

REQUEST FOR RADIATION DOSIMETRY

All fields must be completed. Incomplete forms will not be processed which may delay issuance of dosimetry.

Last: _____ First: _____ MI: _____

UCInetID: _____@uci.edu

Birth Date: _____ Gender: _____

Department: _____

Campus Phone: _____ ZOT Code: _____

Responsible PI: _____ RUA #: _____

Last 4 Digits of Social Security Number: _____
(If none, provide last 4 digits of passport number and country of citizenship)

Have you been monitored for radiation at another facility this current year: Yes / No

Wearer Signature _____

KFS Recharge Account: _____
(Fees will be charged only if badges are returned late)

Approved by PI Signature _____

Please indicate ring size of your index finger if it becomes necessary to assign a ring badge.

Ring Size: _____ (N/A, small, medium, large, x-large)

EH&S USE ONLY:

TYPE OF BADGE (S)

Body-XBD Ring (right) Ring (left) Neutron

Loc. #: _____ Spare #: _____ Wearer #: _____

Dbase entry: _____ Mirion entry: _____

Date issued: _____ Date cancelled: _____

Exposure History Request: Sent _____ Returned _____

IMPORTANT: The completed form contains your Personally Identifiable Information. It is highly recommended to use one of the methods below for securely returning the form:

- Encrypt the e-mail-form submission
- Password protect the document prior to attaching to e-mail
- Use secure file transfer
- Submit the form in person at the EHS building.

Return this form to Environmental Health & Safety, Zot Code 2725 or email to Radsafety@uci.edu, Attention: Radiation Safety Officer.

PRIVACY NOTIFICATION

The State of California Information Practice Act of 1977 requires the University to provide the following information to individuals who are asked to supply information about themselves:

The principal purpose for requesting the information on this form is to assess radiation exposure. University policy, California Administrative Code Title 17 CAC 30293, and NRC 10 CFR20.401 authorize maintenance of this information.

Furnishing all information requested on this form is mandatory. Failure to provide such information will delay or may even prevent completion of the action for which the form is being filled out. Information furnished on this form may be used by various University departments for exposure records maintenance and will be transmitted to the state and federal governments if required by law.

Individuals have the right to review their own records in accordance with Staff Personnel Policy 605 and Academic Personnel Manual Section 195. Information on these policies can be obtained from campus or System wide Staff and Academic Personnel Offices.

The official responsible for maintaining the information contained on this form is the Radiation Safety Officer, EH&S Office, University of California, Irvine 92697-2725