

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	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Current calendar quarter	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Current calendar year	<input type="checkbox"/> Yes <input type="checkbox"/> 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: _____

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 _____