



Personnel Dosimetry Order form for existing customers

*Location Code (This can be found on your badge or on your issue sheet it is made up of 5 numbers and 3 letters, e.g. 12345ABC)

Location code: _____

*Surname (previous surname if changing)	*Forename	*DOB	*NI Number	Sex M/F	*Service Required (Add, Delete, etc)	*Classified staff? Y/N

Do you require Temporary badges until your next issue? **No (Please circle)**

Badges

Dosimeters				
Please Tick (✓)	Body Region	Badge Type	Size (applies to Finger TLD's only) S/M/L/XL	Holder Required Y/N
	Whole Body	01		
	Finger TLD Left Hand	19		
	Finger TLD Right Hand	19		
	Fingertip TLD Left Hand	19		
	Fingertip TLD Right Hand	19		
	Wrist TLD Left hand	19		
	Wrist TLD Right Hand	19		
	Eye TLD	27		
	Neutrons	15		

Signature _____ Date _____

Please return this form to **Alexandra McCaffrey** at **Unit 188, Century Building Liverpool L3 4BJ** or by email to alexmccaffrey@irs-limited.com

All sections marked with an * MUST be completed, failure to do this will result in your form being returned, in the event you do not know the details please let us know.