

CONFIDENTIAL

University of Illinois Dosimetry Request Form

Federal, State and University regulations require that your radiation exposure record contain the following information. Allow 2 weeks for dosimetry to arrive after submitting this for to Radiation Safety. Please complete Part 1 of this form, have your PI complete Part 2, and return the form to:

Division of Research Safety, Radiation Safety Section, MC-225

Part 1.....

(Please print)

Name: _____ UIN: _____
last first middle

Date of birth: _____ Phone _____

Email: _____

Room/Building where dosimetry will be stored: _____

Please list below, the radioactive material that you will be working with, the **approximate** total activities to be used **per month** and the time handling the materials during a routine week:

Isotope(s) Quantity (mCi) Handling Time (min/wk)

1. _____

2. _____

3. _____

4. _____

Xray(s)

1. _____

2. _____

Dosimetry desired (check one or both): Whole Body Badge Extremity Ring

Check one: Sex: M F Ring size (check one): S M L XL

"I am familiar with the radiation hazards of this project and have read or been instructed in the rules and regulations which pertain thereto."

Signed: _____ Date: _____

Part 2.....

"I certify that the above individual's work may require him/her to be exposed to ionizing radiation and that he/she has been adequately trained in the procedures necessary to minimize possible hazards."

Principle Investigator: _____

Signature: _____

Date signed: _____ Radiation Permit # _____

For Radiation Safety use only

Badge number assigned: _____ Type: _____ Location: _____
_____ Type: _____ Location: _____