Directions

Complete this form by entering the information requested.

Email or mail through interoffice mail to:

Radiation Safety

\_RadSafe-Dosimetry@mcw.edu

FMLH/MCW

414-805-6540

Radiation Dosimeter Application

Research

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| --- | --- | --- |
| Applicant Information | | |
| Date: | | |
| Name (first, last): | | |
| Email (work): | | Phone (work): |
| SSN (1st 5 digits):  Note: If you do not wish to use a SSN, please contact your RSO | | Date of Birth: |
| Sex: |
| Employment | | |
| Employer: Choose an item. | Other: | |
| Employment Type: Choose an item. | If Temporary, how long? | |
| Department: | Authorized User (PI): | |
| Position: | Type of radiation/radioactive material: | |
| Location (Where exposure is received) | | |
| Building: Choose an item. | | If Other, Please Specify: |
| Room: | | Phone: |
| Occupational Radiation Exposure History | | |
| If you are currently assigned a dosimeter (i.e. OSL, TLD, film badge) at another facility or have been in the last calendar year, please provide the information below:   |  |  |  |  | | --- | --- | --- | --- | | Dates you were monitored: | | Facility | Address | | Start | End | | Month/Year | Month/Year | Facility: | Address: | | Department: | Position: | | Month/Year | Month/Year | Facility: | Address: | | department: | Position: |   I,      , give permission to Radiation Safety to collect my radiation safety exposure history on my behalf. | | |
| Certification | | |
| Individuals working with radiation have certain rights and responsibilities described in state and federal regulations. These regulations are available at the Office of Radiation Safety FMLH Pavilion, Room L760B or MCW MEB 0760. You should familiarize yourself with the provisions that apply to your involvement with radiation. If you have questions or concerns, contact the Office of Radiation Safety at 805-6540 (FMLH) or 955-4347 (MCW).  I have read and understand the Certification statement. | | |
| NOTE: If you are pregnant or trying to become pregnant, it is important to speak with your RSO regarding fetal monitoring and declaration of pregnancy. All monitoring is done in strict confidentiality. | | |
| Please do not write in this space   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Acct | Series | Type | Badge no. | From | Thru | Comments | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | | | |