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| **ANNEX A****IAEA QUESTIONNAIRE ON OCCUPATIONAL EXPOSURES TO NORM** **IN THE WATER SUPPLY AND TREATMENT INDUSTRY** **FOR REGULATORY BODY** |
| **General Information** |
| Name of the Regulatory Body: |  |
| Street address: |  |
| Post address: |  |
| City/Town: |  |
| Postal code: |  |
| County/State: |  |
| Country: |  |
| Telephone: |  |
| Fax: |  |
| E-mail address: |  |
| **Contact Point Information** |
| Name and Surname: |  |
| Title: |  |
| Job title or position: |  |
| Telephone: |  |
| Fax: |  |
| E-mail address: |  |
|  |  |
| I agree to include the data from the questionnaire to the IAEA Survey\* | e-signature/signature |
| \*All information will be treated as strictly confidential by the IAEA. Only anonymized and aggregated data will be made available. |

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| Exposures to radon[[1]](#footnote-1) in workplaces(please insert 🗸 where appropriate) |
|  | **Workplaces** | ***Remarks[[2]](#footnote-2)*** |
| **Mines** | **Other underground workplaces/caves** | **Industry workplaces/ water supply and treatment facilities** | **Offices, schools, day-care homes** |
| *Do you have national standards/reference levels for protection of workers from exposure to radon?* |  Yes No |  Yes No |  Yes No |  Yes No |  |
| *Please indicate the reference level you use for workplaces [Bqm-3 or Bqhm-3] (annual average radon concentration)* |  |  |  |  |  |
| *(a) Enforced*  |  |  |  |  |  |
| *(b) Advisory*  |  |  |  |  |  |
| *Do you enforce individual monitoring in workplaces?*  |  Yes No |  Yes No |  Yes No |  Yes No |  |
| *If yes, please indicate the criteria for individual monitoring* |  |  |  |  |  |
| *Do you enforce workplace monitoring in workplaces?* |  Yes No |  Yes No |  Yes No |  Yes No |  |
| *If yes, please indicate the criteria for workplace monitoring* |  |  |  |  |  |
| *Do you have any national arrangements for individual dose records (such as national dose registry) for those workers monitored in workplaces?* |  Yes No |  Yes No |  Yes No |  Yes No |  |
| Exposures to other natural radiation than radon(please insert 🗸 where appropriate) |
|  | **Workplaces** | ***Remarks[[3]](#footnote-3)*** |
| **Mines** | **Other underground workplaces/caves** | **Industry workplaces/ water supply and treatment facilities** | **Offices, schools, day-care homes** |
| *Do you have national standards/reference levels for protection of workers from exposure to other natural radiation than radon?* |  Yes No |  Yes No |  Yes No |  Yes No |  |
| *Please indicate the reference level you use for workplaces [mSv or mSv/y]* |  |  |  |  |  |
| (a) Enforced  |  |  |  |  |  |
| (b) Advisory  |  |  |  |  |  |
| *Do you enforce individual monitoring in workplaces?*  |  Yes No |  Yes No |  Yes No |  Yes No |  |
| *If yes, please indicate the criteria for individual monitoring* |  |  |  |  |  |
| *Do you enforce workplace monitoring?* |  Yes No |  Yes No |  Yes No |  Yes No |  |
| *If yes, please indicate the criteria for workplace monitoring* |  |  |  |  |  |
| *Do you have any national arrangements for individual dose records (such as national dose registry) for those workers monitored in workplaces?* |  Yes No |  Yes No |  Yes No |  Yes No |  |

1. *For the purpose of IAEA safety standards, radon refers to 220Rn and 222Rn. However, for this survey, please indicate only 222Rn (radon) and its’ progeny*. [↑](#footnote-ref-1)
2. *If you have any remarks on this topic, or if you would like to provide more details about the topic, please use the following box to insert them.* [↑](#footnote-ref-2)
3. *If you have any remarks on this topic, or if you would like to provide more details about the topic, please use the following box to insert them.* [↑](#footnote-ref-3)