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| **Begleitkarte für radioaktiven Rohabfall**  **Verpackung (VP)** | | | | | | | | | | | | Lieferant Jahr VP Nr. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | Kennzeichen an der Verpackung | | | | | | | | | | | | |  | | | |  | | |  | | |  | | |  | | |  | |  | |  | | |  | |  | |  | | |  | |  | | | |
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|  | | | | | BAG Bewilligungs-Nr. | | | | | | | | | | | | | | | | |  | | |  | | | **-** |  | | | |  | | | |  | |  | | | ● | |  | |  | | |  | | | | |
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|  | | | | | Neue BAG Bewilligungs-Nr. | | | | | | | | | | | | | | | | | A | | | **-** |  | | |  | | | |  | | | |  | |  | | | **-** | |  | |  | | |  | | | | |
| **Bitte Formular vollständig ausfüllen und unterzeichnen.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1** | **Name und genaue Adresse des Betriebes** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Betrieb: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Strasse: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | PLZ: | | |  | | | | | | | | | | | | | | | | | | | | Ort: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | Tel.: | | | / | | | | | Fax: | | | | / | | | | | | | | | | | E-Mail: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
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| **2** | Strahlenschutzsachverständiger des Betriebes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Name: | | |  | | | | | | | | | | | | | | | | | | | | Vorname: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | Tel.: | | | / | | | | | Fax: | | | | / | | | | | | | | | | | E-Mail: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
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| **3** | Aufsichtsbehörde und -bereich | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Aufsichtsbehörde: | | | | | | | | | | | | | | | | | | | | | | Arbeitsbereich: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | BAG  SUVA  SUVA-Nr.: | | | | | | | | | | | | |  | | | | | | | | | Typ: A  B  C | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **4** | Angaben zur Verpackung | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **4.1** | Volumen der Verpackung [l]: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **4.2** | Angaben zu den Innenverpackungen (Anzahl IV): | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Total α-Aktivität [Bq]: | | | | | | |  | | | | | | | Total β/γ-Aktivität [Bq]: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
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|  | Summe der Innenverpackungsmassen [kg]: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **4.3** | Maximale Dosisleistung an der Verpackung | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Oberfläche [μSv/h]: | | | | | |  | | | | 1 Meter ab Oberfläche [μSv/h]: | | | | | | | | | | | | | | | |  | | | | | | | | Datum: | | | | |  | | | | | | | Visum: | | | |  | | |
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| **4.4** | Oberflächenkontaminationszustand an der Verpackung | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | α [Bq/cm2]: | | | | |  | | | | | β/γ [Bq/cm2]: | | | | | |  | | | | | | | | | | | | | | | | | | Datum: | | | | |  | | | | | | | Visum: | | | |  | | |
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| **5** | **Bestätigung der Angaben** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Der Unterzeichner bestätigt die Richtigkeit aller in dieser Begleitkarte zum radioaktiven Rohabfall gemachten Angaben. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Ort: | |  | | | | | | | | | | | | |  | | | | | Datum: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | Firmenstempel: | | | | | | | | | | | | | | | | | | | | Unterschrift des Strahlenschutzsachverständigen: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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