

FRONT COVER (Identification of Radiation Worker)



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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

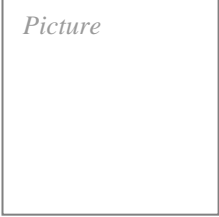
BELGIUM

[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] [2 nd SURNAME]	
First name	[First name]	Middle name(s) [Middle names]
Sex	[M/F]	
Date of birth	[date of birth]	 <p><i>Picture</i></p>
Nationality	[Nationality]	
Signature	[Signature]	
Unique identification number		
<i>(unique number in the worker's employer's country, for example :</i>		
National number	[National number]	
Social security number	[Social security number]	
Fiscal number	[Fiscal number]	
Relevant dose limits:		
Whole-body dose (Effective dose)		<input type="checkbox"/>
Eyes (Equivalent dose)		<input type="checkbox"/>
Skin/Extremities (Equivalent dose)		<input type="checkbox"/>
Other		<input type="checkbox"/>

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)	Occupational category (ex: NACE code)	Classification (A or B)	Stamp and signature or identification number of the responsible party

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)				
photon/ electron H _p (10) {1}	Neutron dose H _p (10) {2}	Skin dose H _p (0.07)	Lens dose H _p (3)

Internal dose					Effective dose [sum of {1},{2} and {3}]	Authorized signature/ stamp of the issuing entity and date	
Committed effective dose from internally deposited radionuclides {3}	Committed equivalent dose to specific individual organs or tissues						
		

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			Non-uniform : equivalent dose to specific body location (extremities/other area's)				
	photon/ electron H _p (10) {1}	Neutron dose H _p (10) {2}	Skin dose H _p (0.07)	Lens dose H _p (3)

Internal dose					Effective dose [sum of {1}, {2} and {3}]	Authorized signature/ stamp of the issuing entity and date	
Committed effective dose from internally deposited radionuclides {3}	Committed equivalent dose to specific individual organs or tissues						
		

Signature/stamp of the issuing entity and date	
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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]

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

