

Dosimeter (Radiation Badge) Request Form

Name: Last _____ First _____ Middle _____

Date of Birth: _____ SSN or URI ID #: _____ Sex (M/F): _____

Department: _____ Office Phone #: _____ AU: _____

I have an exposure history from previous use: Yes _____ No _____

I will work with radioactive material: _____ I will work with x-ray equipment: _____

I completed URI applicable Radiation Safety Training successfully: Yes _____ No _____
(Applicable Radiation Safety Course must be successfully completed before issuing dosimeters)

Badge Type: Whole Body _____ Ring _____ Other _____

Radiation badges are generally only issued to radiation workers likely to receive 1/10 of the maximum permissible exposure limits per the Rhode Island Department of Health Radiation Control Program Regulations. In addition, there are additional regulations and rights for personnel that are pregnant. However, to invoke these rights the person must voluntarily declare the pregnancy in writing to the Radiation Safety Officer, see R23-1.3-RAD A.0 and A.2.10 or the Radiation Safety Manual. Please read the Personnel Monitoring Guidelines found in the Radioactive Material Safety Manual located via the Internet at <http://www.uri.edu/radiation>

By signing below, I acknowledge and understand that the dosimeters must be stored in a safe place from radiation and am responsible for not losing the dosimeters.

Signature of Radiation Worker

Date

Signature of Authorized User

Date

This form must be returned to the Radiation Safety Office upon completion.

Radiation Safety Only

Date Issued: _____ Group: _____ Participant #: _____