



PMS - SLAEB

Application Form for Request of Personal Monitoring Service (PMS)

SRI LANKA ATOMIC ENERGY BOARD (SLAEB)

60/460, Baseline Road, Orugodawatta, Wellampitiya.

T: 94-11-234206, 2533427-8, 2533449 F : 94-11-2533448, E : pms@aeb.gov.lk, W : www.aeb.gov.lk

Instructions to complete the form are given overleaf. Use Block Capital Letters. Mark "x" in the relevant cage, Cross-out inapplicable words. This form will not be accepted without an official stamp. If an official stamp is not available, submit this form with a covering letter in an official letterhead.

Abbreviation: IRP - Interventional Radiological Procedures

Measurement capability: Minimum recording limit for one month and two months monitoring periods are 0.08 mSv and 0.15 mSv respectively.

Upper limit of measurement: 10 Sv; Acceptable limits of dose measurements: +50% & -33% for above 1mSv and 100% for below 1 mSv.

1.0 Details of the customer:

1.1 Name & designation of customer:.....

1.2 Dept./Section and Institute:

1.3 Address:.....

1.4 Tel: (Office):..... Mobile: Fax: Email:

1.5 Name of the contact person:.....

1.6 Tel: (Office):..... Mobile: Fax: Email:

2.0 Details for invoicing:

2.1 Name to be addressed in invoice:.....

2.2 Address:

3.0 Has your institute obtained Personal Monitoring Service (PMS) before?: No / Yes (if yes, fill form PMS/FM-01A)

4.0 A New Request for Personal Monitoring Service (PMS)

4.1 Whether Atomic Energy Regulatory Council (AERC) recommends PMS: Yes / No

4.2 Total number of radiation workers

4.3 Out of total number of radiation workers, how many of them are involved in IRP?

4.4 Required number of TLD cards and Holders? TLD Cards Holders:

4.5. Do you need TLD holder openers? Yes / No ; QTY:

4.6. Essential Forms to be filled by workers, which have to be sent with this completed form

are indicated below.

• No. of duly filled Personal Data Forms of workers (PMS/PDF) enclosed QTY:

• A duly filled Bio-data form of RPO (PMS/BDF) QTY:

For SLAEB
use only

5.0 Type of facility:.....

6.0 ☐ Please send a Proforma Invoice first. ☐ Please send the Tax Invoice directly to make the payment.

Declaration: Information provided in this form is true and accurate. On behalf of the institution I hereby agree to abide by rules/regulations, terms & conditions, instructions with regard to PMS given in document, PMS/INS-01

7.0 Name of the customer/Authorized officer:..... Official Stamp:

Designation:.....

Contact: Tel:..... Mobile:.....

Email:.....

Signature:..... Date :.....

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Instructions to fill the Form, PMS/FM-01 and to provide other relevant information

Customer (Institute) who requests the service for the first time should fill this Form, PMS/FM-01.

1.1 Name & designation of customer should be clearly stated.

1.5 Name of the contact person: Name of a person who can provide additional information if required for PMS.

2. 0 **Details for invoicing:** This section should be completed only if the invoice is to be addressed for the attention of a different person other than the name given in No.1.1.

4.0 Institute that requests the service for the first time should fill this section.

4.1. Atomic Energy Regulatory Council (AERC) should recommend this service to your institute.

4.2 Total no. of radiation workers:

Who needs TLDs ?

As per regulations and IAEA Basic Safety Standards (BSS), Workers in supervised area do not require personal monitoring devices. Therefore labourers /minor staff, nurses who work outside the Radiation facility (where the radiation dose level is within the recommended level, for the general public) and such workers entering the radiation facilities (a control area) only occasionally, do not require the Personal Dosimeters (TLDs). Workers who regularly work in the radiotherapy / brachytherapy / nuclear medicine or Iodine therapy facilities and workers who assist in interventional radiological procedures do require personal dosimeters.

4.3 State in the cage the no. of radiation workers involved in Interventional radiological procedures (IRP). Workers who are involved in IRP should mark in the relevant cage in their personal data forms, (PMS/PDF). This information is necessary as an additional dosimeter (Collar dosimeter) is issued to each worker involved in IRP to wear it at the neck level, outside the thyroid collar.

4.4 Total no. of TLD cards = Total no Holders required = no. in cage under No.4.2 + no. in cage under No.4.3 + 1 (a background card)

Total no. of Holders = Total no. of TLD cards

4.5. AEB recommends the purchase of a holder opener. This is useful to open the TLD Holders without damaging them.

4.6. Essential Forms to be filled by workers, and sent with this Application Form:

- No. of Personal Data Form (PMS/PDF) enclosed should be marked in the cage given overleaf. Each radiation worker should complete the Form, PMS/PDF.
- A duly filled Bio-data form of RPO (PMS/BDF) to be filled by the Radiation Protection Officer (RPO) should be enclosed.

5.0 **Type of facility:** You may have one or more types of facilities (or radiation apparatus) such as conventional diagnostic X-ray, CT, Fluoroscopy, DSA, Mammography, Dental X-ray, Nuclear Medicine, Iodine Therapy, Radiotherapy, RIA, Industrial X-ray, Research Facility with beta sources or sealed gamma sources, unsealed liquid radioisotopes, or neutron sources, nucleonic Gauges, industrial irradiators, self-sealed irradiators and other (specify). State the types of radiation facilities available in your institute.

6.0 If you need a tax invoice directly, please tick the relevant cage. Otherwise a Proforma Invoice will be sent to the name/address stated under No. 2.0 Details for invoicing.

7.0 Name of the customer/Authorized officer: Head of the Institution should sign this application. Application may not be accepted without Official Stamp.

Note :

- A TL dosimeter for background radiation measurement: An extra card and a holder are necessary for your institute for measurement of background radiation. Two dosimeters are issued to the worker who is involved in Interventional Radiological Procedures (IRP). Radiation worker who does not involve in IRP will receive only one dosimeter.**
- TLD holders shall be purchased by the customer (institute). TLD cards, the property of SLAEB, are issued free of charge. If cards are lost or damaged, cost of the cards will be recovered from the customer (institute) at the prevailing rate at that time.**
- All charges given in the www.aeb.gov.lk are subject to change without notice.**
- Payment for TLD holders and a holder opener should be paid before commencement of the service. Tax invoice for the service charge will be sent at the beginning of the monitoring period and it should be settled before starting the next monitoring period.**

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A.1 Evaluation of the request: Doc. Ref: PMS/FM-01 with relevant forms. Ref. in registry, PMS/R- :**Institute /customer Name:**
☐ Gov. Hospital ☐ Private Hospital ☐ Gov. Institute ☐ Private institute ☐ Other/NGO

☐ Completed form, PMS/FM-01 received. ☐ Completed PDFs not received.
☐ Completed BDF not received. ☐ Documents are complete /incomplete
☐ PMS/FM-01 –not signed by relevant officer ☐ PDFs/BDF- not signed by relevant officer
☐ Inform the customer to complete the following documents.

**For PMS use only
Recommended for:**
Radiologist
Cardiologist
Vet. Surgeon
Research officer
Physicists
Radiographers
Nurses
Attendants
Labourers

Checked by: _____ Date: _____ Authorized to inform by: _____ Date: _____

Completed document set received on: _____ Certified by: _____ Date: _____

A.2 Instructions for invoicing:

12 Instructions for invoicing.

#	Description	QTY		Rs		Rs.	Cts.
1	Cost for holders		x		=		
2	Cost for a holder opener		x		=		
3	Cost for cards		x		=		
4	Cost with 2% NBT $[(1+2+3)*102/100]$						
5	11% VAT $[(4)*11/100]$						
Total cost with NBT & VAT [4+5]							

For PMS use only

Prepared by: _____ Signature: _____ Date: _____

Checked by: _____ Signature: _____ Date: _____

☐ Authorized to issue a Performa Invoice ☐ Authorized to issue a Tax Invoice

Authorized by: _____ Date: _____

A.3 Invoicing:

Proforma Invoice prepared by: _____ Invoice posted on: _____

Tax Invoice prepared by: _____ Invoice No: _____ Invoice posted on: _____ Certified by: _____

A.4 Receipt of the payment:

Bank : _____ Cheque No: _____ Amount: Rs. _____

Certified by: _____ Date: _____

A.5 Acceptance to Register for PMS:

☐ - Please arrange to issue PMS. ☐ Please inform that PMS is not required.

Authorized by: _____ Date: _____

A.6 Items allocated:

No. of TLD cards No. of Holders No. of TLD holder opener

Institute no. assigned (for new request): File no/s:

Comments: _____

Signature: _____ Date: _____

A.7 Authorization to issue TLDs/items as stated above to commence the Personal Monitoring Service.

Authorized by: _____ Date: _____

A.8 Acceptance of items by the Customer:

Name: _____ NID No.: _____
 Designation: _____ Signature: _____ Date: _____

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