Environment, Health, and Safety
BERKELEY LAB

RADIATION PROTECTION

Dosimetry Request Form

☐ New Request ☐ Restarting Monitoring at LBNL

Personal Data

Name: _____

Birth Date: _____ LBNL Employee ID: _____

Home/Permanent Address

Mailing address: _____

City: _____ State _____ Postal code: _____

Country (if not U.S.) _____

Radiation Exposure History

Were you monitored for occupational radiation exposure at a facility other than LBNL?

No ☐ Yes ☐

If **yes**, please provide the following information (use additional forms as needed for multiple employers):

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

Period of employment: _____ to _____

Name of employer: _____

Employer mailing address: _____

City: _____ State _____ Postal code: _____

Country (if not U.S.): _____

Privacy Notice

This information is requested for compliance with 10 CFR 835 and is protected under the Federal Privacy Act. The information is used to determine your dose history and dosimetry requirements, for required reporting to the DOE, and for sending dosimetry reports to you. While providing this information is voluntary, failure to do so may delay or prevent necessary actions.

Signature

By signing below, I agree to LBNL's collection and release of my radiation exposure information under the terms of the Privacy Act. I also affirm I have read and understand the Dosimeter Information Sheet provided by LBNL.

Signature: _____ **Date:** _____

Dosimetry Request Form

Dosimetry Request Form, Side B

Requester Status

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

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

Primary Work/Office Location:	**Contact Information:**
Building: _____	LBNL Supervisor: _____
Room: _____	Department: _____

Radiological Work Information

Description of radiological work (List isotopes, accelerators, or X-ray machines to be used)	**RWA, XA, or WPC Authorization Number(s)**

Is neutron monitoring required by your RWA/WPC? Yes ☐ No ☐

Is extremity dosimetry required by your RWA/WPC? Yes ☐ No ☐

DOSIMETRY OFFICE USE ONLY

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

Issued by: _____ Issue Date: _____

Single issue? Yes ☐ No ☐

Distribution: ☐ Individual ☐ Distributor: _____

Location (Building/Room): _____

Database Entries:

☐ REMS Initials _____ Date: _____

☐ BMS Initials _____ Date: _____