

**Request For Dosimeter Service**

Please completed Section I and II. Return completed form to [safety@tcu.edu](mailto:safety@tcu.edu) or by mail to Environmental Health and Safety Department TCU Box 297110, Fort Worth, TX 76129. Any questions, call (817) 257-5395 or email [Safety@tcu.edu](mailto:Safety@tcu.edu).

**SECTION I: PERSONAL INFORMATION** (Please Print or Type)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Last Name:** | **First Name:** | | **Middle Name:** | |
|  |  | |  | |
| **TCU ID Number:** | **Date of Birth:** | **Sex:** | | **Position:** |
|  |  | M  F | | Faculty  Staff Student  Visitor |

**Type of Badge:  Whole Body  Extremity**

**TCU Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Per 25 TAC 289.203, a report of radiation exposure must be furnished upon request to each individual after termination of employment or association involving exposure to radiation. Please list an address where such a report will reach you upon termination of employment.**

**Permanent Address:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Street** | **City** | | **State** | **Zip Code** |
|  |  | |  |  |
| **Email Address** | | **Contact Phone Number** | | |
|  | |  | | |

**SECTION II: RADIATION EXPOSURE HISTORY** (Please Print or Type)

1. [  **Yes** /  **No]** I have previously been monitored for radiation exposure at TCU (internal via bioassay or external via radiation dosimeter(s)).
2. [  **Yes** /  **No]** I have previously been monitored during the current calendar year for radiation exposure while employed **ELSEWHERE** internal or external.
3. [  **Yes** /  **No]** I am provided TCU EHS a signed copy of my previous radiation exposure.

If you have been monitored for radiation exposure, elsewhere, and you do not provide EHS a copy, then your allowable radiation exposure for the current calendar year will be reduced appropriately.

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**(Signature) (Date)**

*“State law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information, and (3) you are entitled to have the information corrected at no charge to you.” Contact:* [*Safety@tcu.edu*](mailto:Safety@tcu.edu) *or TCU Radiation Safety Officer (817) 257-5395*