



NRL

National Radiation Laboratory

PERSONAL DOSIMETRY SERVICE CENTRE REGISTRATION

Turn over for INDIVIDUAL REGISTRATION

Contact details for your organisation

Organisation Name _____

Contact Name _____

Phone _____ Fax _____

E-mail _____

Address to send dosimeters

Address to send reports

Address to send Accounts

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please describe the activity performed that involves radiation

Please indicate the types and numbers of items required now (see section 4 of booklet)

No. of new Blue holders	_____	No. of films needed now	_____
		<i>(Please give individual details overleaf)</i>	
No. of reconditioned Blue holders	_____	Individual labels on film dosimeters?	Yes / No
No. of new Yellow holders	_____	No. of ring dosimeters	_____
No. of holder clips	_____	Your Purchase Order No.	_____

Do you wish to receive dosimeters in the future? Yes / No

If **Yes**, please indicate the types and numbers of items required for future issues (your Standing Order)

EITHER Fixed No. of dosimeters per issue Yes / No If Yes, No. of dosimeters per issue _____
(You will need to tell us each time you wish to increase or reduce the number of dosimeters we send you routinely)

OR Match No. of dosimeters to No. of wearers Yes / No If Yes, No. of **spare** dosimeters per issue _____
(We will alter the number of films we issue to match the number of staff you have. If you wish to routinely receive spare dosimeters, you will need to advise us how many)

Individual labels on film dosimeters Yes / No Your Purchase Order No. _____
(Please give individual details overleaf) *(if required to be different from that above)*

Signature _____ Date _____
(Person authorised to order goods)

Please send to National Radiation Laboratory
PO Box 25-099
Christchurch
NEW ZEALAND

Phone +64 3 366 5059
Fax +64 3 366 1156
E-mail pds@nrl.moh.govt.nz

