

DOSIMETER REQUEST FORM

Location Code	Dosimeter Number (<i>Leave Blank</i>)	Last Name
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Name:

Last

First

Initial

Birth date:

UT Net ID:

Principal Investigator

P.I. Signature:

Assign a gamma dosimeter to the above-name individual:

Effective date: _____

Assign a neutron dosimeter to the above-named individual:

Effective date: _____

Assign a ring dosimeter to the above-named individual: Size: S M L

Reactivate individual. Previous dosimeter # _____

Have you ever been monitored for radiation exposures? Yes No

If yes, please complete Radiation Exposure History Release Form RSF-056

Have you taken U.T. training courses for the use of radiation? Yes No

If yes, please provide name of course and date taken:
