



TEMPORARY SWISS PERSONAL RADIATION DOSE DOCUMENT

for occupationally exposed persons according to Art. 64 para. 3 RPO SR 814.501

Personal data

Last name
First name
Date of birth
Swiss social security number ¹
Nationality
Sex F <input type="checkbox"/> M <input type="checkbox"/>

¹For persons without Swiss social security number the social security number of the country of origin must be provided.

Licence holder

Company
Address
Phone number
Licence number
Enterprise Identification Number UID

Valid for the period

Start _____ End _____

Cumulative dose for the current year [mSv]

Year	From	To	H_p ¹	E_{50}	n	E	H_s	H_{extr}	$H_{eyelens}$

¹ Rounding rule (Art. 32 dosimetry ordinance): Round measured values to one decimal place. Exception: Dose < 0.075 mSv → 0 mSv.

Remarks

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Deployment in a third-party company

Medical examination and training

Medical fitness examination valid until
Approved for protective mask and protective suit until
Last information on radiation protection according to articles 20 and 51 para. 4 RPO provided by the following organisation / on the

Dose contingent

Employer-approved effective dose [mSv]
Address of third-party company

Explanations

H_p: <ul style="list-style-type: none"> Personal dose equivalent $H_p(10)$ 	E_{50}: <ul style="list-style-type: none"> Committed effective dose 	n: <ul style="list-style-type: none"> Neutron dose
E: <ul style="list-style-type: none"> Effective dose $E = H_p + E_{50} + n$ 	H_{extr}: <ul style="list-style-type: none"> Personal surface dose equivalent for extremities $H_p(0,07)$ 	
H_s: <ul style="list-style-type: none"> Personal surface dose equivalent $H_p(0,07)$ 	$H_{eyelens}$: <ul style="list-style-type: none"> Personal dose equivalent for the eye lens $H_p(3)$ or $H_p(0,07)$ 	

Confirmation

Last name and first name (in capital letters) _____

Function _____

Place, date _____

Signature