

REQUEST FOR ADDITION OF RADIATION BADGE SERVICE

Please type or print. Send a separate form to Environmental Health and Safety for each individual requesting a badge. **Provide complete information** or request form will be returned. Use full legal name with no initials. Write none if there is no middle name or social security number. This request will not be processed unless all information is provided.

LEGAL INFORMATION OF INDIVIDUAL TO BE MONITORED:**FULL NAME (PRINT CLEARLY):**

LAST _____ FIRST _____ MIDDLE _____

Social Security No: _____ -- ____--_____ Date of Birth: Year _____ Month _____ Day _____ Gender M / F

Department _____ Phone extension _____

Principal Investigator _____ Mail badges to _____

Status: Employee Postdoc Graduate student Undergraduate studentTYPE OF BADGE NEEDED: BODY RING **S M L (Ring size circle one)*** Radioactive materials users must have both body and ring badges

* Radiation producing machine users must consult with P.I. for badge requirements

LENGTH OF SERVICE: Current calendar quarter ONLY Beyond calendar quarter**PREVIOUS OCCUPATIONAL EXPOSURE:** I have not been monitored this quarter for occupational radiation exposure. This quarter I have received:Estimated **millirems**: Whole body _____ Skin _____ Hands/forearms _____

Institution _____ Dates From _____ to _____

Address _____

I certify that the above is true and correct:

Signature of person to be monitored _____ Date _____

*By law, lost badges must be reported to EH&S (use green Lost Badge Form)***Privacy Act Notification**

Pursuant to the Federal Privacy Act of 1974, you are hereby notified that disclosure of your social security number is mandatory. Disclosure of the social security number is required pursuant to regulations of both the U.S. Nuclear Regulatory Commission (10 CFR, Parts 19 and 20) and the California Department of Health Services (17 CCR, Chapter 5, Subchapter 4, Group 3). The social security number is used to verify your identity.

TEMPORARY BADGES ISSUED: Body: _____ Ring: _____ Wearer # _____ Date: _____ Transferred Y / N