Safety, Health and Environment National Authority

RADIATION DOSIMETRY SERVICE REQUEST
LOSS OR DAMAGED REPORTING FORM

Instructions for completing the application form:

1. Complete all sections of the form below.
2. Attach any photos or other evidence of the loss or damage with this form.

SECTION A: COMPANY DETAILS	
Company Name	
Company ID No.	
Focal Person Full Name	
Focal Person Email Address	
Designation	

SECTION B: LOSS OR DAMAGED DOSIMETER DETAILS	
Dosimeter Serial No.	
Assigned User/Area/Control	
PID/AID/CTL	
Monitoring Period	
Status of Dosimeter	☐ Loss ☐ Damaged
Date of Loss or Damage Reported	
Details/Description	

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SECTION C: ASSESSMENT	
Chargeable	☐ Yes ☐ No
If yes, amount to be charged	☐ $40 (Holder) ☐ $200 (Dosimeter)
Name	
Date	
Signature	

SECTION D: APPROVAL	
☐ Approved for charging ☐ Approved with no charge ☐ Rejected	
Name	
Date	
Signature	
Remarks	