TO BE ISSUED A DOSIMETER, PLEASE COMPLETE THIS FORM AND RETURN IT VIA CAMPUS MAIL TO:

**Radiation Safety Office**
**1000 Regent Drive, 413 UCB**
(303) 492-6523

---

**DB:** _____ **FOR HPL USE ONLY** **RP:** _____

**Spare Dosimeter No.:**_____ **Permanent Dosimeter No.:**_____

**Spare Extremity No.:**_____ **Start Date:** _____

**Rad Safety Orient Date** _____ **Quiz Score:** _____ **Term Date:**_____

---

**Please complete all** of the following items as completely as possible. **Please print clearly!**

Name:_____
(last) (first) (middle) (any previous last names)

Identification No.:_____ *Identification type:* Social Security No. ( ).; Passport No. ( ); Canadian Social Insurance No. ( ); Work Permit No. ( ); Other _____ ( )
(specify)

Birth Date:_____ Sex: Male ( ); Female ( )

Campus Box:_____ Licensee (Professor):_____

Lab Room #:_____ Lab Telephone #:_____

Radioactive isotopes you expect to work with:_____
(a dosimeter is not required if you are only working $^{3}H$ (tritium) or $^{14}C$)

Maximum activity per experiment (mCi):_____ Check here if you need an extremity monitor: _____

Location and type of Radiation Producing Machine you expect to work with:_____ (*If working with >1 mCi of a strong beta/gamma emitter or x-ray machine)*

## RADIATION EXPOSURE HISTORY

In accordance with state and federal regulations, we are required to request past exposure histories from any and all places where you might have been employed or assigned. Please list only those places where you have been issued a personal monitoring device (film badge, TLD ring, etc.)

| Name(s) and Complete Mailing Address(es) | Dates (Month/Year) | Device Type |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Please indicate the radioisotopes and/or radiation machines (x-ray, accelerator, etc.), if any, that you have ever worked with in the past. _____

**If you have been occupationally exposed to radiation within the past calendar year, please indicate your estimated dose here:** _____

## RELEASE OF INFORMATION

The University of Colorado is required by regulation to attempt to determine your total occupational exposure history from all institutions where you have been monitored for radiation dose (see section above). In order to obtain the records necessary to complete this requirement, your signature is needed below. **Also, by signing below, you acknowledge that it is your responsibility to notify Health Physics of any occupational dose received while working at another institution concurrently with your employment at CU.**

You are authorized to furnish the University of Colorado Health Physics Laboratory with any information concerning my radiation exposure history.

_____ _____
(signature) (date)