



ENVIRONMENTAL HEALTH & SAFETY

The University of Alabama at Birmingham

Application for Radiation Monitoring Device

PLEASE PRINT LEGIBLY

Name: _____
Last First Middle/Maiden

Blazer ID: _____

Date of Birth: _____
(MM/DD/YYYY)

Gender: _____

Departmental Series Code: _____

TYPE OF RADIATION BEING MONITORED:

___ X-ray equipment Specify type of equipment: _____

___ Radioactive materials Specify radioisotopes: _____

___ Other Specify: _____

TYPE OF RADIATION MONITOR(S) REQUESTED:

- 1) ___ LUXEL®+ whole body
- 2) ___ TLD Ring
- 3) ___ Both (1 & 2)
- 4) ___ Neutron

SPECIFY WHERE THE RADIATION MONITOR(S) WILL BE WORN:

LUXEL®+ WHOLE BODY: ___ Chest ___ Collar ___ Waist

Finger: ___ Left ___ Right Ring Size: ___ S ___ M ___ L ___ XL

PLEASE NOTE: If you have been occupationally exposed to radiation at another institution and exposure records were maintained, please complete page 2 of this application.

Your signature below indicates that you guarantee that you will return all dosimeters supplied to you promptly for processing according to the Radiation Safety Badge Return Policy.

Applicant's Signature: _____ Date: _____

Environmental Health & Safety 445 Community Health Services Building 933 19 th Street South 205.934.2487 Fax 205.934.7487 uab.edu/ehs	Mailing Address: CH19 445 1720 2ND AVE S BIRMINGHAM AL 35294-2041
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RSP USE ONLY:	SERIES CODE: _____	PART# _____
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PAST RADIATION EXPOSURE DATA RELEASE FORM

I, _____, hereby authorize the release of my occupational radiation
 (please print name) exposure history to the University of Alabama at Birmingham/Radiation Safety Office.

PLEASE PRINT

Name of Institution

Address

 City State Zip code

Were you issued a personnel monitoring device? _____ Yes _____ No

If yes, name used on badge (maiden name, nickname, etc)

Period of Employment: From: _____ to _____

I hereby authorize the release of my radiation occupational exposure records to the University of Alabama at Birmingham, Birmingham, Alabama.

Employee Signature: _____ **Date:** _____

PLEASE RETURN COMPLETED FORM TO THE ADDRESS BELOW:

ATTN: ITELLA SMITH-SEPENU

Environmental Health & Safety	Mailing Address:
445 Community Health Services Building	CH19 445
933 19 th Street South	1720 2ND AVE S
205.934.2487	BIRMINGHAM AL 35294-2041
Fax 205.934.7487	
uab.edu/ehs	