

# DOSIMETER APPLICATION and TRAINING CERTIFICATION

Please provide all of the requested information. **Print clearly!** Notify the Radiation Safety Office if any of this information changes. **You should report to the Radiation Safety Office for an Exit Interview when you will no longer be using dosimetry.**

NAME: \_\_\_\_\_, \_\_\_\_\_ Nine (9) digit CMU ID#: \_\_\_\_\_

Male  Female  Date of Birth: \_\_\_\_\_  
Last First

Please respond to all of the following concerning radiation exposure through employment or educational research (do NOT include dental or medical x-rays or medical procedures).

	Exposure?	Estimated Amount
Have you had previous occupational exposure?	Yes No	_____
Current calendar quarter	Yes No	_____
Current calendar year	Yes [ ] No	_____

If you answered Yes to any of these questions, please indicate the address(es) or phone number where we can obtain this information.

\_\_\_\_\_  
\_\_\_\_\_

Dosimetry Usage Area: Bldg: \_\_\_\_\_ Rm: \_\_\_\_\_ Department: \_\_\_\_\_ Phone: \_\_\_\_\_  
One Time Only: [ ] Issue Quarterly:

Radionuclide Authorization #: \_\_\_\_\_

**PI NAME:** \_\_\_\_\_ **PI SIGNATURE:** \_\_\_\_\_

Person who will be conducting specific machine/protocol training: \_\_\_\_\_

Send Annual Exposure Report: [ ] Home [ ] Campus

**Home Address:** \_\_\_\_\_

**I have received training in the CMU Radiation Safety Program.**

**I have received a copy of the Safety Plan for the Use of Radioactive Materials and Radiation Producing Devices and have been instructed to read all applicable sections.**

**I have received a copy of Regulatory Guide 8.13, Instruction Concerning Prenatal Radiation Exposure and CMU Prenatal Radiation Exposure Policy and have read and understood the Regulatory Guide and the Policy.**

**A representative of the Radiation Safety Office has reviewed the results of my radiation safety-training quiz with me. I have had the opportunity to ask questions concerning any aspect of the Radiation Safety Program.**

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## **THIS AREA FOR RADIATION SAFETY OFFICE ONLY**

DOS TYPE	BINARY #'S	ID #'S	ISSUED BY _____
_____	_____	_____	DATE _____
_____	_____	_____	DELETED _____
_____	_____	_____	

Information transferred to badge supplier: PARTICIPANT#: \_\_\_\_\_

Comments: \_\_\_\_\_

Requested Exposure History: [ ] Yes [ ] No \_\_\_\_\_