 42 U.S.C. 2073, 2093, 2095, 2111, 2133, 2134, and 2201(o); 10 CFR 20.2108, 20.2201-20.2204, and 20.2206; Executive Order 9397; Executive Order 12196.</p> <p>2. PRINCIPAL PURPOSE(S): The information is used by the NRC in its evaluation of the risk of radiation exposure associated with the licensed activity and in exercising its statutory responsibility to monitor and regulate the safety and health practices of its licensees. The data permits a meaningful comparison of both current and long-term exposure experience among types of licensees and among licensees within each type. Data on your exposure to radiation is available to you upon your request.</p> <p>3. ROUTINE USE(S): The information may be used to provide data to other Federal and State agencies involved in monitoring and/or evaluating radiation exposure received by individuals monitored for radiation exposure while employed by or visiting or temporarily assigned to certain NRC licensed facilities; to return data provided by licensee upon request. The information may also be disclosed to an appropriate Federal, State, local or Foreign agency in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, local and Foreign agency to the extent relevant and necessary for an NRC decision about you or to the extent relevant and necessary for that agency's decision about you. Information from this form may also be disclosed, in the course of discovery and in presenting evidence, to a Congressional office to respond to their inquiry made at your request, or to NRC-paid experts, consultants, and others under contract with the NRC, on a need-to-know basis.</p> <p>4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION: It is voluntary that you furnish the requested information, including social security number (identification number). The social security number is used to assure that NRC has an accurate identifier not subject to the coincidence of similar names or birth dates among the large number of persons on who data is maintained and to assure that there are no missed doses or monitoring periods and an individual gets a complete dose history when requested. The licensee must complete NRC Form 5 on each individual for whom personnel monitoring is required under 10 CFR 20.2108. Failure to do so may subject the licensee to enforcement action in accordance with 10 CFR 20.2401.</p> <p>5. SYSTEM MANAGER(S) AND ADDRESS: REIRS Project Manager, Radiation Protection, Environmental Risk, and Waste Management Branch, Division of Systems Analysis and Regulatory Effectiveness, Office of Nuclear Regulatory Research, U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001.</p>
CODE	ID TYPE														
SSN	U.S. Social Security Number														
PPN	Passport Number														
CSI	Canadian Social Insurance Number														
WPN	Work Permit Number														
PADS	PADS Identification Number														
OTH	Other														
<p>10. Place an "X" in either Routine or PSE. Choose "Routine" if the data represent the results of monitoring for routine exposures. Choose "PSE" if the listed dose data represents the results of monitoring of planned special exposures received during the monitoring period.</p> <p>11. Enter the deep dose equivalent (DDE) to the whole body.</p> <p>12. Enter the eye dose equivalent (LDE) recorded for the lens of the eye.</p> <p>13. Enter the shallow dose equivalent recorded for the skin of the whole body (SDE,WB).</p> <p>14. Enter the shallow dose equivalent recorded for the skin of the extremity receiving the maximum dose (SDE,ME).</p> <p>15. Enter the committed effective dose equivalent (CEDE).</p> <p>16. Enter the committed dose equivalent (CDE) recorded for the maximally exposed organ.</p> <p>17. Enter the total effective dose equivalent (TEDE). The TEDE is the sum of items 11 and 15.</p> <p>18. Enter the total organ dose equivalent (TODE) for the maximally exposed organ. The TODE is the sum of items 11 and 16.</p> <p>19. Signature of the monitored individual. The signature of the monitored individual on this form indicates that the information contained on the form is complete and correct to the best of his or her knowledge.</p> <p>20. Enter the date this form was signed by the monitored individual.</p> <p>21. [OPTIONAL] Enter the name of the licensee or facility not licensed by NRC, providing monitoring for exposure to radiation (such as a DOE facility) or the employer if the individual is not employed by the licensee and the employer chooses to maintain exposure records for its employees.</p> <p>22. [OPTIONAL] Signature of the person designated to represent the licensee or employer entered in item 21. The licensee or employer who chooses to countersign the form should have on file documentation of all the information on the NRC Form 4 being signed.</p> <p>23. [OPTIONAL] Enter the date this form was signed by the designated representative.</p>															