**Record of the** **radiation exposure of the personnel**

RECORD

of the radiation exposure of the personnel of: ………………………………………………………………………………... as at: ………………..

*(name of the external organisation)*

in connection with the Contract/Order No. ……………..………………..……………….. / ………………....

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No** | **Name, middle name, surname** | **Personal identity number** | **Total dose for the previous four years (mSv)** | | **Dose for the current calendar year received outside the controlled area of Kozloduy NPP (mSv)** | **Permitted total dose in compliance with the limits of RRP-2018 (mSv)** |
|  |  |  |  | |  |  |
|  |  |  |  | |  |  |
|  |  |  |  | |  |  |
|  |  |  |  | |  |  |
|  |  |  |  | |  |  |
|  |  |  |  | |  |  |
|  |  |  |  | |  |  |
|  |  |  |  | |  |  |
|  |  |  |  | |  |  |
|  |  |  |  | |  |  |
| Prepared by: …………………/……..………/………..  (surname, signature, date) | | | | Radiation Protection responsible person in the EO under Order No. …………… / ………  ……………….……/………............/.....................  (surname, signature, date) | | |

*NOTE: This record shall be submitted electronically, in \*.pdf format (scanned), together with the application for the work order, registered in the Access Control database.*