

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

Radiation Safety Office
1000 Regent Drive, 413 UCB
(303) 492-6523
radsafety@colorado.edu

Please complete all the following items as completely as possible and print clearly!

Name: _____ Previous last name(s): _____
Identkey username: _____ Birth Date: _____ Gender: Male Female Other
Date of completion for CU Radiation Safety Training: _____
Radiation Licensee (Professor/PI) Last Name: _____ Department: _____

Unsealed Radioisotope and Sealed Source Users:

Radioactive isotopes you expect to use:

Maximum activity per experiment (mCi) : _____ Do you expect to need an extremity monitor?: Yes No

X-ray Machine Users:

Location and type of X-ray Machine you expect to use:

Radiation Licensee (Professor/PI) Last Name of X-ray Machine:

If you have never worked with radiation at another institution, you may stop here and submit form.

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 within the previous calendar year.

Please list only those places where you have been issued a personal monitoring device (film badge, TLD ring, etc.)

<u>Name(s) and Complete Mailing Address(es)</u>	<u>Dates (Month/Year)</u>	<u>Device Type</u>
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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:

Social Security Number (SSN):

If SSN is not available, please provide one of the following:

Passport #: _____ Canadian Social Insurance Number: _____ Work Permit #: _____

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 within the previous calendar year. So that our office may obtain the records necessary to complete this requirement, your signature is necessary.

By signing below, you allow the release of your dosimetry records and acknowledge your responsibility to notify the Radiation Safety office 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 Radiation Safety Office with any information concerning my radiation exposure history.

Signature

Date