Dosimeter Request Form

Instructions: Use this form to request a Dosimeter / Badge from Radiation Safety. All fields are required to be completed.

1. Last Name

2. First Name

3. Email

4. Birthdate (MM/DD/YYYY)

5. Identification Number (Employee ID or Student ID)

6. Name of Principal Investigator

7. Gender

☐ Male  ☐ Female  ☐ Other
Phone

Have you been previously monitored while employed elsewhere?

☐ Yes  ☐ No

If yes, please list your previous work record below

Choose one:

☐ I DO authorize EH&S Radiation Safety permission to obtain copies of my previous radiation exposure histories

☐ I DO NOT authorize EH&S Radiation Safety to obtain copies of my previous radiation exposure histories

☐ I DO NOT have previous radiation exposure histories

Comments

I agree to the terms below*

*Terms

Submission of this Dosimeter Request Form provides acknowledgement on my behalf that EH&S may adjust my dose results, at any time, to account for situations such as incorrect dosimeter wear, lost dosimeters, and use of protective lead aprons and/or eyewear.

For assistance please contact Radiation Safety (951) 827-5748 or (951) 827-5529