



ENVIRONMENTAL HEALTH & SAFETY

The University of Alabama at Birmingham

Application for Personal Radiation Monitoring Device/Radiation Dosimeter

Applicant Name:

Last

First

Middle/Maiden

Blazer ID: (if applicable)

Date of Birth:

Gender:

Departmental Series Code:

RADIATION EXPOSURE & MONITORING

X-Ray producing machine(s), please specify which:

Building(s)

Rooms

Radioactive Materials, please specify which isotopes:

Building (s)

Rooms

For dosimeter selection, please see instructions on the last page

Luxel®+ Pa (whole body)

Luxel®+ Ja (whole body)

Luxel®+ Ta (whole body)

Saturn®Ring (extremity)

Neutron

Luxel®+ Whole Body:

Collar

Chest

Waist

Other

Saturn®Ring Finger:

Left

Right

Ring Size

S

M

L

XL

If you have been occupationally exposed to ionizing radiation at another facility, and your exposure records were maintained, then please complete page 2 of this application.

Your signature expresses your agreement to comply with all UAB, State and Federal regulations pertaining to the personal radiation dosimeter that you have been issued.

For questions, please contact Ms. Itella Smith-Sepenu at (205) 934-7489 or at EHSDosimetry@uab.edu

Applicant's Signature

Date



ENVIRONMENTAL HEALTH & SAFETY

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For UAB Office of Radiation Safety use only: Series Code: Part #:

PAST RADITION EXPOSURE RELEASE FORM

(Please complete this form if you were previously issued a personal radiation monitor/dosimeter)

Name of Past or Previous Institution/Facility

Address of Institution/Facility

City

State

Zip Code

Period of Employment: From: Until

Please provide the name as shown on the badge:

I, , hereby authorize the release of my occupational radiation exposure history to the University of Alabama at Birmingham's Office of Radiation Safety.

Employee Signature: Date:

Please save before you submit

For questions, please contact:

Ms. Itella Smith-Sepenu at (205) 934-7489 or at irs@uab.edu

Cedric Harville at (205) 934-6214 or at charvill@uab.edu