



DEPARTMENT OF ENVIRONMENTAL SAFETY, SUSTAINABILITY & RISK

Seneca Building
4716 Pontiac Street, Suite 0103
College Park, MD 20742
301.405.3960 TEL 301.314.9294 FAX

Dosimetry Service Request

Radiation Safety Office -University of Maryland, College Park

(301) 405-5715

I. PERSONAL DATA

Last Name	First Name	Middle Initial	Sex M F
Date of Birth	Position/Title	UMID #	
Principal Investigator	Department	Campus Phone	
Campus Email Address			

II. TYPE OF RADIATION [check all that apply]

<input type="checkbox"/> Beta	<input type="checkbox"/> Gamma	<input type="checkbox"/> X-ray	<input type="checkbox"/> Neutron
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III. PERMANENT MAILING ADDRESS [For exposure records and reports.]

Street/Apt: Town, State, Zip:

IV. RECORDS OF PREVIOUS DOSIMETRY SERVICE [Check one, date and sign]

<input type="checkbox"/> I have <u>never</u> been issued a dosimeter. <input type="checkbox"/> I have been issued a dosimeter. [complete table below]
<hr/> Date Signature

List institution and address where prior dosimetry was issued.	Start Date	End Date

Under the provisions of 10 CFR 19, 29 CFR 19.20, or COMAR 26.12.01 Part D, I authorize the release of and request that all my radiation exposure records be furnished to the Radiation Safety Officer, University of Maryland College Park, Maryland 20742.

Signature:

Date:

RSO USE EMP TYPE/BADGE#: TLD _____ APEX _____ RING _____ WRIST _____
 VISITOR or PERMANENT: LOC _____ ; FREQ: QTLY BiMONTHLY; RING SIZE _____