

Doses received outside the Swedish nuclear facilities

Name: _____

Date of birth (year, month, date): _____

Company/Employer: _____

Fill in the effective dose (**E**) received until today's date in **mSv** per month during the current year (If the dose isn't available then the estimated dose (**Hp(d)**) from for example the electronic dosimeter shall be filled in).

Month	E (mSv)	Hp(d) (mSv)	Comments
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			

Fill in the effective (**E**) yearly doses in **mSv** for the previous 4 years
(If the yearly dose contains estimated dose (**Hp(d)**) it should be separated)

Year	E(mSv)	Hp(d) (mSv)	Comments
Year 1:			
Year 2:			
Year 3:			
Year 4:			

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

1 Sv = 100 Rem

I hereby ensure that the information I have given is correct:

Date: _____ Sign: _____