



**ANNOUNCEMENT OF THE DEPARTMENT OF LABOUR
PROTECTION AND WELFARE ON THE FORMAT OF
THE REPORT FORM ON THE ACCUMULATED RADIATION
QUANTITY MONTHLY OBTAINED BY EMPLOYEE**



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By virtue of clause 7 of the Ministerial Regulations on the Standard for Administration and Management of Occupational Safety, Health and Environment in Relation to Ionizing Radiation B.E.2547 stipulating the Director-General is to formulate the report form on accumulated radiation quantity monthly obtained by employee, the Director General, henceforth, issues this Announcement as follows:

Clause 1 This Announcement shall be called the “Announcement of the Department of Labour Protection and Welfare on the Format of the Report Form on Accumulated Radiation Quantity Monthly Obtained by Employee”

Clause 2 This Announcement shall come into force on and from the following date of its publication in the Government Gazette.



Clause 3 The arrangement of the Report Form on Accumulated Radiation Quantity Monthly Obtained by Employee in accordance with Clause 7 of the Ministerial Regulations on Standard for Administration and Management of Occupational Safety, Health and Environment in Relation to Ionizing Radiation B.E.2547 shall comply with Form Ror.2 attached herewith.

Given on this 16th day of February 2005

-Signed-

(Mr. Surin Chirawisit)

Director General

Department of Labour Protection and Welfare



Report Form for Accumulated Radiation Quantity Monthly Obtained by Employee

1) Name of Enterprise.....
 Address No.....Village No.....Leam/Alley.....Road.....
 Sub-district.....District.....Province.....
 Postal code.....Telephone.....Fax:.....
 E-mail Address:.....

2) Name-Sumame of Employee.....Sex:.....Age.....year
 Address No.....Village No.....Lean/Alley.....Road.....
 Sub-district:.....District.....Province.....
 E-mail Address:.....Identification No.....

In Charge of this duty since.....(briefly identify the job description)

3. Experience on working with radiation

- Never work with radiation
 Ever work with radiation as follows:

No.	Working Period	Business Name	Job Description
1.			
2.			
3.			



4. Quantity of radiation obtained (following the Report on Radiation Monthly Obtained by the Employee certified and checked by the person responsible for technical operation on radiation)

Signature.....

(.....)

Person responsible for technical operation on radiation

Date.....

Signature.....Employer

(.....)

Please see the explanation on the back page