

**University of Pittsburgh Radiation Safety Office**

G-7 Parran Hall

E-Mail: [radsafe@pitt.edu](mailto: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 &amp; Building):</u>			<u>Telephone:</u>	
<u>Email Address:</u>		<u>Position:</u>		
<u>Supervisor / Authorized User:</u>		<u>Department:</u>		
<b>Expected radiation work: Check all that apply</b>				
<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**

<u>Dosimeter(s) Assigned</u>							
<input type="checkbox"/> Collar (P13) <input type="checkbox"/> Regular Whole Body (P1) <input type="checkbox"/> Right Hand (S4) <input type="checkbox"/> Left Hand (S3) <input type="checkbox"/> Fetal (P8) <input type="checkbox"/> Neutron (Z1)							
	<u>Participant #</u>	<u>Temp #</u>	<u>Type</u>	<u>Badge Acct #</u>	<u>Series</u>	<u>Badge Start Date</u>	<u>Badge Termination Date</u>
Badge							
Ring							
Transfer							
Fetal							
<u>RSO Training Date:</u>		<u>Type of Training:</u>			<u>HP Approval:</u>		
<u>Comments:</u>							