



RADIATION DOSIMETRY SERVICE LABORATORY NEW AREA MONITORING REGISTRATION FORM

Instructions for completing the application form:

1. Complete all relevant sections of the form below.
2. Ensure that the area names are unique; duplicate entries are not allowed.
3. Submit the completed form in PDF format to radtechservices@shena.gov.bn no later than thirty (30) days prior to the intended commencement date of the monitoring service.
4. If replacing an existing area with a new area to be monitored under an active subscription, this form shall be submitted together with the termination form to ensure a seamless transition.

Company ID [assigned by RDSL for existing clients]	
Company Name	
Total Number of Area Monitoring included in this submission	
Preferred Start of Dosimeter Issuance [MM/YYYY]	

Issuance of dosimeters shall be subject to successful completion of the application process, including formal approval and timely payment of all applicable fees. Subscription periods shall be calculated on a calendar-month basis. Commencement on any date within a given calendar month shall be counted as one (1) full month, and shall not extend to the corresponding date of the following month.



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NEW MONITORED AREA DETAILS

Please complete the required details for each new area in the table below. Kindly duplicate this page as necessary to include all areas in a single submission. Area numbering shall remain continuous across all duplicated pages.

NO.	AREA NAME	TYPE OF ACTIVITY MEDICAL / INDUSTRIAL / OTHERS (SPECIFY)	LOCATION / ADDRESS	RADIATION SOURCE	FOR INTERNAL USE ONLY: ASSIGNED USER ID (PIDXXXX)
e.g. (1)	X-Ray Room 4 (XYZ Co.)	Medical	X-Ray Room 4, BSB Clinic	Controlled Apparatus	



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REPLACEMENT OF EXISTING MONITORED AREA (IF APPLICABLE)

This section applies only where a new monitored area is intended to replace an existing active subscription. If not applicable, this page may be left blank.

Kindly duplicate this page as necessary to include all users in the same submission. Do not modify the table structure or formatting. User numbering shall remain across all duplicated pages.

NO.	NAME OF NEW AREA	AREA NO. (BASED ON NEW AREA MONITORED LIST)	REPLACED MONITORED AREA	REPLACED AREA ID (AIDXXXX)	JUSTIFICATION
e.g. (1)	X-Ray Room 4 (XYZ Co.)	e.g (1)	X-Ray Room 1 (XYZ Co.)	AID0015	X-Ray Room 1 not in use



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DECLARATION

I hereby certify that I am duly authorised to submit this application for area monitoring on behalf of the organisation and that all information provided herein is true, complete, and accurate to the best of my knowledge.

I acknowledge and accept the applicable Terms & Conditions of Personal Dosimetry Services on behalf of the organisation and, where applicable, the registered areas under this submission.

Signature & Company Stamp

Date

FOR OFFICIAL USE ONLY

Date Received		Subscription ID	
PROCESSED BY		APPROVED BY	
Name		Name	
Date		Date	
Signature		Signature	
Remarks			