# University of Pittsburgh Radiation Safety Office

**3500 5th AVE SUITE 400**
**E-Mail: radsafe@pitt.edu Phone: 412-624-2728 Fax: 412-624-8205**

## Request for Personal Monitoring Dosimeter

**Confidential: Personal information will be used for the purpose of obtaining dosimetry only**

*Please print clearly - The bold box below is **REQUIRED** information*

| Last: | First: | M.I.: | Date of Birth: | Sex: |
|---|---|---|---|---|
| | | | | |

| Office Address (Room & Building): | Telephone: |
|---|---|
| | |

| PITT/UPMC Email Address: | Position: |
|---|---|
| | |

| Supervisor / Authorized User: | Department: |
|---|---|
| | |

Expected radiation work: **Check all that apply**

| | | |
|---|---|---|
| □ Diagnostic x-ray | □ Isotope Research | □ Nursing |
| □ Analytical/Research X-ray | □ Radiation Oncology | □ Nuclear Medicine/PET |
| □ Other _____ | | |

**Occupational External Radiation Exposure History**
**Current year exposure history:**

□ I have **not** been monitored for radiation exposure during the current year.

□ I have been monitored for Radiation exposure at the following Institution(s) during the current year:

Institution(s): _____ Contact Name, Email/ Phone Number: _____

_____ _____

- During my employment the University of Pittsburgh Radiation Safety program, I authorize previous and concurrent employers to provide my radiation exposure history to the Radiation Safety Office.

Signature: _____ Date: _____

**FOR OFFICE USE ONLY**

Dosimeter(s) Assigned

☐ Collar (P13) ☐ Chest - Whole Body (P1) ☐ Right Hand (S3) ☐ Left Hand (S4) ☐ Fetal (P8) ☐ Neutron (Z1)

| | Participant # | Temp # | Type | Badge Acct # | Series | Badge Start Date | Badge Termination Date |
|---|---|---|---|---|---|---|---|
| Badge | | | | | | | |
| Ring | | | | | | | |
| Transfer | | | | | | | |
| Fetal | | | | | | | |

| RSO Training Date: Type of Training: | HP Approval: |
|---|---|
| | |

Comments: