



اوتوريٽي ڪي بھ سائن ڪسلامتن
ڪھيٽن دان عالم سڪيٽر
Safety, Health and Environment
National Authority

RADIATION DOSIMETRY SERVICE REQUEST REQUEST FOR RE-ANALYSIS FORM

Instructions for completing the form:

1. Complete Sections A through D of the form.
2. Request for re-analysis will be considered if the monthly doses exceed 6 mSv for any monitored user. Such a request may be submitted within one month after the Lab issues the dose report.
3. Re-analysis fee for each dosimeter is \$35.
4. If applicable, please submit this form along with any additional documents in PDF format to radtechservices@shena.gov.bn.
5. Upon receipt of the invoice from SHENA, please process the invoice promptly to ensure uninterrupted service. A dose report will only be issued once payment is confirmed.

SECTION A: COMPANY DETAILS

Company Name	
Company ID No.	
Contact Name	
Designation	
Contact Email Address	
Phone No.	

SECTION B: INVOICE DETAILS

Invoice Contact	
Invoice Email Address	



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SECTION C: USER DOSIMETER DETAILS

User Name	
Personal ID (PID) Monitoring No.	
Dosimeter Serial No.	
Monitoring Period	
Reason for Request	<input type="checkbox"/> Dose result exceeded 6 mSv for the wearing period <input type="checkbox"/> Suspected anomaly in reported dose <input type="checkbox"/> Other (please specify):

SECTION D: DECLARATION

<input type="checkbox"/> I hereby request a re-analysis of the above dosimeter due to the stated reason and I understand that re-analysis will only be processed for doses exceeding 6 mSv and that the applicable re-analysis fee must be paid according to the Terms & Conditions of the Personal Dosimetry Service. The outcome of the re-analysis will be final.	
Name	
Designation	
<div><div>Signature & Company Stamp</div><div>Date</div></div>	



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FOR OFFICIAL USE ONLY	
Application Reference No.	
<input type="checkbox"/> Request Accepted	<input type="checkbox"/> Request Rejected (Reason):
Dose Data Verified	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments	
Processed by	
Date	
Signature	
Approval	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
Comments	
Approved by	
Date	
Signature	