

DOSE REPORT

**ALL personnel must complete the form.
EU-citizens must present their dose pass.**

Hand in upon arrival at
Forsmarks Kraftgrupp AB
Main Entrance

Name (Surname, First name):	Telephone number:	
Date of birth (yymmdd):	Nationality:	Male / Female
Company:		

1	Have you received radiation dose when working at any nuclear facility* in Sweden this year?	YES	NO
2	Have you received radiation dose for other** work with ionizing radiation in Sweden this year? (Not a nuclear facility)	YES	NO
3	Have you received radiation dose outside of Sweden this year?	YES	NO

If you answer YES on question 2 and/or 3, fill in the form below, otherwise date and sign!

Fill in doses in **mSv***** for each month for **this year** (current calendar year).
Mark with "N.A." if no dose has been received.

Month	Dose in mSv	Month	Dose in mSv
January		July	
February		August	
March		September	
April		October	
May		November	
June		December	

I hereby confirm that the information given is correct: The information given is confirmed by the employer:

5	Date:	Date:
	Signature:	Signature:
	Name in block letters:	Name in block letters:

Main Entrance comment:

If questions about this form, contact the Dosimetry office at Forsmarks Kraftgrupp AB.
Email: dosimentrin@vattenfall.com
Phone: +46 173 81190

DOSE REPORT

- 1. Have you received any radiation dose this year while working at a nuclear facility in Sweden?**
(From January 1st until today.)
- 2. Have you received any radiation dose this year from another type of facility in Sweden where ionizing radiation is present?**
(For example, in healthcare, laboratory work, or non destructive testing.)
- 3. Have you received any radiation dose outside of Sweden at a nuclear facility or any other facility** where ionizing radiation is present?**
- 4. If you answered “YES” to question 2 or 3, you must report the radiation doses you have received this year.**
(From January 1st until today's date). Fill in the dose for each month and provide documents that confirm your stated doses.
EU citizens: must show their dose passport.
Non EU citizens: must present a dose passport, a report from a national dose register or the nuclear facility.
- 5. By signing the form, you confirm that the information you have provided is correct and that you understand the questions.**
If you cannot present a dose passport from your national dose register — for example, if you live and work permanently in Sweden and have no foreign doses — your employer must confirm that the information you provide is accurate.

***Nuclear facilities in Sweden:**

Forsmarks NPP, Oskarshamns NPP, Ringhals NPP, Barsebäcks NPP, Ågestaverket, AB Svafo, Cyclife Sweden AB, SKB (SFR), Studsvik Nuclear AB, Westinghouse, Wesdyne.

*** Facilities such as hospitals, laboratories or other facilities.*

****Translation Rem to mSv:*

1 Rem	1000 mRem	10 mSv
0,1 Rem	100 mRem	1,0 mSv
0,01 Rem	10 mRem	0,1 mSv
0,001 Rem	1 mRem	0,01 mSv