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**RADIATION PROTECTION AUTHORITY OF ZIMBABWE**  
RADIATION PROTECTION ACT [CHAPTER 15:15]

Instructions: (i) Provide ALL the requested information

**APPLICATION FOR PERSONAL MONITORING DEVICES (DOSIMETER BADGES)**

**1. FACILITY DETAILS**

- a) Name :
- b) Physical address :
- c) Phone Number :
- d) Principal business activity :
- e) Radiation Safety Officer :

**2. DETAILS OF WORKERS REQUIRING PERSONAL MONITORING**

*Instructions: Make a copy this page before you fill if the space is not enough.*

Name	Date of Birth	I.D Number	Occupation	Gender

**DECLARATION**

I [redacted] (*Radiation Safety Officer*) certify that all the information given herein is true and correct to the best of my knowledge.

Signature \_\_\_\_\_ Date [redacted]