TELEPHONE: 0414-696333 GENERAL LINE: 0485-660639 FAX: 041425342

E-MAIL: admin@atomiccouncil.go.ug
Website: www.atomiccouncil.go.ug
IN ANY CORRESPONDENCE ON
THIS SUBJECT PLEASE QUOTE NO:

1. FACILITY DETAILS

AEC/TEC/26-DG/01



ATOMIC ENERGY COUNCIL PLOT 29/33, AMBER HOUSE KAMPALA ROAD P. O. BOX 7044 KAMPALA

APPLICATION FOR THE RADIATION MONITORING SERVICE

| Address: | | | | | | |
|--|---|--|--|---|--|--|
| 1 1441 000. | | | | | | |
| Location: | | | | | | |
| Telephone | No: | | | | | |
| E-mail: | | | | | | |
| | <u> </u> | | | | | |
| 2. R | EPRESENTATIVE | OF THE FACILIT | ГҮ | | | |
| Name | | | | | | |
| Title | | | | | | |
| Telephone | No | | | | | |
| E-mail | | | | | | |
| | <u>'</u> | | | | | |
| 3. R | ADIATION SAFET | ΓY OFFICER | | | | |
| Name | | | | | | |
| Qualificat | ions | | | | | |
| Telephone | | | | | | |
| E-Mail: | | | | | | |
| | • | | | | | |
| 4. I | Describe briefly the t | ype of work done u | sing ionising radi | ation by your fa | cility/practice | |
| | | • | | <u>, , , , , , , , , , , , , , , , , , , </u> | • | |
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| | | | | | | |
| 5. List the most common used radiation source(s) in your facility/practice | | | | | | |
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| 6. Please complete the following Table | | | | | | |
| | lease complete the f | | | | | |
| | lease complete the f | onowing rable | | | | |
| | | | Qualification | F-mail | Tel | Age |
| # | Name of radiation | | Qualification | E-mail | Tel | Age |
| # 1. | | | Qualification | E-mail | Tel | Age |
| # 1. 2. | | | Qualification | E-mail | Tel | Age |
| # 1. 2. 3. | | | Qualification | E-mail | Tel | Age |
| # 1. 2. 3. 4. | | | Qualification | E-mail | Tel | Age |
| # 1. 2. 3. | | | Qualification | E-mail | Tel | Age |
| # 1. 2. 3. 4. 5. | Name of radiation | worker | Qualification | E-mail | Tel | Age |
| # 1. 2. 3. 4. 5. 7. D | Name of radiation DECLARATION BY | worker THE LICENSEE | | | | |
| # 1. 2. 3. 4. 5. The under | Name of radiation DECLARATION BY rsigned, declare that | worker THE LICENSEE the information give | ven above is true a | and complete to | the best of my | knowledge. I |
| # 1. 2. 3. 4. 5. The under acknowled | Name of radiation DECLARATION BY rsigned, declare that the TLD back | worker THE LICENSEE the information givelegs will remain pro | ven above is true a | and complete to | the best of my rovision of the | knowledge. I service. I |
| # 1. 2. 3. 4. 5. I the unde acknowled accept the | Name of radiation DECLARATION BY rsigned, declare that the TLD bac accompanying term | worker THE LICENSEE the information giveles will remain properties and conditions of | ven above is true a operty of the Cour service (General | and complete to neil during the pand Issue Condi | the best of my rovision of the tions), as well | knowledge. I service. I as any |
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