

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:	
Email Address:				Position:		
Supervisor / Authorized User:				Department:		
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:							