BERKELEY LAB

Environment, Health and Safety

RADIATION PROTECTION

Dosimetry Request Form

Dosimetry Request Form, Side A

☐ New ☐ Restart

Personal Data

Name: _____ Birth Date: _____ LBNL Employee #: _____

Home/Permanent Address

Mailing address: _____

City: _____

State (and country, if not U.S.): _____

Postal code: _____

Radiation Exposure History

Have you been monitored for occupational radiation purposes at a site other than LBNL in the current calendar year? No ☐ Yes ☐

If yes, please provide the following information:

Current year-to-date dose estimate: _____ (rem)

Period of employment: _____ to _____

Name and address of previous employer when monitored for radiation exposure:

Name of employer: _____

Mailing address: _____

City: _____

State (and country, if not U.S.): _____

Postal code: _____

Privacy Notice

To comply with 10 CFR 835 we ask you to provide the above information. This information is covered by the Federal Privacy Act. We use it to determine your previous dose history, the proper dosimetry for you, and your address so that we can send dosimetry reports back to you. Furnishing all information requested on this form is voluntary; however, failure to provide such information may delay or even prevent completion of these actions. Information furnished on this form will be used by the EH&S Division and Line Management for collection of radiation exposure data and reports to DOE, as required in 10 CFR 835.

I agree to LBNL's collection and release of any radiation exposure information under the terms of the Privacy Act.

Signature: _____ **Date:** _____

Dosimetry Request Form

Dosimetry Request Form, Side B

Requester Status

LBNL Employee #: _____

LBNL Employee ☐ Participating Guest ☐ Visitor/Tour Member ☐ Contractor ☐ DOE Employee ☐

How long will you be on site? < 6 months ☐ > 6 months ☐

Work location	**Contact information**
Building/Room: _____	LBNL Supervisor: _____
Mail Stop: _____	Department: _____
Telephone: _____	

Radiological Work Information

Description of radiological work performed (isotopes used, accelerator type, X-ray machines used, etc.):	**RWA, RWP, SSA, or XRAY Authorization Numbers**

Is neutron monitoring required? Yes ☐ No ☐

Is extremity dosimetry required? Yes ☐ No ☐

DOSIMETRY OFFICE USE ONLY

Whole Body	**Extremity**
Cycle: Q ☐ M ☐ H ☐	Cycle: BW ☐ M ☐ Q ☐
OSL Number: _____	Right Hand: _____
CR-39 Number (if applicable): _____	Left Hand: _____

Issued by: _____ Issue Date: _____

Single issue? Yes ☐ No ☐

Distribution: ☐ Individual ☐ Distributor: _____

Location – Mail-Stop (Building/Room): _____

Database Entries:

☐ REMS Initials _____ Date: _____

☐ BMS Initials _____ Date: _____