

Dosimetry Application for Non-Radiation Workers

Personal Information

Fill out all fields for the personal information about the user requesting a dosimeter.

Full Legal Name	_____	Preferred Name	_____
Employee ID #	_____	Gender:	<input type="radio"/> Male <input type="radio"/> Female
UW E-mail	_____	Birthdate	_____
Department	_____	UW Box #	_____
Title/Position	_____	Phone Type:	<input type="radio"/> Lab <input type="radio"/> Office <input type="radio"/> Pager <input type="radio"/> Cell <input type="radio"/> Home
Phone #	_____	<input type="radio"/> Other	_____

Dosimetry

I would like to apply for dosimetry Date Required _____

I don't know if I need dosimetry End Date (if known) _____

Reason for Requesting Dosimetry

Applicant Agreement

I authorize the University of Washington 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 _____

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 _____