FRONT COVER (Identification of Radiation Worker)





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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

[Country code (ISO3166) - Passbook number – Passbook sequence number]]

[bar code or RFID]

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)

competent authority to issue the radiation passbook)					
Surname(s)	[SURNAME] [[2 nd SURNAME]			
First name	[First name]	Middle name(s) [Middle names]			
Sex	[M/F]				
Date of birth	[date of birth]	Picture			
Place of birth	[Place of birth]			
Nationality	[Nationality]				
Signature	[Signature]				
Unique identif	ication number				
(unique number	in the worker's en	mployer's country, for example :			
Nation	nal number	[National number]			
Social	security number	[Social security number]			
Fiscal	number	[Fiscal number]			
Relevant dose	limits in country	y of issuance:			
Effecti	ve dose	[Effective dose/period]			
Eyes		[Equivalent dose/period]			
Skin		[Equivalent dose/period]			
Extren	nities	[Equivalent dose/period]			
Other					

SECTION 2 – Issuing details of the radiation passbook

(to be completed by the entity issuing 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 pas	ssbook]				
Address	[address]	Web address [Web 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 undertaking 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)

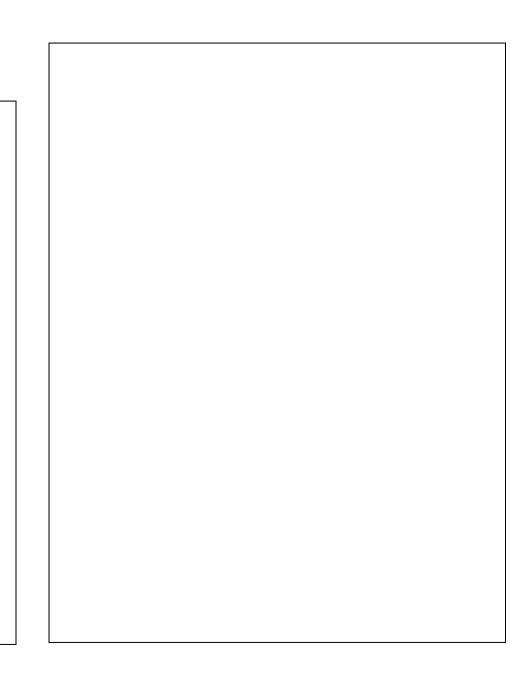
3.2. Guidelines to fill in the radiation passbook

(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 or clarification of the following concepts :
 - undertaking
 - employer (outside undertaking)
 - outside worker
 - official dosimetry
 - operational dosimetry
 - responsible party
 - issuing entity/responsible entity
 - responsible person
 - under apron/above apron
 - national dose limits (explanation)
- national requirements regarding health surveillance of outside workers



SECTION 4 - Current employer

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

(10 be completed by the employer of the outside worker)				Ta
Employer	Employment	Occupational	Classification	Stamp and/or signature
(Name, Identification number, Employer number, Address, Tel, Fax, e-mail	(Start date/	category	(A or B)	or identification number
address)	End date)	(see guidance)		of the responsible party

SECTION 5 – Medical surveillance

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

Date	Type of	Medical
	Examination	classification (fit, not fit, fit subject to special conditions as shown)

Restrictions to work with	Validation of result	Period of
radiations	(name, signature and stamp or identification number of the approved medical practitioner, approved occupational health service or other designated instance/person)	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								
	Uniform Non-uniform : equivalent dose to specific body location (extremities/other area's)					-		
ph/b * H _P (10) [a]	n ** H _P (10) [b]	Skin dose H _P (0.07)	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$					

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						
	Uniform			-	cific bod	uivalent ly locatio other area	n
	ph/b H _P (10) [a]	n H _P (10) [b]	Skin dose H _P (0.07)	Lens dose H _P (3)	Extremity dose []	Extremity dose []	Extremity dose []

Signature/stamp of the issuing	
entity and date	

	Inte	rnal dose	1			Effective dose	Authorized signature/
Committed effective dose from internally deposited	Radio- nuclide	Dose assess- ment method ***	Committed equivalent dose to specific individual organs or tissues			(sum of [a], [b] and [c])	stamp of the issuing entity and date
radionuclides [c]			[] []				

	Inte	Internal dose					Authorized signature/
Committed effective dose from internally deposited	Radio- nuclide	Dose assess- ment method ***	Committed equivalent dose to specific individual organs or tissues			dose (sum of [a], [b] and [c]]	stamp of the issuing entity and date
radionuclides [c]			[]	[]	[]		

^{*} photon/beta - ** neutron - *** body counter, urine, faeces, air sampling,...

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.*)

Date [Date]

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]

Date [Date]

Responsible entity [name of the responsible entity]
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]

Date [Date]

Responsible entity [name of the responsible entity]
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 entity issuing the passbook or by the employer or the health

physics service or other person acting for him).

Period	External dose								
(ddmm yyyy- ddmm yyyy)			Uniform	Non-uniform: equivalent dose to specific body location (extremities/other area's)					
	ph/e * H _P (10) [a]	n ** H _p (10) [b]	Skin dose H _P (0.07)	Above apron	Under apron	Lens dose H _p (3)	Extre- mity dose []	Extre- mity dose []	
TOTAL									

	Inte	Effective	Signature of				
Committed effective dose from internally	Radio- nuclide	Dose assess- ment method	Committed equivalent dose to specific individual organs or tissues			dose (sum of [a], [b] and [c])	the responsible person and identificatio
deposited radionuclides [c]		***	[]	[]	[]		n number of the employer

^{*} photon/beta - ** neutron - *** body counter, urine, faeces, air sampling,...

SECTION 7 – Operational dose in the undertaking's

controlled area(s) (mSv) (An estimate of any dose received by the outside worker, to be filled by the undertaking after the end of any activity in the undertaking's controlled area)

Period	External dose									
(ddmm yyyy-			Uniform	Non-uniform:						
ddmm			equivalent dose to							
уууу)						specific body location				
33331						(extremities/				
						0	other area's)			
	ph/b*	n **	Skin	above	Under	Lens	Extre-	Extre-		
	$H_{p}(10)$	$H_{p}(10)$	dose	apron	apron	dose	mity	mity		
	[a]	[b]	$H_p(0.07)$			$H_p(3)$	dose	dose		
							[]	[]		
Name an	d addres	s undert	aking:							
Name an	d addres	s undert	aking:				l .			
Name an	d addres	s undert	aking:				<u> </u>			
Name an	d addres	s undert	aking:							
Name an	d addres	s undert	aking:							
Name and address undertaking:										
Name an	d addres	s undert	aking:							

	Effective	Signature/					
Committed effective dose from internally deposited radionuclides [c]	Radio- nuclide	Dose assess- ment method ***	equiv specif	ommitte ralent do ric indivi ns or tiss []	se to idual	dose [sum of [a], [b] and [c])	stamp of the responsible person for the undertaking and date
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			Т	T			
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			Г	Г	Ī	T	

^{*} photon/beta - ** neutron - *** body counter, urine, faeces, air sampling,...

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

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

Date	Number of hours	Description of the contents

Centre or training company	Signature and stamp of the responsible for the entity or delegated person	Valid until	Observations

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

Date	Number of hours	Description of the contents

Centre or training company	Signature and stamp of the responsible for the entity or delegated person	Valid until	Observations