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_________________________________________ SSN ________________

Last Name________________________________ First Name_________________

Male☐ Female☐ Date of Birth: __________________________

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).

<table>
<thead>
<tr>
<th>Exposure?</th>
<th>Estimated Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you had previous occupational exposure</td>
<td>[ ] Yes [ ] No [ ]</td>
</tr>
<tr>
<td>Current calendar quarter</td>
<td>[ ] Yes [ ] No [ ]</td>
</tr>
<tr>
<td>Current calendar year</td>
<td>[ ] Yes [ ] No [ ]</td>
</tr>
</tbody>
</table>

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: ________________

*****************************************************************************************

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 ________________________________