

University of Pittsburgh Radiation Safety Office

G-7 Parran Hall

E-Mail: radsafe@pitt.edu Phone: 412-624-2728 Fax: 412-624-3562

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*

<u>Last:</u>	<u>First:</u>	<u>M.I.:</u>	<u>Date of Birth:</u>	<u>Sex:</u>
<u>Office Address (Room & Building):</u>			<u>Telephone:</u>	
<u>Email Address:</u>		<u>Position:</u>		
<u>Supervisor / Authorized User:</u>		<u>Department:</u>		
Expected radiation work: Check all that apply				
<input type="checkbox"/> Diagnostic x-ray	<input type="checkbox"/> Isotope Research	<input type="checkbox"/> Nursing		
<input type="checkbox"/> Analytical/Research X-ray	<input type="checkbox"/> Radiation Oncology	<input type="checkbox"/> Nuclear Medicine/PET		
<input type="checkbox"/> 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							
<input type="checkbox"/> Collar (P13) <input type="checkbox"/> Chest - Whole Body (P1) <input type="checkbox"/> Right Hand (S3) <input type="checkbox"/> Left Hand (S4) <input type="checkbox"/> Fetal (P8) <input type="checkbox"/> 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:							