

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 intending to work 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. You will not be issued a dosimeter until training is completed.

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

Select Shipping:

- I need dosimetry immediately
(will arrive in approximately one week and express fee will apply)
- *If you don't select this option, dosimetry will ship with the next production cycle. This could be weeks or months, depending on frequency.*

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**
Estimate the month range this year a dosimeter was worn (ex. Jan-Mar): _____
Complete the Employer Information box below
Estimate the dose received this year at this employer (ex. 0, <100, or >500 mrem): _____
Sign: I authorize the RSO of University of Missouri-Columbia to use this dose as my historical estimate per 10 CFR § 20.2104(c)(2) if dose history cannot be provided by my previous employer. _____

- I am currently monitored by another employer**
Complete the Employer Information box below
Estimate your typical annual dose from this employer (ex. 0, <100, or >500 mrem): _____
Initial: I authorize the RSO of University of Missouri-Columbia to coordinate dose history with my other current employer: _____

Employer Name: _____

Street Address: _____ City _____ State _____ Zip _____

Applicant Signature: _____ Date: _____
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.

Manager/Supervisor: _____ Date: _____
Signature *I approve and accept responsibilities for this individual to work with ionizing radiation as indicated by my signature above.*

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