

REQUEST FOR DOSIMETER SERVICE

The following information is necessary for initiation or rein-statement of Dosimeter Service at Missouri S&T: Areas with (*) are absolutely required. (Please Print or Type)

*Name _____ *Sex _____
Last First Middle (M/F)

*Social Security No _____ *Date of Birth _____

*Missouri S&T Department _____

*Faculty Researcher or Class Instructor _____

*State why you require a dosimeter (i.e. X-ray machine, Reactor) _____

*Date of Request _____

*Applicant
Signature _____

* State all institution(s), if any, where you have been **monitored** (i.e. film badge or dosimeter) for exposure from radiation or radioactive material.

Institution _____

Department _____

Address _____

Dates of Employment: From _____ To _____

****Use back of paper if necessary for additional institutions****

FOR RADIATION SAFETY OFFICE USE ONLY

Source of Radiation Exposure:

Radioactive Materials [] X-Ray [] Nuclear Reactor [] Accelerator []

Spare Badge Needed: Yes [] No []

Spare(if issued) Account _____ No _____ Period _____

Dates Worn: From _____ To _____

Badge Type: Beta, Gamma [] Beta, Gamma, Neut. [] Ring []

Date Issued: _____

Account No: _____

Badge No: _____

Badge Cancelled: _____