Radiation Protection Advice **029 20 316 273**
Personal Dosimetry Laboratory **029 20 316 268**
Instrument Test Laboratory **029 20 316 269**
Fax: 029 20 316293
Email solutions@rpscardiff.co.uk

Reference: Measuring
Date: 16/07/2009

RPS Cardiff
Ysbyty Felindre, Caerdydd

REGISTRATION FORM FOR INDIVIDUAL MONITORING		
Employers Name and Address		
Employees Surname / Maiden Name First Name Title	Dr / Mr / Mrs / Miss / Ms Gender (Male / Female)	
Date of Birth		
National Insurance Number		
Classified person under the requirements of the Ionising Radiation Regulations 1999		**Yes / No**
Occupation		
Department Address Principal Isotopes, X-ray kilovoltage and/or energies used		
Type of dosemeter(s) required Whole body film dosemeter or extremity Thermoluminescent dosemeter (finger/eye) Normally worn for one calendar month		
State whether previously monitored.	Yes / No	

If previously monitored complete the following:

(A) By this Laboratory? Yes / No
If Yes give details of Dates / RPS number / Department

(B) If by another Laboratory please give name and address of hospital

Signature of Radiation Protection Supervisor Date

FOR OFFICE USE ONLY			
Department	RPS Number	Date monitoring started	Date monitoring ceased