

UNIVERSITY OF PITTSBURGH RADIATION SAFETY OFFICE

G-7 Parran Hall

Phone: 624-2728

Fax: 624-3562

REQUEST FOR PERSONAL MONITORING DOSIMETER

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

First	Middle	Last	(Maiden)	Sex
Social Security No.			Date of Birth	
X X X - X -				
University/Hospital Mailing Address				Telephone
Department/Section		Position or Title		
Supervisor/Authorized User		Email		
Describe expected radiation work: List nuclides and activities or radiation producing machines				

OCCUPATIONAL EXTERNAL RADIATION EXPOSURE HISTORY

CURRENT YEAR EXPOSURE HISTORY

- I have not been monitored for radiation exposure during the current year.
- A copy of my termination report(s) or current year dosimetry report(s) is attached.

LIST ALL EMPLOYMENT DURING THE CURRENT CALENDAR YEAR INVOLVING RADIATION EXPOSURE FOR WHICH YOU WERE MONITORED.

LIST NAME, ADDRESS AND TELEPHONE NUMBER OF EMPLOYER	PERIODS OF EXPOSURE

CERTIFICATION

- I CERTIFY THAT THE EXPOSURE HISTORY LISTED ABOVE IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.
- DURING MY EMPLOYMENT UNDER THE UNIVERSITY OF PITTSBURGH RADIATION SAFETY PROGRAM, I AUTHORIZE OTHER EMPLOYERS TO PROVIDE MY RADIATION EXPOSURE HISTORY TO THE RADIATION SAFETY OFFICE.
- I HEREBY AUTHORIZE THE UNIVERSITY OF PITTSBURGH RADIATION SAFETY OFFICER TO RECEIVE A SUMMARY REPORT OF MY PERTINENT PREVIOUS OCCUPATIONAL RADIATION EXPOSURE DATA..

Signature

Date

DO NOT WRITE IN THE FOLLOWING BLOCK--FOR RADIATION SAFETY OFFICE USE ONLY

DOSIMETER(S) ASSIGNED

COLLAR (P13)

REGULAR WHOLE BODY (P1)

RIGHT HAND (U3)

LEFT HAND
RING (U4)

NEUTRON (Z1)

UNDER APRON OR OTHER
WHOLE BODY

Participant No.	Type	Badge Account No.	Series	Badge Start Date	Badge Termination Date

RSO TRAINING DATE:

APPROVAL:

COMMENTS:

Applicant's work does not require issuance of dosimetry under NRC or DEP regulations.