

RADIATION DOSIMETER REQUEST FORM

**RADIATION SAFETY OFFICE
SUNY UPSTATE MEDICAL UNIVERSITY
SYRACUSE, NEW YORK**

Please fill out Sections I and II as completely as possible. **NOTE:** A number of factors are considered in the issuance of a radiation dosimeter (film badge, etc.) such as the magnitude and likelihood of receiving dose, type of radioactive material or type of radiation-producing equipment being used, pregnancy, psychological factors, etc.

SECTION I

Name (print): _____ Date: _____ SS#: _____ - _____ - _____
MD ____ RN ____ Tech ____ Other: _____ DOB: _____ M ____ F ____
Dept.: _____ Bldg.: _____ Rm. # _____ Tel. # _____
Expected duration of employment: Permanent: _____ Temp (6 months or less): _____ wks./mos. _____

SECTION II. I will be working with or near (check):

1. Radioactive materials used: _____
 - i. Radioactive materials used: _____
 - ii. Name and permit no. of authorized user: _____
 - iii. I will be personally handling radioactive material: Yes ____ No ____
2. Machines producing ionizing radiation (x-rays, gamma rays, etc.): _____

Diagnostic: ____ Therapeutic: ____ Other: ____

 - i. I will be personally handling these machines: Yes ____ No ____
3. Please indicate if you will be working in any of the following areas:
Cardiac Cath Lab: ____ Dental Clinic: ____ Electrophysiology Lab: ____ Urology: ____
4. I have been previously monitored for radiation exposure at the following places of employment:

Name of Employer: _____
Street Address: _____
City, State, Zip Code: _____
Department Employed in: _____
Period of Employment: From: _____ To: _____

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DO NOT WRITE ON BACK PAGE!

A representative of the Radiation Safety Office has reviewed with me general radiation safety rules and regulations. I understand it is the responsibility of my direct supervisor to review topics peculiar to my work duties.

Yes No

Signature

Date

I have received instructions in the proper wearing and handling of the radiation dosimeter (body and/or ring badge) which I have just been issued as it relates to my job at SUNY Upstate Medical University.

Yes No

Signature

Date

SECTION III. (To be used only by the Radiation Safety Office).

1. Request for dosimeter issuance is:

Approved _____

Denied _____

2. Type of dosimeter to be issued:

Film badge/monthly _____

Film badge/bimonthly _____

Film badge/quarterly _____

Ring TLD/monthly _____

3. A temporary dosimeter is to be issued:

Immediately _____ (within 24 hours)

As soon as one can be obtained from the supplier _____

With the next regular delivery from the supplier _____

COMMENTS OR EXPLANATION:

Authorized Signature
(Radiation Safety Office)

Date