

PERSONNEL MONITORING SERVICE APPLICATION FORM

I. INSTRUCTIONS Please fill-up all necessary details on the following fields. Fields with asterisk (*) MUST be filled-up. Write X on the box that							
		of asterisk (*) MUST be filled-up. Write X on the box that DT APPLICABLE TO YOUR FACILITY. FORMS THAT ARE NOT					
	/ FILLED-UP MAY NOT BE PROCESSED.						
II.	CUSTOMER INFORMATION						
Name of Instit	ution*:						
	Block/Lot No.:	Street:					
Complete Address*:							
	Barangay:	City & Province:					
Contact No.*:		Email*:					
Entity*:	Government	License*: ☐ PNRI ☐ DOH-FDA					
Radiation <i>Prote</i>	ection Officer*:						
Dosimetry syst	em*: ☐ OSLD System	☐ TLD System					
Type of Monito	oring*	☐ Extremity monitoring (Ring Badge)					
Type of Radiat	ion in Workplace* □ Gamma/X-ray	☐ Beta ☐ Neutrons					
Subscription t	ype*: ☐ MAILING ☐ PICK-UP						
For Medical X	ray and Industrial X-ray machine - Maximum current (kVp or mA	s) of device:					
For Nuclear M Isotope used:	edicine/Radiotherapy/Industrial Radiography & Gauges/Researc	h Type of Source: ☐ <i>Unsealed</i> ☐ Sealed					
III.	TYPE OF WORK*						
Field Classification							
MEDICA	□ Nuclear Medicine □ Conventional Diagnostic Radiology (Conventional Radiology, CT scan, Special Exam Radiology, Urology, Endoscopy, Mammography, etc.) □ Dental Practice	□ Interventional procedures (e.g., Cardiovascular) □ Radiotherapy (e.g., Brachytherapy, Teletherapy) □ Veterinary Medicine					
INDUSTRI	AL Industrial Xray (Electronics, etc.) Radioisotope production/ distribution (Production/ distribution of I-131, Tc-99m, etc.)	□ Industrial Radiography (NDT, weld/pipe/concrete testing, etc.) □ Industrial Gauges (Density/ thickness/level gauge, etc.) □ Accelerator operation					
NUCLEA FUEL CYC		☐ Decommissioning ☐ Research in nuclear fuel cycle					
MISC.	☐ Educational Establishment ☐ Transport of Radiation Sources	☐ Waste/Spent Sources ☐ Service Provider					
☐ OTHERS							
Sign	ature over printed name of authorized representative	Date Completed					
	To be filled up by RPS:	S personnel:					
	RPSS Receiving Personnel	Date Received					

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IV. PERSONNEL INFORMATION*

Name of Institution: _____ Customer Code (for existing subscribers): _____

Fill out the table COMPLETELY and LEGIBLY . You may use additional sheets as necessary.								
	FIRST NAME	MIDDLE NAME	LAST NAME	NAME EXTENSION	DATE OF BIRTH	SEX		
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

V. TERMS AND CONDITIONS

- 1. The Personal Dose Monitoring Report shall be available 30 (for TLD) or 40 (for OSLD) working days upon receipt of the returned dosimeters.
- 2.PNRI is implementing a CASH PAYMENT POLICY. We only accept CASH, POSTAL MONEY ORDER, COMPANY CHECK or MANAGER'S CHECK payable to the Philippine Nuclear Research Institute.
 The Personnel Monitoring Service shall be provided upon completion of requirements and presentation of the official receipt.
- 3. Upon completion and submission of requirements to RPSS, the customer agrees to the terms and conditions stipulated in this application form and the Letter of Agreement (LOA).
- 4.PNRI has no control over shipment of dosimeters from and to the customer. PNRI is not responsible and will not be held liable for any issues with the delivery availed from courier services.