

DATE:

NVLAP LAB CODE:

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**IONIZING RADIATION DOSIMETRY  
PROGRAM-SPECIFIC APPLICATION**

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**FACILITY FORM**

1. Attach or summarize below the position description, including the required qualifications, of the person (Dosimetry Director, Technical Director, or Manager, however named) who has technical responsibility for the processing area(s) for which accreditation is sought.

Name \_\_\_\_\_

Phone Number (    ) \_\_\_\_\_ Fax Number (    ) \_\_\_\_\_

E-Mail \_\_\_\_\_

Title of Position \_\_\_\_\_

Description of Position \_\_\_\_\_

\_\_\_\_\_

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Required Qualifications \_\_\_\_\_

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\_\_\_\_\_

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2. Indicate the type/model of equipment used by completing the table on the next page.

Use a separate column for each reader or other processing equipment. Complete with an "X" as appropriate, or complete with the requested information. Duplicate the table if more than 3 columns are needed, and attach to this application.

3. Will this facility be providing nonaccredited dosimetry service in addition to accredited dosimetry service? \_\_\_\_\_ If yes, please explain:

4. Indicate the total number of staff members who perform processing functions at this facility:

5. **Provide on a separate sheet a detailed description of each dosimeter;** e.g., number and type of sensitive element(s), filtration type and thickness, type of holder, and extremity type (ring or wrist). Use complete manufacturer's model numbers for all components as applicable. If custom-made or designed, please indicate. Indicate which processing equipment is used for each dosimeter.

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<b>EQUIPMENT USED</b>				
<b>TLD READER</b>				
Automatic				
Manual				
Processing Type	Whole			
	Extremity			
Reader	Model No.			
	Manufacturer			
TLD	Model No.			
	Manufacturer			
<b>FILM TYPE</b>				
Densitometer	Model No.			
	Manufacturer			
Processing Type	Whole			
	Extremity			
<b>ELECTRONIC DOSIMETER</b>				
Manufacturer				
Model No.				
Reader/Interface Type				
Processing Type	Whole			
	Extremity			
<b>OTHER PROCESSING DEVICES (For example, Track Etch)</b>				

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**INSTRUCTIONS FOR COMPLETING THE  
DOSIMETER AND TEST CATEGORY SELECTION SHEETS  
(WHOLE BODY AND EXTREMITY)**

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There are two Dosimeter and Test Category Selection Sheets: one for Whole Body and one for Extremity. These sheets are the official records of the dosimetry processing services for which accreditation is requested. The information for the processor's Scope of Accreditation will be taken from these sheets. The processor should proficiency test for each category for which it provides monitoring service and for each type of dosimeter used. Carefully record each dosimeter designation and indicate those radiation test categories selected for each dosimeter.

These sheets are also used to compute the Proficiency Testing Fee.

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**Sections A and B must be completed whether proficiency testing is required or not.**

Section A - Write in the designation in a separate block for each dosimeter model for which you are seeking accreditation. Mark an "X" under the individual Dosimeter Designations for each Radiation Test Category selected.

Section B - Add up the number of "Xs" (dosimeter models) in each category (row).

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**Complete the following sections only when proficiency testing fees are due or when a new dosimeter model is tested!**

Section C - These are proficiency testing fees for the Radiation Test Categories.

Section D - Multiply the Category Testing Fee (Section C) by the Total Dosimeter Models Per Category (Section B) for each Radiation Test Category selected. Enter the results in this column.

Section E - Add up the category fees in Section D and enter the total Proficiency Testing Fee in Section E. Total the amounts in Section E on the sheets for both Whole Body and Extremity and enter the total on Line 4 of the Fee Calculation Worksheet.

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**DOSIMETER AND TEST CATEGORY SELECTION SHEET  
WHOLE BODY DOSIMETERS <sup>1</sup>**

Radiation Test Category	A Dosimeter Model Designation								B Total Dosimeter Models Per Category	C Category Testing Fee	D Total Fee Per Category
IA									\$ 1,200		
IB									\$ 1,200		
IC									\$ 1,200		
IIA									\$ 1,200		
IIB									\$ 1,200		
IIC									\$ 1,200		
IID									\$ 1,200		
IIIA									\$ 1,200		
IIIB									\$ 1,200		
IIIC									\$ 1,200		
IVA									\$ 1,650		
IV B									\$ 1,650		
IVC									\$ 1,650		
VA									\$ 1,700		
VB									\$ 1,650		
VC									\$ 1,800		
VIA									\$ 1,800		
VIB									\$ 1,800		
VIC									\$ 1,800		
									<b>E TOTAL FEE =</b>  (Enter the Total Fee on Line 4 of the Fee Calculation Worksheet.)		

<sup>1</sup> Proficiency testing for whole body dosimeters, including TLD, Film, and Electronic Dosimeters. See ANSI N13.11-2001 standard for additional information on categories, energy ranges and tolerance limits.

**DOSIMETER AND TEST CATEGORY SELECTION SHEET  
EXTREMITY DOSIMETERS<sup>1</sup>**

Radiation Test Category	A Dosimeter Model Designation							B Total Dosimeter Models Per Category	C Category Testing Fee	D Total Fee Per Category
I									\$ 1,200	
II									\$ 1,200	
IIIA									\$ 1,200	
IIIB									\$ 1,200	
IVA ( <sup>137</sup> Cs)									\$ 1,200	
IVB ( <sup>60</sup> Co)									\$ 1,200	
VA									\$ 1,200	
VB									\$ 1,200	
VC									\$ 1,200	
VD									\$ 1,200	
VI									\$ 1,600	
VIIA									\$ 1,600	
VII B									\$ 1,800	
VII C									\$ 1,700	
VII D									\$ 1,600	
									<b>E TOTAL FEE =</b>	
									(Enter the Total Fee on Line 4 of the Fee Calculation Worksheet.)	

<sup>1</sup> Category IIIc of ANSI N13.32-1995 is not included in this table. There may be other differences between this table and the table in ANSI N13.32-1995.