

APPLICATION FOR RADIATION DOSIMETER SERVICE

Name _____ PhD Other _____
Last First MI Beyond Baccalaureate

Clemson Identification Number C _____ Date of Birth ___/___/____ Gender Male Female

Department/Unit _____ University Address _____
Room Building

University Telephone: _____ Fax: _____ e-mail _____@clemson.edu

TYPE OF RADIATION EXPOSURE(S) EXPECTED:

Radioactive Material, please list radionuclide(s) _____
(personal dosimeters will not record doses from H-3, C-14, S-35 or Fe-55)

X-rays, Indicate type: Medical Radiography / Fluoro / Cine / CT / DXA Veterinary
 Diffraction or Spectroscopy Other, please list _____

Under which project are you working? Responsible Investigator _____ Project Number _____

TYPE OF DOSIMETER REQUESTED

Whole body Ring Fetal (Complete Form R-005 *Voluntary Notification Of Declared Pregnancy*)
 Other _____

EXPOSURE HISTORY

Have you previously used a dosimeter at Clemson? No Yes, Dates ___/___/____ - ___/___/____
From To

Have you previously used a dosimeter elsewhere? No Yes (Complete Form R-006)

Signature of Applicant _____ Date _____

Do not write below this line - for Radiation Safety Office use only

Listed on Project Not listed on Project (Issue dosimeter for Medical or Veterinary X-ray only)

BADGE TYPE*	NUMBER ON SPARE	DATE ISSUED	ISSUED BY	SERIES CODE	PARTICIPANT NUMBER	DATE ORDERED	ORDERED BY	TERMINATION DATE
					xxxxxxxxxxx			
					xxxxxxxxxxx			

*I+ - instadose; 35 - TLD 760 MCP + CR39; 36 - TLD760 MCP; 19 - MeasuRing; 16 - TLD 760 outdoor

Ring size: Medium Large

Reviewed and approved by RSO _____ Date _____