**Approved by,**

Head of Inspection Centre Type C - Personal Dosimetry Control Centre ……………

(surname, signature, date)

REPORT

on the radiation exposure of the staff of: ………………………………………………………………………………... as at: ………………..

/name of the external organisation/

in connection with the Contract/Order No. ………………..………………..……………….. / ……………….... ...

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| **No.** | **Name, middle name, surname** | **Personal identity number** | **Total dose for the previous four years (mSv)** | **Dose for the current calendar year received outside the Controlled area of Kozloduy NPP (mSv)** | **Permitted total dose in compliance with the limits of RRP-2018 (mSv)** |
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| Prepared by: …………………/……..………/………..  (surname, signature, date) | Radiation Protection responsible person in the EO under Order No. …………… / ……… :  ……………….……/………............/.....................  (surname, signature, date) |