



Heads of the European Radiological  
protection Competent Authorities

<b>Title:</b>	HERCA Radiation passbook model (Version 2)
<b>Summary:</b>	The model of radiation passbook produced by HERCA should be considered as a communication tool to visualize the required data as given in the guidance document (H10-9.d.2). Users are not obliged to use the model exactly as it is. Countries can use their own model as far as it meets the requirements contained in the guidance document and concerning the minimal data content (black fields) in the radiation passbook model.
<b>Effective date:</b>	2012-10 31

### Document approval

<u>Review</u>	<u>Author</u>	<u>Approval</u>
2	HERCA Working Group Radiation Passbook & Outside workers	Board of Heads

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### Document History Log

Review	Review approval date	Modification description
2	2012-10-31	To ensure coherence with the Guidance document (H10-9.d.2) as well as with the last Draft of the new Basic Safety Standards , the previous version (version 1, 31 May 2012) of the Radiation passbook model has been updated. Some other adaptations are accounting some constructive suggestions. In any case, these do not add any additional obligatory field.
1	2012-05-31	The new version (version 1) of the passbook submitted to the BoH for approval integrates the comments received from HERCA Radiation Protection Authorities and stakeholders following a consultation process launched by HERCA after approval of version 0 of the radiation passbook on 30 June 2010.
0	2010-06-30	The model of radiological passbook proposed by HERCA includes: an harmonised format and terminology; harmonisation of the requirements on data content with a distinction between minimum requirements or mandatory fields (based on annex I of the European Directive but including guidance on what is meant by the wording of the Directive) and optional requirements leaving some data optional to allow Member States some flexibility.

*FRONT COVER (Identification of Radiation Worker)*



*Window to allow to  
see picture on next  
page*

Radiation worker  
**[SURNAME] [2<sup>nd</sup> SURNAME]**  
**[First name] [Middle names]**  
**[Unique identification number of the worker]**

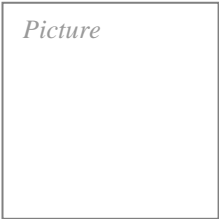
*Ref. of domestic Legislation under which Radiation Passbook is issued*

RADIATION PASSBOOK  
BELGIUM  
**[Country code (ISO3166) - Passbook number – Passbook sequence  
number]]**  
[bar code or RFID]

If found, please return to last named employer (see section ..)

## SECTION 1 – Details of the radiation worker

*(Normally to be completed by the company or institution designated by the competent authority to issue the radiation passbook)*

Surname(s)	[SURNAME] [2 <sup>nd</sup> SURNAME]	
First name	[First name] Middle name(s) [Middle names]	
Sex	[M/F]	
Date of birth	[date of birth]	 <p><i>Picture</i></p>
Place of birth	[Place of birth]	
Nationality	[Nationality]	
Address	[Address]	
Signature	[Signature]	
Unique identification number		
<i>(unique number in the worker's employer's country, for example :</i>		
National number	[National number]	
Social security number	[Social security number]	
Fiscal number	[Fiscal number]	
Relevant dose limits and period of the dose limits in country of issuance:		
Effective dose	[Effective dose/period]	
Eyes	[Equivalent dose/period]	
Skin	[Equivalent dose/period]	
Extremities	[Equivalent dose/period]	
Other	[]	

## SECTION 2 – Issuing details of the radiation passbook

*(to be completed by the entity issuing the radiation passbook)*

Radiation passbook number	[Radiation Passbook number]	
Issuing date	[issuing date]	Valid until [expiry date]
Issuing body	[body issuing passbook]	
Address	[address]	Web address [Web address]
Tel number	[tel number]	Mark of endorsement
Fax number	[fax number]	
E-mail	[e-mail address]	

## **SECTION 3 – General information**

*(any information needed by foreign undertaking to interpret the conditions applying to this worker, depending on the nationality of his employer)*

### **3.1. Contents**

(to be completed by the Member States)

### **3.2. Guidelines to fill in the radiation passbook**

(to be completed by the Member States)

### **3.3. General information**

(to be completed by the Member States – including :

- purpose of the passbook
- conditions of use
- scope of application
- temporality
- conditions of issue/renewal
- loss of the radiation passbook/damage to the radiation passbook
- pursuit in case of fraudulent use/entries/amendments
- summary of the legal provisions relative to the operational protection of outside workers, including the definition or clarification of the following concepts :
  - undertaking
  - employer of outside workers
  - outside worker
  - official dosimetry
  - operational dosimetry
  - responsible party
  - issuing entity/responsible entity
  - responsible person
  - under apron/above apron
  - national dose limits (explanation)
- national requirements regarding health surveillance of outside workers

**SECTION 4 - Current employer**

*(To be completed by the employer of the outside worker)*

Employer (Name, Identification number, Employer number, Address, Tel, Fax, e-mail address)	Employment			
	Start date ddmmyyy	Stamp and/or signature or identification number of the responsible party	End date ddmmyyy	Stamp and/or signature or identification number of the responsible party

Occupational category (see guidance)			Categorisation (A or B)		
Start date ddmmyyy	End date ddmmyyyy	Occupational category	Start date ddmmyyy	End date ddmmyyyy	Categorisation (A or B)

**SECTION 5 – Medical surveillance**

*(To be completed by the approved medical practitioner or approved occupational health service acting for the employer).*

<b>Date</b>	<b>Type of Examination</b>	<b>Medical classification</b> (fit, not fit, fit subject to special conditions as shown)

<b>Restrictions to work with radiations</b>	<b>Validation of result</b> (name, signature and stamp or identification number of the approved medical practitioner, approved occupational health service or other designated instance/person)	<b>Period of validity of the result</b> (ddmmyyyy - ddmmyyyy)

**SECTION 6 – Official dose record up to the radiation passbook issue date**

*(To be completed by the entity issuing the radiation passbook).*

**6.1. Occupational life time dose (mSv)**

External dose						
Uniform			Non-uniform : equivalent dose to specific body location (extremities/other area's)			
ph/b * H <sub>p</sub> (10) [a]	n ** H <sub>p</sub> (10) [b]	Skin dose H <sub>p</sub> (0.07)	Lens dose H <sub>p</sub> (3)	Extremity dose [...]	Extremity dose [...]	Extremity dose [...]

**6.2. Official doses (mSv) for the last 5 calendar years** *(not including the current year – mandatory for persons having a 5 year dose limit.)*

Year	External dose						
	Uniform			Non-uniform : equivalent dose to specific body location (extremities/other area's)			
	ph/b H <sub>p</sub> (10) [a]	n H <sub>p</sub> (10) [b]	Skin dose H <sub>p</sub> (0.07)	Lens dose H <sub>p</sub> (3)	Extremity dose [...]	Extremity dose [...]	Extremity dose [...]

Signature/stamp of the issuing entity/ responsible person for the employer and date	
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Internal dose				Effective dose (sum of [a], [b] and [c])	Authorized signature/ stamp of the issuing entity and date
Committed effective dose from internally deposited radionuclides [c]	Radio-nuclide	Dose assessment method ***	Committed equivalent dose to specific individual organs or tissues		
			[...]	[...]	[...]

Internal dose				Effective dose (sum of [a], [b] and [c])	Authorized signature/ stamp of the issuing entity and date
Committed effective dose from internally deposited radionuclides [c]	Radio-nuclide	Dose assessment method ***	Committed equivalent dose to specific individual organs or tissues		
			[...]	[...]	[...]

\* photon/beta - \*\* neutron - \*\*\* body counter, urine, faeces, air sampling,...



### 6.3. Details concerning the entity responsible for the record

**of the official dosimetry** *(To be completed by the entity(ies) responsible for the record of the official dosimetry : approved dosimetry service, National Dose Register or other. Only if different from the entity issuing the passbook.)*

Date	[Date]
Responsible entity	[name of the responsible entity]
Address	[Address of the responsible entity]
Contact person	[name and job title of contact person]
Tel number	[tel number]
Fax number	[fax number]
E-mail	[e-mail address]

Date	[Date]
Responsible entity	[name of the responsible entity]
Address	[Address of the responsible entity]
Contact person	[name and job title of contact person]
Tel number	[tel number]
Fax number	[fax number]
E-mail	[e-mail address]

Date	[Date]
Responsible entity	[name of the responsible entity]
Address	[Address of the responsible entity]
Contact person	[name and job title of contact person]
Tel number	[tel number]
Fax number	[fax number]
E-mail	[e-mail address]

**SECTION 7 - Official dose record for the year .... (mSv) (To**

*be completed by the entity issuing the passbook or by the employer or the health physics service or other person acting for him).*

Period (ddmm yyyy- ddmm yyyy)	External dose								
	Uniform					Non-uniform : equivalent dose to specific body location (extremities/other area's)			
	ph/e * Hp(10) [a]	n ** Hp(10) [b]	Skin dose Hp(0.07)	Above apron	Under apron	Lens dose Hp(3)	Extre- mity dose [...]	Extre- mity dose [...]	
TOTAL									

Internal dose						Effective dose (sum of [a], [b] and [c])	Signature of the responsible person and identificatio n number of the employer
Committed effective dose from internally deposited radionuclides [c]	Radio- nuclide	Dose assess- ment method ***	Committed equivalent dose to specific individual organs or tissues				
			[...]	[...]	[...]		

\* photon/beta - \*\* neutron - \*\*\* body counter, urine, faeces, air sampling,...

**SECTION 8 – Operational dose in the undertaking’s controlled area(s) (mSv)** *(An estimate of any dose received by the outside worker, to be filled by the undertaking (or by the employer) after the end of any activity in the undertaking’s controlled area)*

Period (ddmm yyyy- ddmm yyyy)	External dose							
	Uniform				Non-uniform : equivalent dose to specific body location (extremities/ other area’s)			
	ph/b* Hp(10) [a]	n ** Hp(10) [b]	Skin dose Hp(0.07)	above apron	Under apron	Lens dose Hp(3)	Extre- mity dose [...]	Extre- mity dose [...]
Name, address and unique identification number undertaking (tel, fax, e-mail) :								
Name, address and unique identification number undertaking (tel, fax, e-mail) :								
Name, address and unique identification number undertaking (tel, fax, e-mail) :								
Name, address and unique identification number undertaking (tel, fax, e-mail) :								
Name, address and unique identification number undertaking (tel, fax, e-mail) :								

Internal dose					Effective dose [sum of [a], [b] and [c)]	Signature/ stamp of the responsible person for the undertaking (or the employer) and date	
Committed effective dose from internally deposited radionuclides [c]	Radio- nuclide	Dose assess- ment method ***	Committed equivalent dose to specific individual organs or tissues				
			[...]	[...]			[...]

\* photon/beta - \*\* neutron - \*\*\* body counter, urine, faeces, air sampling,...

**SECTION 9 – Information regarding training in radiological protection** *(To be filled by the person or entity responsible for the training)*

**9.1. Basic training in radiological protection** *(obligation of the employer)*

Date (ddmmyyyy)	Number of hours	Description of the contents

Centre or training company	Signature and stamp of the responsible for the entity or delegated person	Valid until (ddmmyyyy)	Observations

**9.2. Specific training in radiological protection** *(obligation of the undertaking)*

Date (ddmmyyyy)	Number of hours	Description of the contents

Centre or training company	Signature and stamp of the responsible for the entity or delegated person	Valid until (ddmmyyyy)	Observations