

RADIATION SAFETY AND NUCLEAR SECURITY AUTHORITY (SERVICES UNIT)

Royal Road, Helvetia, Moka, Mauritius - Tel: (230) 434 3000 - Fax: (230) 434 2868 - Email: rsnsa@govmu.org

PERSONAL RADIATION MONITORING SERVICE (PRMS)

APPLICATION FORM

	1					
Designation						
ddre	ess					
el		Fax		Email		
Гург	OF SERVIC	E REQUIRED				
		_	Use separate Application	n Form if n	nore than one se	rvice is required
Α.	Whole B	ody Dosimeter	s (Monitoring Period 3	Months)		
В.			s (Monitoring Period 1			
C.	Wrist Do	simeters (<i>Mon</i>	itoring Period 3 Month	s)		
C. D.			itoring Period 3 Month itoring Period 1 Month			
D.	Wrist Do		itoring Period 1 Month			
D. umbe	Wrist Do	osimeters (<i>Mon</i>	itoring Period 1 Month)	ed sheet	
D. umbe	Wrist Doer of Dosin	neters (Monneters requesters) to be monitore	itoring Period 1 Month)	ed sheet	
D. umbe	Wrist Do	neters (Monneters requesters) to be monitore	itoring Period 1 Month)	ed sheet	
D. umbe	Wrist Does of Worker(s	neters (Monneters requesters) to be monitore	itoring Period 1 Month)	ed sheet _ Signature: _	
D. umbe etails REQU	Wrist Do er of Dosin of worker(s	psimeters (Monneters requesters) to be monitore	itoring Period 1 Month	the attach	_ Signature: _	
D. umbe etails REQU	Wrist Do er of Dosin of worker(s	psimeters (Monneters requesters) to be monitore	ed: Month	the attach	_ Signature: _	

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5.	5. DETAILS OF WORKER(S) TO BE MONITORED				
	Surname:				
	Other Name(s):				
1.	NIC Number:				
	Occupation:				
2.	Surname:				
	Other Name(s):				
	NIC Number:				
	Occupation:				
	Surname:				
	Other Name(s):				
3.	NIC Number:				
	Occupation:				
	Surname:				
	Other Name(s):				
4.	NIC Number:	M F			
	Occupation:				
5.	Surname:				
	Other Name(s):				
	NIC Number:				
	Occupation:				
	Surname:				
	Other Name(s):				
6.	NIC Number:				
	Occupation:				

Use additional sheets if necessary.

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