

**LOCATION DETAILS OF THE INDUSTRIAL RADIOGRAPHY EXPOSURE DEVICES**

**(Part A and B to be submitted to Head, RSD, AERB in the beginning of every month and Part C to be submitted once in six months regularly) For Month \_\_\_\_\_ 200**

Name and address of the institution:

Phone No. :

NR –

\_\_\_\_\_

Fax. No. :

ER –

\_\_\_\_\_

PMS.No. :

WR–

\_\_\_\_\_

No. of films/ cards:  
received

SR –

**Part A – Sites, exposure devices, trained personnel and monitors available on sites**

1	2	3	4	5	6	7	8	9	10
<b>Sr. no.</b>	<b>Sites, Contract Awarding party &amp; Last inspection date</b>	<b>Site in-charge Name and his Cert. No. with its validity &amp; PMS No.</b>	<b>Exposure Device Model, Sr.No. &amp; Date of movement to this site</b>	<b>Source type activity received and source holder no.</b>	<b>Certified Radiographer Name and his Cert. No. with its validity &amp; PMS No.</b>	<b>Survey meter model Sr.No. and calibration date</b>	<b>Pocket Dosimeter &amp; Charger model and their Sr.No</b>	<b>Trainee Radiographer Name, his appointment date and PMS No.</b>	<b>Job type &amp; No. of exposures during the month</b>

Note : 1. Any submission in IU-6 form does not imply permission from AERB, wherever necessary permission should be obtained separately.  
2. Part A should cover all the trained personnel and accessories.

**Part – B : Details of the Decayed Sources returned to BRIT :**

Nos.	Exposure Device Model & Sr.No.	Date of decayed Source return	Activity on Date of return

I hereby certify that all safety/ emergency accessories are available at site(s), they are in working order and they are being used regularly. I also certify that personnel monitoring devices are provided to all the radiation workers.

**Signature :** -----  
**With date**

**Name :** -----  
**(Head of institution)**

**Seal**

**Part C – Details of Calibration Check of Survey Meters :**

Sr. Nos.	Date of Calibration	Survey meter Model and Sr.No.	Source type and activity used	Distance from source (m)	Survey meter reading	Reading expected by Calculation	% Deviation

Note : RSO is required to check the calibration of survey meters at site once in six months with decayed source and indicate in Part A col.7 regularly.

**Name (RSO) with Signature and date**