

DATE:

NVLAP LAB CODE:

**IONIZING RADIATION DOSIMETRY
PROGRAM-SPECIFIC APPLICATION**

PART 1: PROCESSING EQUIPMENT USED

Indicate the type/model of equipment used by completing the following table. 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.

EQUIPMENT USED				
TLD Reader				
Automatic				
Manual				
Processing Type	Whole			
	Extremity			
Reader	Model No.			
	Manufacturer			
TLD	Model No.			
	Manufacturer			
Film Type				
Densitometer	Model No.			
	Manufacturer			
Processing Type	Whole			
	Extremity			
Electronic Dosimeter				
Manufacturer				
Model No.				
Reader/Interface Type				
Processing Type	Whole			
	Extremity			
Other Processing Devices (For example, Track Etch)				

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PART 2: DOSIMETER DESCRIPTIONS

Provide 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). Please include complete manufacturer's model numbers for all components, as applicable, and indicate if a component is custom-made or designed. Identify which processing equipment is used for each dosimeter. Use additional sheets as necessary and attach to this application.

PART 3: DOSIMETER AND TEST CATEGORY SELECTION SHEETS (WHOLE BODY AND EXTREMITY)

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.

For information about proficiency testing, please refer to the *Instructions for Participating in Proficiency Testing for Whole Body, Electronic and Extremity Dosimeters* available from the NVLAP web site www.nist.gov/nvlap on the Print NVLAP Application Forms page.

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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**DOSIMETER AND TEST CATEGORY SELECTION SHEET
WHOLE BODY DOSIMETERS ***

Radiation Test Category	A Dosimeter Model Designation								B Total Dosimeter Models Per Category
IA									
IB									
IC									
IIA									
IIB									
IIC									
IID									
IIIA									
IIIB									
IIIC									
IIID									
IV									
VA									
VB									
VC									

* Proficiency testing for whole body dosimeters, including TLD, Film, and Electronic Dosimeters. See ANSI N13.11-2009 standard for additional information on categories, energy ranges and tolerance limits.

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**DOSIMETER AND TEST CATEGORY SELECTION SHEET
EXTREMITY DOSIMETERS**

Radiation Test Category	A Dosimeter Model Designation								B Total Dosimeter Models Per Category
IA									
IB									
IC									
IIA									
IIB									
IIC									
IID									
IIIA									
IIIB									
IIIC									
IIID									
IVA									
IVB									