



**Application Form for Request of Personal Monitoring Service (PMS)  
(for already registered Customers for PMS)**

**SRI LANKA ATOMIC ENERGY BOARD (SLAEB)**

**PMS - SLAEB**

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**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?: Yes / No. (if No, fill form PMS/FM-01).**

**4.0 For the institute which has already registered for PMS of SLAEB, to request TLD cards/holders for new workers, OR to replace faulty /damage holders.**

4.1 Institute No:    4.2 No. of new radiation workers:

4.3 Out of total no. of new radiation workers, how many of them are involved in IRP?

4.4 Number of existing workers recently involved in IRP require dosimeters

4.5 Number of additional TLD holders required to replace damaged holders:

4.6 Required number of TLD Cards and Holders? **Cards**    **Holders**

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

**4.8. Essential Forms to be filled by workers to provide their details and sent with this form**

**are indicated below**

• Number of duly filled Personal Data Forms of new workers enclosed. **QTY:**

• If you have assigned a new RPO, a bio-data form for the new RPO should be enclosed.  **Enclosed**

**5.0 Provide Names to be permanently removed from the Service: (names of personnel who has retired and transferred)**

Name	NID No.	Designation
.....	.....	.....
.....	.....	.....
.....	.....	.....

If space provided above is not sufficient, please use additional sheets.

6. 0 Type of facility:.....

.....

7.0  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 documents, PMS/INS-01.**

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

Designation:.....

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

Email:.....

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

<b>Title</b>	<b>Application Form for Request of Personal Monitoring Service (for registered customers)</b>	<b>Doc. Code: PMS/FM-01A</b>
<b>Issue no. 01</b>	<b>Date of issue: 05.01.2015</b>	<b>Page no. 1 of 2</b>
	<b>Rev. No. 1</b>	<b>Rev. date:10.04.2017</b>

**For SLAEB use only**

## Instructions to fill the Form, PMS/FM-02 and to provide other relevant information

**Customer (Institute/department) who already registered for the service should fill this Form, PMS/FM-01A.**

- 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.
- 4.1 Institute No: 3-digit number is assigned to your dept./institute by SLAEB. This no. is given in the Dose Reports.
- 4.2 No. of new radiation workers who require TLD cards: required no should be written in the cage.

### Who need 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 work regularly in the radiotherapy / brachytherapy / nuclear medicine or Iodine therapy facilities and workers who assist in interventional radiological procedures do require personal dosimeters.

- 4.3 No. of new radiation workers involved in IRP should be written in the cage 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.  
Please do not request holders unnecessarily. Holders used by persons who have resigned or retired or transferred can be used for new workers, if any.
- 4.6 Total no. of TLD cards = no. in the cage under No.4.2 + no. in the cage under No.4.3 + no. in the cage under No.4.4  
Total no. of Holders = no. in the cage under No.4.2 + no. in the cage under No.4.3 + no. in the cage under No.4.4+ no. in the cage under No.4.5
- 4.7 SLAEB recommends the purchase of a holder opener. This is useful to open the TLD Holders without damaging them.
- 4.8. **Essential Forms to be filled by workers to provide their personal details and sent with this form**
- Duly filled personal data forms for new workers and workers who need the second TLD to use as a collar dosimeter are essential and total number of PMS/PDF forms enclosed with the Application Form, PMS/FM-01A should be marked in the relevant cage.
  - A duly filled Bio-data form of RPO (PMS/BDF) to be filled by the Radiation Protection Officer (RPO) should be enclosed if new RPO has assigned.
- 5.0 Provide names of radiation workers permanently removed from radiation work and transferred. Details of workers who no longer require TLDs should be informed to SLAEB by the authorized officer of the institute. This information helps to cut down the unnecessary service cost.
- 6.0 **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.
- 7.0 If you need a tax invoice directly, please tick the relevant cage. Otherwise Proforma Invoice will be sent to the name/address stated under No. 2.0 , details for invoicing.

### Note :

- \* **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 TLD 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 [www.aeb.gov.lk](http://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:**

#	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: \_\_\_\_\_

<b>Title:</b>	Request Form for Personal Monitoring Service			<b>Doc. Code:</b> PMS/FM-01A
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