

## DOSIMETRY APPLICATION

### UNIVERSITY OF MISSOURI

Environmental Health & Safety, 180 General Services Building, Columbia, MO 65211-3050  
Phone (573) 882-7018 Fax (573) 882-7940 <http://ehs.missouri.edu>

This form may be completed by any RadWorker working under an approved Authorized User, or anyone requesting a dosimeter for work with X-ray producing machines. All others should contact EHS prior to submitting this form.

1. Name:		2. Job Classification:		3. Date:	
4. Birthdate:		5. University ID Number:		6. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
7. Department:		8. Address:		9. Phone number:	

If the series code is blank, contact your assigned Health Physicist

Dosimetry Series Code: \_\_\_\_\_ Assigned Health Physicist: \_\_\_\_\_ Dosimetry Frequency: \_\_\_\_\_

**Note:** A unique identifier is required for dosimetry issuance; if you do not have a university ID number, contact your assigned Health Physicist

#### Select Action:

- Add
- Delete
- Change or Transfer (attach note)

#### Select Dosimetry:

- Chest
- Collar
- Extremity (ring)
- select size:  small  medium  large

- Fetal Dosimeter  
(Contact Your Assigned HP)

**Dosimetry & radiation exposure history information:** Check the box(s) below that apply.

- I was required to wear a dosimetry monitoring device during this calendar year (complete employer information below).
- I am currently monitored by another employer (complete employer information below).

Employer Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

I authorize the release of my radiation exposure records (internal and external) to the RSO of the University of Missouri-Columbia as indicated by my signature above.

Date: \_\_\_\_\_

Manager/Supervisor: \_\_\_\_\_

Signature

I approve and accept responsibilities for this individual to work with ionizing radiation as indicated by my signature above.

Date: \_\_\_\_\_

HP Approval: Date received \_\_\_\_/\_\_\_\_/\_\_\_\_ HP review completed \_\_\_\_/\_\_\_\_/\_\_\_\_ HP Signature \_\_\_\_\_

## Application Instructions

- All applicants must complete sections 1 – 9
- If the Series Code is blank, your lab/department may not have dosimetry service. Contact your assigned Health Physicist, if known, or call MU EHS Radiation Safety at 882-7018.
- If you do not have a University ID number contact your Health Physicist, if known, or call the Radiation Safety at 882-7018.
- Select the action requested: Add, Delete, Change or Transfer (Attach explanation as necessary)
- Select dosimeters needed. Contact your assigned Health Physicist if you have questions or if you are requesting a fetal dosimeter.
- Check the appropriate Dosimetry History Information box and complete the employer information if required.
- If you are currently being monitored for radiation exposure or begin working for a facility that is required to issue you a dosimeter, you need to contact the EHS office. We need to ensure that your exposure limits are monitored carefully.
- Sign the application and obtain the signature of your manager/supervisor.

Mail or fax the form to:

MU EHS Radiation Safety  
180 General Services Building  
Phone: 882-7018 Fax: 882-7940  
rad@missouri.edu