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 IN ANY CORRESPONDENCE ON
 THIS SUBJECT PLEASE QUOTE NO:
 AEC/TEC/26-DG/01



ATOMIC ENERGY COUNCIL
PLOT 29/33, AMBER HOUSE
KAMPALA ROAD
P. O. BOX 7044
KAMPALA

APPLICATION FOR THE RADIATION MONITORING SERVICE

1. FACILITY DETAILS	
Facility:	
Address:	
Location :	
Telephone No:	
E-mail:	

2. REPRESENTATIVE OF THE FACILITY	
Name	
Title	
Telephone No	
E-mail	

3. RADIATION SAFETY OFFICER	
Name	
Qualifications	
Telephone No	
E-Mail:	

4. Describe briefly the type of work done using ionising radiation by your facility/practice

5. List the most common used radiation source(s) in your facility/practice

6. Please complete the following Table					
#	Name of radiation worker	Qualification	E-mail	Tel	Age
1.					
2.					
3.					
4.					
5.					

7. DECLARATION BY THE LICENSEE	
<p>I the undersigned, declare that the information given above is true and complete to the best of my knowledge. I acknowledge that the TLD badges will remain property of the Council during the provision of the service. I accept the accompanying terms and conditions of service (General and Issue Conditions), as well as any reasonable changes that may occur in the terms and conditions of the service. I agree to pay the charges relating to the provision of the service. I authorize the Dosimetry Laboratory to provide my institution with the service.</p>	
Signature and official Stamp of the applicant	Date: