

UNIVERSITY OF ARKANSAS

PERSONNEL DOSIMETER REQUEST AND RADIATION EXPOSURE HISTORY

| | | | |
|--|------------------------|--|--|
| 1. Name (Please print - Last name, First name, MI) | | 2. Social Security Number | |
| 3. Date of Birth | 4. Age (in full years) | 5. Gender (circle one) Male Female | |
| 6. HOME address: | | | |
| 7. WORK Telephone No. | | | |

| | | |
|---|-----------------------|----------------------------|
| 8. Name of Department AND Authorized User | | |
| 9. Type of radiation to be monitored | X-rays | Specify type of equipment: |
| | Radioactive Materials | Specify radioisotopes: |
| | Other | Specify: |
| 10. Have you been issued a badge previously (Circle one) Yes No | | |

| 11. PREVIOUS EMPLOYEMENT INVOLVING RADIATION EXPOSURE, ONLY IF ISSUED A BADGE THERE! | | |
|---|---|--|
| Name AND Complete Mailing Address of Employer | Dates of Employment (From M/Y – To M/Y) | Period of Exposure (From M/Y – To M/Y) |
| | | |
| | | |

CERTIFICATION

I certify that the exposure history listed in Section 11 of this form is correct and complete to the best of my knowledge and belief.

Signature of Employee: _____

Date: _____

RSO USE ONLY (Please do not write below this line.)

| Series | Frequency | Badge Type(s) | First Wear Date | ICN REQUEST | Initials | Date |
|--------------|-----------|---------------|-----------------|---------------------|----------|------|
| | M Q | | | Online Telephone | | |
| RSO COMMENTS | | | | | | |

Please return this form to:
 University of Arkansas
 Office of Environmental Health & Safety
 Radiation Safety Office
 521 S. Razorback Road, Fayetteville, AR-72701
 (479) 575-3379 (Office), (479)575-6474 (Fax)

Note: Items 1-11 must be completed before a dosimetry badge will be issued.