

SERVICE ESTABLISHMENT FORM

Please provide the name and contact details of the person completing this form in case we need to ask any questions. Service-specific contact names and details are collected further below.

Name	Email	Phone			
By what name is your organisation best known?					
What is the name of your organisation as it would appear on an invoice?					

If Radiation Protection Services Ltd (RADPRO) is not set up as a vendor in your organisation's purchasing system, please arrange for an <u>Account Establishment Form</u> to be completed. If information is needed from us for vendor set up, please request this from <u>accounts@radpro.co.nz</u>.

Wearer Lists

An organisation will have one or more lists of people, areas or equipment requiring monitoring. We refer to these as wearer lists. Different dosimeter types (e.g. badges and rings) can be mixed together on the same wearer list. Wearer lists are useful for breaking larger organisations down into more manageable locations, departments, roles, or specialties. A separate wearer list is always required when:

- Badges are sent to multiple addresses and/or addressees.
- Badges are billed differently to any other group of badges.
- Badges are issued for different wearing periods (e.g. monthly and quarterly).
- Wearers or badges are reported differently from any other group of wearers or badges.
- · Wearers or badges are administered differently from any other group of wearers or badges.

In the next section of this form please identify each separate wearer list that is required. If you only have one wearer list, its name or description will generally be left blank unless monitoring relates to a specific activity or project.

Contact, Ordering, Delivery and Wearer Information

Each wearer list requires contact, ordering, delivery and wearer information. Only fill out as many contact, ordering and delivery forms as are needed and write the reference of the form in the space provided. For example, say wearer lists 1, 2 and 3 all share the same contact details. Only one contact form is needed (referenced say C1) and you would simply write this reference in the contact column for lists 1-3.

If you already have records of wearers then please send these through as is; you do not need to re-enter all of the wearer details on one of our forms! Issue or dose reports from your old personal dosimetry provider marked up with any changes are great for this, as are spreadsheet files or any other electronic records.



SERVICE ESTABLISHMENT FORM

List	Wearer List Name or Description	Contact	Ordering	Delivery	Wearer
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Evtra	hlan	k forms	aro	availa	hla	hara.
EXIIA	Dian	K IUIIIIS	are	avalla	DIE	nere.

Contact Form

Ordering Form

Delivery Form

Wearer (Badge) Form

Wearer (Ring) Form



CONTACT FORM

Contact Form Reference						
The primary contact is the point of contact for the day to day management of a wearer list. Prior to each issue a wearer list report will be emailed to the primary contact. If any dosimeters are missing from a return, the primary contact is also sent an unreturned badge report.						
First Name	Last Name	Email Address				
Phone		Mobile				
	tifications are sent by email a					
Yes						
Yes, Cc a copy						
No, see below						
Who else needs to be sen	t a copy of dose reports and o	dose notifications	relating to this weare	r list?		
First Name	Last Name	Email Address				
Who else needs to be Cc'o	d a copy of dose reports and o	dose notifications	relating to this weare	r list?		
Email Address						
Other Information						



ORDERING FORM

Ordaring Form Poforonce			
Ordering Form Reference			
Before completing, please	review our <u>Personal Dosime</u>	try Service Terms & Conditions.	
Order Type:			
This is an ongoing rep	eating order		
This is a repeating ord	der for a fixed number of mo	nths:	
This is a one-off order	for a single issue of dosimet	ers	
Service Start Date:			
The start day of the first w	vearing period is:		
Exchange Frequency:			
Monthly			
Two monthly			
Quarterly (select this	option for instadose)		
Purchase Orders:			
Purchase order numb	ers are not required		
Purchase order numb	ers are not required but use	this reference on all invoices:	
Purchase order numb	ers are always required	_	
Send purcha	se order number reminders t	o the primary contact	
Send purcha	se order number reminders t	o the email address provided be	elow
First Name	Last Name	Email Address	
Special Ordering Instructio	ns		



DELIVERY FORM

Envelope/FastPost Address	
Attention	
Street Address, PO Box or Private Bag.	
Town/City	
Post Code	
Phone	
·	
	Attention Street Address, PO Box or Private Bag. Town/City Post Code



WEARER (BADGE) FORM

Wearers (Badge) Form Reference	
<u>Default Holder Type</u> (DB = integrated clip, DL = external clip, DF = no clip, IN = instadose)	
Sheet (sheet number of total sheets)	

Last name and wearing position are the only mandatory information. For multiple badge wearers, repeat wearer's name with a different wearing position. Add any required spare badges to your wearer list.

Last Name/Description*	First Name	Position*	Reference	MF	DoB



WEARER (RING) FORM

Wearers (Ring) Form Reference	

Last name and wearing position are the only mandatory information. For multiple ring wearers, repeat wearer's name with a different wearing position. Add any required spare rings to your wearer list.

Last Name/Description*	First Name	Position*	Size	Reference	MF	DoB
			-			

MeasuRing Sizing Template