

**In The Vicinity of Radiation
NON-RADIATION USER - Whole body badge request only
REGISTRATION FORM**

| | | | | |
|-----------|-------|--------|-----|-----|
| Last Name | First | Gender | SS# | DOB |
| | | | | |

| | | | |
|------------|-------------|----------|--------|
| Department | Work room # | Building | Phone# |
| | | | |

| | |
|-------------------------|----------------|
| Investigator/Supervisor | Your Job Title |
| | |

HIGHEST ACADEMIC DEGREE

none___ Associates___ Bachelors___ Masters___ Ph.D. ___ M.D. ___ Other_____

Student information:

Work study___ Undergraduate student___ Graduate student___

Radiation that you may be in the vicinity of: (please check all that apply)

P-32___ Cr-51___ Fe-59___ I-125___ Other___ (badge and ring needed)
 H-3___ C-14___ P-33___ S-35___ Ca-45___ Fe-55___ Other___ (no badge and ring)

Other radiation that you may be in the vicinity of:

Analytical X-ray___ Medical X-ray___ Veterinary X-ray___ Cabinet X-ray___
 Irradiation X-ray___ Iodinations___ Cesium Irradiator___ Electron Microscope___
 Other_____

How do you feel about working with radiation?

No concerns_____

or

My concerns are:_____

Did you wear a whole body badge and/or ring at **another** institution? Yes ____ No ____
If you did please fill out the attached **Radiation Exposure History** form.

I agree to follow all procedures in the **RADIATION SAFETY HANDBOOK** as well as all other applicable documents indicated by the Radiation Safety Office:

Signature, Applicant

Date

Signature, Investigator

Date

Investigator's Name (Print)

FOR RSO USE ONLY

No Whole Body Badge Needed

Whole Body Badge Needed:

Landauer Series # _____

Whole Body Badge

Ring (Finger) R hand L hand

Size: Small Medium Large

Pelvic

Ankle

Neutron

Investigator approved by RSC? Yes No

Send for Whole Body Badge History

Add to PIF Data Base

Secondary User

Sealed Source/X-ray user only "9999"

Mail List "9998"

RK: _____ Met On _____

TK: _____ Met On _____

KB: _____ Met On _____

LI: _____ Memo to Investigator re this user _____

RADIATION EXPOSURE HISTORY REQUEST FORM

PHONE: 802-656-2570

FAX: 802-656-8876

TO: Radiation Safety Office

In compliance with the Code of Federal Regulations, Title 10, Part 19, please mail or fax the exposure history of:

Name: _____

Social Security Number: _____

Date of Birth: _____

Employed From: _____ to _____

to the following:

**Keddy Bharathan, Associate Director
Radiation Safety Office
University of Vermont
106 Carrigan Drive
Room 004 Rowell Building
Burlington, VT 05405**

I hereby authorize the release of my radiation exposure history to the University of Vermont Radiation Safety Office:

Signed

Date