|  |  |
| --- | --- |
| **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 |