## **Request for Dosimetry Form**

## Worker Information (Please PRINT /fill legibly)

Last Name		First Name		Date of Birth (mm/dd/yy)
Title	Departmer	nt	Office/Lab Location	
PI Name	Work P	hone	Email	Work Start Date
You must obtain the approv Physics at 577-1200.	ıval holder's signat	ure to be issued dos	imetry. If the approval hold	ler is unavailable please contact i
Approval Holder Auth	orization			
• •		iation Safety Trainir	g and have read and under	stand part 2.0 Responsibilities of
	· ·		=	nitoring Devices, of the Wayne St
		•		herein may result in confiscation
adioactive materials or the				•
				Ci to
Print Namo				Signature
Print Name	Dat	te		
Worker Authorization	•••••	••••••		
		-+b:-b::		
				ay have a complete history of yo
			-	s document may be found at the
Environmental Health and S	Sarety, 5425 W00	dward Ave, Ste 300.		
Name of Institution	Comp	olete Address	Dates Monit	ored
Note: You need to attach N	NRC Form 5 /dosir	metry report for the	past one year from the mo	st recent institution)
h a u a h d a al a u a		f-t bd 10C	FD	hisaa Dagaataa ah of Cagaaa wita Ha
	_			higan Department of Community He nichever applicable about the risks o
•				ny radiation exposure history, includ
		•	_	tment of Wayne State University, Of
Environmental Health and Safe	ety.			
Are you pregnant during this r	adioactive work: Y	es /No /NA; if yes sho	uld contact OEHS before starti	ng your work.
All records can be sent to:				
Wayne State University, H	lealth Physics Dep	partment ,		
Office of Environmental He	-	•		
5425 Woodward Ave, Ste 3	-	3202		
	Fax: 313-993-407			
	Soc	ial Security Number	- (Last 4 digits only)	Date