

UNIVERSITY OF WISCONSIN – MILWAUKEE
 UNIVERSITY SAFETY AND ASSURANCES
 RADIATION SAFETY PROGRAM

PERSONAL DOSIMETER APPLICATION

Male: Female: Non-binary or other identity:

| | | |
|-----------------------|-------|------------------------------|
| NAME: | | |
| Last | First | MI/Maiden |
| BIRTHDATE: | | |
| Month | Day | Year |
| EMAIL ADDRESS: | | PRIMARY INVESTIGATOR: |
| LAB ADDRESS: | | LAB PHONE: |

1. Check the statement that applies to you:

- I will be working directly with open- source radioactive materials at UWM
- I will be working in a lab where others will use or store open-source radioactive materials. I do not expect to handle radioactive materials myself.

List the major type and millicurie quantities of radioactive materials you will be exposed to in any one time:

| I WILL WORK DIRECTLY WITH: | | OTHERS IN MY LAB WORK WITH: | |
|----------------------------|----------|-----------------------------|----------|
| RADIONUCLIDE | QUANTITY | RADIONUCLIDE | QUANTITY |
| | | | |
| | | | |
| | | | |

- I will be working directly with an irradiator or a machine that produces ionizing radiation (e.g., x-ray diffraction unit).
- I will be working in a lab or facility where others will use a machine that produces ionizing radiation. I will not use the machine personally.

List the type(s) of radiation producing machine(s) you will work with:

- None of the above applies. I need a badge for the following reason:

2. Have you ever been issued a radiation dosimeter at this or any other institution?

Yes No Uncertain

a. If the dosimeter was issued at the University of WI – Milwaukee, please list your supervisors name and department:

| | |
|--------------|--------------|
| Name: | Dept: |
|--------------|--------------|

b. If dosimeter was issued by some other employer(s) please fill out the requested information for each employer (attach additional pages if necessary):

| Most Recent Employer | Other (Previous) Employer |
|-----------------------------|----------------------------------|
| Name: | Name: |
| Address: | Address: |
| City: | City: |
| State,Zip: | State,Zip: |
| Dates: From: To: (MMYY) | Dates: From: To: (MMYY) |
| Type of Work: | Type of Work: |
| Estimated Dose: mrem | Estimated Dose: mrem |

I certify that I have received training in the radiation source(s) and/or equipment I will be working with and will implement the ALARA principles to keep my radiation dose as low as reasonably achievable. To my knowledge, I have not exceeded any Federal or State radiation exposure limits (see above) prior to my work here at UWM.

Signed: _____ Date: _____

My signature authorizes the Radiation Safety Program to request my radiation exposure from previous employers.

Privacy Act Statement: Title 10 Code of Federal Regulations (CFR) Part 191.13 (NRC), Title 29 CFR Part 1910.96 (OSHA) and Wisconsin Department of Health Services (DHS) Part 157.88 (3) require each employer to obtain all of your radiation exposure records to document previous exposure history. The information is used in the evaluation of risk exposure to ionizing radiation or radioactive materials. It permits meaningful comparison of both current (short-term) and long-term exposure to ionizing radiation or radioactive material. Data on your exposure to ionizing radiation or radioactive materials is always available to you upon request.

Return this completed application to: Radiation Safety Program
University Safety and Assurances (Lapham Hall W217)
Or
Fax:
414-229-6729