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| **Carte d’accompagnement pour déchet radioactif brut**  **Emballage (E)** | | | | | | | | | | | | | | | | | | | | Fournisseur Année No E | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Marquage de l’emballage | | | | | | | | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | | |  |  | | | |  | | |  | | |  | | | |  | | |  | | | |  | | |
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|  | | | | No. Autorisation OFSP | | | | | | | | | | | | | | | | | |  | | | |  | | | | **-** | |  | | | | |  | | | | |  | | | |  | | | ● | | | |  | | |  | | |  | | | | |
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| **Veuillez, s’il vous plaît, remplir le formulaire entièrement et le signer.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1** | Nom et adresse exacte de l’entreprise | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Entreprise: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Rue: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | NPA: | | | |  | | | | | | | | | | | | | | | | | | | Lieu: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **2** | Expert en radioprotection de l’entreprise | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Nom: | | | |  | | | | | | | | | | | | | | | | | | | Prénom: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **3** | Autorité de surveillance et secteur de travail | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Autorité de surveillance : | | | | | | | | | | | | | | | | | | | | | | Type de secteur de travail: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | OFSP  CNA  No CNA: | | | | | | | | | | | |  | | | | | | | | | | Type: A  B  C | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **4** | Indications concernant l’emballage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **4.1** | Volume de l’emballage [l]: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **4.2** | Indications concernant l’emballage intérieur (nombre EI): | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Activité α totale [Bq]: | | | | | | |  | | | | | | | | Activité β/γ totale [Bq]: | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | masse totale des EI [kg]: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **4.3** | Débit de dose maximal de l’emballage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | en surface [μSv/h]: | | | | | |  | | | | à 1 m de la surface [μSv/h]: | | | | | | | | | | | | | | | |  | | | | | | | | | | | date: | | | | |  | | | | | | | | signature: | | | | | | | | |  | | | |
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| **4.4** | Contamination de surface de l’emballage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | α [Bq/cm2]: | | | | |  | | | | | β/γ[Bq/cm2]: | | |  | | | | | | | | | | | | | date: | | | | | | | | | | | | | | | |  | | | | | | | | signature: | | | | | | | | |  | | | |
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| **5** | **Confirmation des indications fournies** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Le soussigné atteste l’exactitude de toutes les indications concernant le déchet radioactif brut figurant sur cette carte d’accompagnement. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Lieu: | |  | | | | | | | | | | | |  | | | Date: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | Timbre de l’entreprise: | | | | | | | | | | | | | | | | | Signature de l’expert en radioprotection | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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