



Dosimeter Request Form

STUDENT _____ FACULTY _____ STAFF _____ VISITOR _____

Wearer's Name: _____
Last First Middle Initial

Address: _____

E-mail _____ Phone: _____

SSN or RIN: _____ Date of Birth: _____ Sex(M/F): _____

Lab/Room: _____ Supervisor/PI: _____

Ring Size (S/M/L): _____

Have you previously been monitored for radiation exposure: Yes ___; No ___

If "yes" , give company, location, and dates of monitoring. You will need to complete a "request for radiation monitoring history for each location.

<u>Dates Monitored</u>	<u>Company</u>	<u>Address</u>

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EHS & RM Use

Badge Type:
35 or 36 (TLD/CR39) _____ Ring _____

Badge Service Approved By: _____ Date: _____