



Dosimetry Service Agreement

National Dosimetry Services

NDS USE ONLY

Application Number: _____ Service ID: _____ Service Frequency: _____ Class Queue: _____

Dosimeter Type: _____ Assigned By: _____ Date: _____

Assigned To: _____ Financial Review (CSR), N/A : _____ Date: _____

Group Number: _____ Manager Review, N/A : _____ Date: _____

Client information & dosimeter mailing address

Name of organization: _____ Department: _____

Address: _____ City, Province: _____

Postal code: _____ Contact person: _____ Tel: _____

Fax: _____ Company Email: _____ [Business Identification No.](#) _____
Issued by the CRA

Note: If you would like your exposure report and /or financial correspondence mailed to a separate address and/or contact person, please attach this information to the Dosimetry Service Agreement.

Administrative information

Has your organization previously used our service? Yes No If "Yes", please indicate the group number: _____

Are you completing this service agreement in order to set up a pregnancy service? Yes No

If "Yes", existing group number: _____

Does your organization belong to the federal government? Yes No If "Yes", Organization #: _____ Ref. #: _____

Technical information

Group classification: Please select the industry that best describes your line of work

_____ Other - please specify: _____

Radiation source: Please select the radiation source used in your organization

X-ray Please state the operating voltage (kV), and its principal application Voltage kV: _____

Radioisotope Please provide a representative list of radioisotopes, their approximate activities and usage (max use/month)

Radioisotopes: _____ Becquerel (Bq): _____ Curie (Ci): _____

Who regulates the use of your radiation source? _____

Other or Multiple - please specify: _____

Product & service information

Product: Please select the type of product you would like

Whole Body Dosimeter

Wrist Dosimeter

Neutron Dosimeter

Head & Neck Dosimeter

Ring Dosimeter

Electronic Personal Dosimeter (EPD)

Dosimeter requirements: Please specify the number of dosimeters you require

of dosimeter users: _____ + # spare dosimeters: _____ = Total # of dosimeters required: _____

Note: To add dosimeter users to your group, please complete the “New Users’ Registration Form” in Appendix A.

Account Activity Reports (i.e. your billing statement):

If you would like to receive your Account Activity Reports via e-mail instead of letter mail, please complete the “Electronic Billing Registration Form” found in Appendix C.

Acknowledgement

I understand and agree to comply with all “Terms and Conditions” as stipulated in Appendix B of this service agreement.

Name and title (please print): _____ Signature: _____ Date: _____

Name and title (please print): _____ Signature: _____ Date: _____

Note: Signee(s) should be the individual(s) taking financial responsibility for the account.

Submission

Once complete, please send your Dosimetry Service Agreement to NDS using one of the options below:

1. Email: nds-snd@hc-sc.gc.ca

Note: The information submitted using the above email address will be processed by Computer-Talk, a third party routing application used to support the Call Centre's workflow. For information on how the third party handles your information, please visit Computer-Talk's Privacy Policy at <https://www.computer-talk.com/privacy-policy>.

2. Fax: 1-800-252-6272

3. Mail: National Dosimetry Services, 775 Brookfield Road, Postal Locator 6301D, Ottawa, Ontario, K1A 1C1

Please allow 5-10 business days for processing and shipping of your first set of dosimeters.

Appendix A

New Users' Registration Form

Failure to provide all required information will result in the user not being registered and records not being sent to the National Dose Registry (NDR). Please provide the user's full legal name (no nicknames, initials or short-forms).

Social insurance number	Surname	First & second given names	Date of birth (YYYY-MM-DD)	Gender M/F/X	Province of birth (Country if outside of Canada)	Job classification code (Please see the following page for a list of codes)	Wearing location

Gender: M = Male, F = Female, X = Another Gender

Job classification codes

Administrator	0001	Janitorial Staff	0070	Security	0320
Aircrew	0410	Laboratory Technician (Industrial)	0043	Speech Pathologist	0028
Astronaut	0420	Laboratory Technician (Medical)	0013	Student	0072
Chiropractor	0010	Medical Physicist	0014	Tradesman	0300
Chiropractor Assistant	0101	Medical Radiation Technologist	0017	Veterinarian	0021
Dentist	0011	Nuclear Medicine Technologist	0024	Veterinary Technician	0211
Dental Assistant	0026	Nurse	0015	Visitor	0073
Dental Hygienist	0025	Orderly/Ward Aid	0022	Petroleum Well Logger	0044
Dental Therapist/Nurse	0027	Office Staff	0002	Electrician (U-mine)	0640
Dial Painter	0040	Other (Administration)	0004	Mill Maintenance (U-mine)	0680
Fuel Processor	0049	Other (Industrial)	0048	Mill Worker (U-mine)	0690
Fuel Processor- Production	0050	Other (Medical)	0023	Nurse (U-mine)	0615
Fuel Processor- Maintenance	0051	Other (Miscellaneous)	0074	Office Staff (U-mine)	0604
Fuel Processor- Technical Support	0052	Physician	0016	Surface Maintenance (U-mine)	0670
Fuel Processor- Administration	0053	Radiation Therapist	0018	Surface Miner (U-mine)	0650
Ground Transportation	0310	Radiologist (Diagnostic)	0019	Surface Personnel (U-mine)	0602
Gynecologist	0012	Radiologist (Therapeutic)	0020	Surface Support Worker (U-mine)	0660
Industrial Radiographer	0045	Safety Officer	0003	Support Worker (U-mine)	0620
Inspector	0075	Salesperson	0071	Underground Maintenance (U-mine)	0630
Instructor (Non-medical)	0041	Scientist/Engineer (Field)	0046	Underground Miner (U-mine)	0610
Instrument Technician	0042	Scientist/Engineer (Lab)	0047	Underground Personnel (U-mine)	0601
				Visitor (U-mine)	0603

Appendix B

Terms & Conditions

1.0. Purpose

The purpose of this Agreement is to record the arrangement between the Parties, whereby the National Dosimetry Services will supply dosimeters to the Client in order to monitor the occupational radiation exposures of its employees or agents.

2.0. Term

This Agreement will commence upon receipt of the properly completed dosimetry service agreement. The service shall remain in effect until written cancellation is received by the National Dosimetry Services. Any request, by the Client to cancel, must be received no later than 30 days prior to the next wearing schedule, if registered under the quarterly service, and 20 days prior, if registered under the semi-monthly or monthly service otherwise, any processing/handling charges incurred will be charged to and payable by the Client.

2.1. Interest on overdue accounts receivables

Interest will be applied to overdue amounts and is calculated and compounded monthly at the average Bank of Canada discount rate of the previous month plus 3%; and accrues during the period beginning on the payment due date and ending on the day before the day on which payment is received by the department.

3.0. Roles and responsibilities of the National Dosimetry Services

- 3.1 The National Dosimetry Services will supply the Client with the necessary number and type of dosimeters as specified in the "Product and Service Information" section of the Dosimetry Service Agreement.
- 3.2 The National Dosimetry Services will test every dosimeter prior to forwarding the dosimeters to the Client, to ensure proper operation of each dosimeter provided.
- 3.3 The National Dosimetry Services collects, discloses, uses, and processes personal information to submit and update personal records contained in the National Dose Registry as per RegDoc 2.7.2, Dosimetry, Volume II. This regulatory activity ensures that the data to be transmitted to the National Dose Registry is in an acceptable format.
- 3.4 The regulatory documents permitting the National Dosimetry Services to request individual's social insurance number are listed below, as per the Canadian Nuclear Safety Commission and Provincial Radiation Dosimetry Review Committee regulatory standards.
 - June 7, 1988 cabinet decision authorizing the National Dose Registry to collect the social insurance number for those occupationally exposed to radiation.
 - RegDoc 2.7.2, Dosimetry, Volume II: Technical and Management System Requirements for Dosimetry Services, Appendix I
 - Canadian Nuclear Safety Commission, Radiation Protection Regulations, Sections 9 and 10.

Further details are set out on the web-site of the Office of the Privacy Commissioner of Canada at:

<https://www.priv.gc.ca/en/>.

- 3.5 The National Dosimetry Services and the Government of Canada are committed to respecting the personal privacy of people who are in need of personal lifelong occupational monitoring for ionizing radiation.

Any information collected is disclosed only to the National Dosimetry Services' employees and other officials who need it to process records to update the National Dose Registry, according to any of the legislation by which the National Dosimetry Services is governed. The National Dosimetry Services does not create individual profiles from the information that users provide. As well, the National Dosimetry Services does not disclose the information to any party inside or outside the federal government unless authorized by law.

4.0. Roles and Responsibilities of the Client

- 4.1 The Client will ensure that this Agreement is signed by those of its representatives who are authorised to accept responsibility for payment to the National Dosimetry Services for the dosimetry services provided.
- 4.2 The Client agrees to return all dosimeters to the National Dosimetry Services following the end of the scheduled wearing period, even if they have not been used. If the Client fails to return a dosimeter at the end of the wearing period, late fees will be applicable as outlined in the National Dosimetry Services' Products, Services and Fee Schedule.

5.0. Assignment

This Agreement shall not be assigned in whole or in part by either Party without the prior written consent of the other Party, and any assignment made without such consent shall be void and of no effect.

6.0. Applicable Law

This Agreement shall be governed by and construed in accordance with the laws of the Province of Ontario.

7.0. Entire Agreement

This Agreement constitutes the entire Agreement between the Parties with respect to the provision of dosimeters and supersedes all previous negotiations, communications and other agreements relating to it, unless they are incorporated by reference herein.

8.0. Amendments

The Parties agree that this Agreement shall not be altered or amended without the written mutual consent of both the National Dosimetry Services and the Client.

Appendix C

Electronic Billing Registration Form

If you would like to receive your Account Activity Reports (i.e. your billing statements) via e-mail instead of letter mail, please complete the information below.

E-Billing registration information:

1. Group number: _____

2. E-mail address used for E-Billing (Limit 1 address per group):

3. Name and signature of authorised representative:

Name: _____

Signature: _____

Title: _____

Date: _____

By signing this document you agree with the E-Billing Terms and Conditions listed be below.

Notes:

- a. Your E-Bill will be sent by an automated e-mail system: *Statement-HC / Etat de compte-SC< firms.estatement-ereleve.sagir@hc-sc.gc.ca> On behalf of; Health Canada-Statement / État de compte-Santé Canada.*
- b. The e-mail subject line will be as follows: "EB Account statement attached (Your Group Number) 802".
- c. Due to automated junk mail filtering, it may potentially be directed into your "Junk Email" folder if it is the first time you are receiving email from this address. Please set up your junk mail/spam filters accordingly to ensure you receive your electronic Account Activity Report (statement) in your "Inbox".

Terms & Conditions:

1. The client acknowledges that upon submission of this form, NDS will transmit the Account Activity Reports (AAR) via e-mail only; no paper copy will be mailed. The electronic AAR will serve as the original copy.
2. It is the client's responsibility to inform NDS of any changes/updates to the e-mail address used for E-Billing.
3. The client acknowledges to have received each AAR unless NDS receives a notification that the e-mail did not reach its intended recipient.
4. NDS does not accept any liability for any errors or omissions in the email address provided by the client. NDS does not accept any liability for information not delivered to, or intercepted by a third party unintended recipient.