

logo	RADIATION WORK PERMIT	HES Doc Form
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No. Izin Kerja / Work Permit No.:		Tanggal / Date:	
Company:			
Detail Pekerjaan / Details of Work:			
Lokasi Kerja / Location of Work:			
Deskripsi Kerja / Description of Hazards:			
Periode Kerja / Work Period From:		Jam/hrs, tgl/Date	To Jam/hrs, Tgl/Date:
Izin Lain Yang Dibutuhkan / Other Permit Required:			
Daftar pekerja yang akan melakukan pekerjaan / Details of workers carrying out Work :			
Nama / Name	No. ID/ ID No.	Jabatan / Occupation	Keterangan / Remarks
Detail sumber radiasi / Detail of Radiation Source :			
Perlengkapan X-ray / X-ray apparatus : (kv)		Tegangan maksimal tabung / Max tube voltage	
Tipe Penyegel Sumber / Sealed source type:		Kekuatan / strength: curies	
No. Seri / Serial No:			
Pemeriksaan Keselamatan / Safety Checks			
<ul style="list-style-type: none"> • Area radiasi di barikade / Radiation areas barricaded • Tanda peringatan dipasang / Caution notice posted • Lingkaran area radiasi dimonitor / Radiation area boundaries monitored • Lampu peringatan dll dipasang / Warning lights etc. positioned • Alat ukur radiasi diperiksa dan dikalibrasi / Rad. meters checked & calibrated • Peralatan penanganan jarak jauh diperiksa / Remote handling equip. checked • Kontainer sumber tertutup diperiksa / Sealed source container checked • Pencegahan lain yang diperlukan / Other Necessary Precautions 			
Supervisor	Hes Officer	Site Manager	HES Cont. Manager
Name:	Name:	Name:	Name: