NAGASE PHILIPPINES CORPORATION

12th Floor Salcedo Towers, 169 H.V. dela Costa St., Salcedo Village, Makati City 1227
Email: dosimetrylab@nagase.com.ph Tel. No.: (632) 511 7414 Fax No.: (632) 625 0085

PERSONNEL DOSE MONITORING APPLICATION FORM

Please write legibly and put a "☑" on the appropriate tick box. Unduly filled up application form will not be processed. Please use another form for additional users.

Type of Application:	☐ Initial ☐ Renewal	**Facility Name:**		**Date of Application:**	
Facility Address:					
Contact Person/ Designation:			**Email:**		
Tel. No.:		**Mobile No.:**			
Type of X-ray Facility/Machine:			**Total No. of Personnel Badges:**		
Medical					
Dental			**Industrial**		
Others (Specify)					

User(s) Information

Name	Gender	Birthday	Dosimeter Type (Whole Body, Ring, Neutron, Etc.)	Wearing Position	Department	Protective Equipment	Designation	Pregnant (Y/N) NA if not applicable

Personnel Dose Monitoring Service Subscription:

Dosimeters Mode of Delivery
☐ **Pick Up**
☐ **Courier**

Releasing of Dose Report
☐ **Pick Up** ☐ **Email**
☐ **Courier**

Monitoring Frequency: ☐ *Monthly* ☐ *Bi-Monthly* ☐ *Quarterly*

NOTE:
Additional charge for the delivery of OSL Badges will be incurred. Penalty charges will be billed to the client for:
1. *Unreturned Badges*
2. *Lost or Damaged Badges*

_____
Applicant's Signature Over Printed Name
Designation:
Date Signed:

☐ *All information provided in this application is true, correct and complete.*
☐ *I accept the NPH Dose Monitoring Services "Terms of Service Agreement" provided by NAGASE Philippines Corporation. This includes any amendments thereto.*
The dosimeters will be issued within eight to fifteen (8-15) working days upon receipt of payment.
The dose evaluation reports will be issued within ten (10) working days upon receipt of used dosimeters.

Please do not write below this line.

For agent use only.

Referring Agent's Name: _____
Contact no.: _____
Email Address: _____

For NPH use only.

Payment Tracking Number:	
Date of Payment:	
Account ID/ Monitoring Period Start Date:	
Account Status:	

_____ ***Received By:*** ***Date Signed***	_____ ***Encoded By:*** ***Date Signed***