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| 1. **INSTRUCTIONS**

Please fill-up all necessary details on the following fields. *Fields with asterisk (****\*****) MUST be filled-up. Write* ***X*** *on the box that corresponds to your facility.* **PRINT/WRITE LEGIBLY*. WRITE N/A IF NOT APPLICABLE TO YOUR FACILITY. FORMS THAT ARE NOT COMPLETELY FILLED-UP MAY NOT BE PROCESSED.*** |
| 1. **CLIENT INFORMATION**
 |
| *Name of Institution\*:* |
| *Complete Address\*:* | *Block/Lot No.:* | *Street:* |
| *Barangay:* | *City & Province:* |
| *Contact No.\*:* | *Email\*:* |
| *Entity\*:* 🞏 Government 🞏 Private | *License\*:* 🞏 *PNRI* 🞏 *DOH-FDA* |
| *Radiation Safety Officer\*:* |
| *Dosimetry system\*:*  | 🞏 OSLD System | 🞏 TLD System |
| *Type of Monitoring\**  | 🞏 *Whole body monitoring* | 🞏 *Extremity monitoring (Ring Badge)* |
| *Type of Radiation in Workplace\**  | 🞏 *Gamma/X-ray*  | 🞏 *Beta* 🞏 *Neutrons* |
| *Subscription type\*:* 🞏 MAILING 🞏 PICK-UP  ***\*\*\*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.\*\*\** |
| For Medical X-ray and Industrial X-ray machine - *Maximum current (kVp or mA) of device:* |
| For Nuclear Medicine/Radiotherapy/Industrial Radiography & Gauges/ResearchIsotope used: \_\_\_\_\_\_\_\_\_\_\_\_\_ Type of Source: 🞏 Open 🞏 Sealed |

1. **TYPE OF WORK\***

|  |  |
| --- | --- |
| **Field** | **Classification** |
| **MEDICAL** | 🞏 **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**  |
| **INDUSTRIAL** | 🞏 **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** |
| **NUCLEAR** **FUEL CYCLE** | 🞏 **Reactor operations**🞏 **Safety and safeguards inspections** | 🞏 **Decommissioning**🞏 **Research in nuclear fuel cycle** |
| **MISC.** | 🞏 **Educational Establishment**🞏 **Transport of Radiation Sources** | 🞏 **Waste/Spent Sources**🞏 **Service Provider** |
| 🞏 ***OTHERS*** |  |

***Signature over printed name of authorized representative Date Completed

To be filled up by RPSS personnel:***

***RPSS Receiving Personnel Date Received***

1. ***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*** |  |  |  |  |  |  |
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| ***11*** |  |  |  |  |  |  |
| ***12*** |  |  |  |  |  |  |

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| 1. **TERMS AND CONDITIONS**
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| 1. *The Personal Dose Monitoring Report shall be available 30 (for TLD) or 40 (for OSLD) working days upon receipt of the returned dosimeters.*
 |
| 1. *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.*
 |
| 1. *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).*
2. ***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.*
 |

***CONTACT US! ☏ ✉***

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| ***Address:*** *Commonwealth Avenue, Diliman, Quezon City****Mobile:*** *+639336079294 / +639270660751* ***Facebook & Messenger:*** *facebook.com/RadiationProtectionServicesSection*  | ***Trunkline:*** *(632) 8929-60-11 to 19 local 262****Email:****rps@pnri.dost.gov.ph****Online Appointment:*** *services.pnri.dost.gov.ph/portal/Appoint* |