



# Environmental Health and Radiation Safety Radiation Safety Office

CLICK TO  
RESET FORM

## Radiation Worker and Dosimeter Request Form

### Personal Information

Fill out all fields for the personal information of the radiation worker.

Last Name	_____	First Name	_____
Rocket ID #	_____	Soc.Sec. # Physicans Only	_____
Email	_____	Birthdate	_____
Department	_____	Mail Stop #	_____
Title/Position	_____	Gender:	Male      Female
Dept. Phone	_____	Home	Cell      Lab      Other

### Dosimetry

I would like to apply for dosimetry

I don't know if I need dosimetry

### Ring Dosimetry

Dominant Hand      Right      Left

Ring Size      Small      M/L      XL

### Applicant Agreement

This information is correct to the best of my knowledge. I agree to abide by the Rules and Regulations of Radiation Protection, listed in the Ohio Administrative Code (OAC) and the University of Toledo Radiation Safety Policies listed in the Radiation Safety Manual. I agree to complete all required University of Toledo Radiation Safety Training as specified by the Radiation Safety Office. If I fail to do so, I understand that I will not be allowed to work with radioactive materials or radiation until I complete the training.

If applying for dosimetry, I authorize the University of Toledo to receive a summation of all pertinent previous and/or concurrent occupational radiation exposure data. I agree to return all dosimeters in a timely manner and report losses promptly. I understand that failure to return dosimetry may result in fines to my department.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Please Complete Page 2 of this form

Radiation Safety office use only	Badge Type(s)	Participant #
Series Code	Spare(s) Assigned	Permit #
Date Ordered	Reactivation Date	
Termination Date	Admin Review: <input type="checkbox"/> Entered in database	<input type="checkbox"/> RS Class
	Dosimetry Review: <input type="checkbox"/> Expected >10% Limit	HP Initials _____

## Radiation Worker and Dosimetry Application

### Radiation Work

Briefly describe your current or expected work with radiation including radionuclides and activities. For radiation generating equipment (e.g., LINAC, x-ray, non-medical), include machine types and scope of use.

### Training and Education

**Will you be using fluoroscopy or present when fluoroscopy is being used?** YES NO

**Have you completed the "Safe Use of Fluoroscopy" test on the Test Bank?** YES NO

### Previous and/or Concurrent Occupational Radiation Exposure

If previously monitored, please provide the dates and the name and address of the institution(s) where you were monitored. Attach additional pages if necessary

**Check if you have never been monitored for occupational radiation exposure, if you have complete section below**

Institution \_\_\_\_\_

City/State \_\_\_\_\_

Dates Worked \_\_\_\_\_

Contact Info \_\_\_\_\_

Institution \_\_\_\_\_

City/State \_\_\_\_\_

Dates Worked \_\_\_\_\_

Contact Info \_\_\_\_\_

Institution \_\_\_\_\_

City/State \_\_\_\_\_

Dates Worked \_\_\_\_\_

Contact Info \_\_\_\_\_

Institution \_\_\_\_\_

City/State \_\_\_\_\_

Dates Worked \_\_\_\_\_

Contact Info \_\_\_\_\_