

University of the Sciences in Philadelphia
Environmental Health and Radiation Safety (EHRS) Department
600 South 43rd Street
Philadelphia, Pa. 19104

RADIATION DOSIMETER BADGE REQUEST FORM

Date of Request: _____

Exact Job Title: _____

Department: _____

Name: _____ **Ext. #** _____

SS#: _____ **Date of Birth:** _____

Radionuclides that will be used _____

Primary laboratory exposure occurs in: Bldg., _____ **Room #** _____

Ring Size: (if applicable) (s,m,l) _____ **Right Handed:** _____

Left Handed : _____

Supervisor's Name : _____

(For Radiation Safety Office Use Only)

DEVICE: # _____ **TYPE** _____ **DATE ORDERED:** _____

TEMPORARY DEVICE: # _____ **TYPE** _____ **DATE ISSUED:** _____

SIGNATURE OF ISSUER: _____ **DATE** _____

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OCCUPATIONAL EXPOSURE HISTORY

Were you monitored for radiation exposure at your previous job or educational institution?
YES _____ NO _____

If yes, complete and sign the below form.

Name: _____

SS #: _____

Date of Birth: _____

Your Previous Job Title: _____

Dates of your monitoring period:

From _____ To _____

Name and Address of Previous Employer(s):

I was monitored for radiation exposure at your institution during the period of time indicated above. Please forward my cumulative records to the address below. In accordance with U.S. NRC Regulations 10 CFR part 19, I hereby authorize the release of my occupational exposure records to the University of the Sciences in Philadelphia.

Signature of Employee

SEND EXPOSURE REPORT TO:

University of the Sciences in Philadelphia
Department of Safety and Radiation Safety
600 South 43rd Street
Philadelphia, Pa. 19104
Attn: R. Siegel, Radiation Safety Officer