

University Of South Carolina Dosimetry Service Request

RADIATION SAFETY OFFICE USE ONLY:

ACCOUNT NO: _____ TEMPORARY DOSIMETRY TYPE: _____ NUMBER: _____

DATE OF SERVICE: _____ PERMANENT DOSIMETRY TYPE: _____ NUMBER: _____

I. NAME: _____ SEX: MALE FEMALE
LAST FIRST MIDDLE/MAIDEN

UofSC ID: _____ DATE OF BIRTH: _____ / _____ / _____
MM DD YY

LAST 4-DIGITS OF SOCIAL SECURITY NUMBER: _____

DEPARTMENT: _____ POSITION/TITLE: _____

PRINCIPLE INVESTIGATOR: _____ BLDG: _____ RM#: _____ PHONE: _____

DATE DOSIMETRY SERVICE NEEDED: _____ / _____ / _____

II. PLEASE LIST ALL RADIONUCLIDES, RADIONUCLIDE FORM (GAS, LIQUID, SOLID) AND TYPES OF EXPERIMENTS TO BE CONDUCTED. FOR X-RAY USERS, PLEASE LIST THE EQUIPMENT.

X-ray - Type of equipment using: _____

III. Statement of Training and Experience / Personal Concern

IF YOU HAVE NOT SUBMITTED A STATEMENT OF TRAINING AND EXPERIENCE STATEMENT; PLEASE PRINT AND COMPLETE A STATEMENT OF TRAINING AND EXPERIENCE FORM.

IF YOU ARE REQUESTING A DOSIMETER DUE TO PERSONAL CONCERN, PLEASE CHECK HERE:

FOR DOSIMETRY ISSUED FOR PERSONAL CONCERN, A UNIVERSITY RADIATION SAFETY STAFF MEMBER MUST CONSULT WITH YOU AND SIGN HERE: _____

IV. PREVIOUS AND/ OR DUAL EMPLOYMENT INVOLVING RADIATION EXPOSURE

(Use back of sheet if more than one. List previous employer and any dual employment with radiation exposure.):

A) Employer: _____

Street/P.O. Box: _____

City: _____ State: _____ Zip: _____

Department: _____ Date – From: _____ To: _____

B) Have you ever been assigned a badge at the University of South Carolina? YES NO

I hereby authorize the release of my occupational exposure records to the University of South Carolina.

Signed: _____ Date: _____ / _____ / _____