



UNIVERSITY RADIATION SAFETY OFFICE

DOSIMETRY ISSUANCE

ORDER FORM FOR RADIATION DOSIMETER: Return to: Radiation Safety Officer, 104 Health Sciences Bldg.

Personal Information

Title: Last Name: First Name: M.I.:

Gender: Date of Birth: \*Last four digits of SSN: XX-XXX-

\*If you do not have a social security number, list another type of personal identification:

Type: Number:

U.ID Number:

Permanent Mailing Address

Address line 1: Apt/P.O. Box:

City: State: ZIP code:

Campus Information

Campus Phone No.: E-mail Address:

Authorized User/Facility Coordinator/Faculty User:

Department:

Have you been issued a dosimeter (radiation monitoring badge) before? Yes No

If yes, please indicate the institution, address (including city and state), and dates of monitoring. The Radiation Safety Office will request your dose history from these institutions.

Table with 3 columns: Dates of Monitoring, Name of Institution, Mailing Address

Radioisotopes you will be using: Approximate activity with each use:

Radiation-Generating Equipment you will be using:

Do you need a finger ring for monitoring radiation exposure (required for 1 millicurie use of 32P):

Yes Ring size: No