

Application for Radiation Monitoring Device

PLEASE PRINT LEGIBLY

Name: _____
Last First Middle/Maiden

SS# or 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 the [Past Radiation Exposure Data Release Form](#).

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.