|  |
| --- |
| **INDUSTRIAL RADIOGRAPHY - INFORMATION FORM** |
| **This form to be filled up by the concerned Radiography agency and submitted to the Site Safety coordinator two days before Radiography date** |
| 1. Radiography work to be done for (Name of Contractor)

 M/s |
| 1. Name of Radiography Agency

M/s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3. Name of the In-charge of the Radiography agency Mr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 4. Date & Time of Starting |
| 5. Date & Time of Completion |
| 6. Location of Radiography work and area demarcated and cordoned (Sketches and Distances to be provided) |
| 7. Source strength \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Curies |
| 8. Area cordoned & Radiation warning signs displayed and flash lights provided( if no, give reason) Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_ |
| 9. Visual check & other Agencies working nearby informed (if no, give reasons) Yes\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_(Give Name of other Agencies informed) |
| 10. Whether Dosimeter & Survey meter available at site(if no, give reasons) Yes\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_ |
| 11. Whether Film Badges are available with operators(if no, give reasons) Yes\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_ |
| 12. Any other special precautions taken  |
| Signature \_\_\_\_\_\_\_\_\_\_\_\_\_Site In-charge of Radiographic Agency | Signature \_\_\_\_\_\_\_\_\_\_\_\_\_Site In-charge of Contractor |
| Signature \_\_\_\_\_\_\_\_\_\_\_\_\_ Site Engineer | Signature \_\_\_\_\_\_\_\_\_\_\_\_\_Site Safety Co-ordinator |