

Radiation Worker and Dosimetry Application

Personal Information

Fill out all fields for the personal information about the user of radioactive materials.

Full Legal Name _____	Preferred Name _____
Employee ID # _____	Gender: <input type="radio"/> Male <input type="radio"/> Female
UW E-mail _____	Birthdate _____
Department _____	UW Box # _____
Title/Position _____	Phone Type: <input type="radio"/> Lab <input type="radio"/> Office
Phone # _____	<input type="radio"/> Pager <input type="radio"/> Cell <input type="radio"/> Home
	<input type="radio"/> Other _____

Dosimetry

I would like to apply for dosimetry Date Required _____

I do not need dosimetry

I don't know if I need dosimetry End Date (if known) _____

Ring Dosimetry

Dominant Hand Right Left

Size Small (size 5-7) M/L (size 8-13)

XL (size 14-16)

Applicant Agreement

This information is correct to the best of my knowledge. I agree to abide by the Rules and Regulations of Radiation Protection, listed in [Washington State Administrative Code \(WAC\) 246](#) and the UW Radiation Safety Policies listed in the [Radiation Safety Manual](#). I agree to attend all required UW Radiation Safety Training as specified by Radiation Safety. If I fail to do so, I understand that I will not be allowed to work with radioactive materials or radiation until I complete the training.

If applying for dosimetry, I authorize the University of Washington to receive a summation of all pertinent previous and/or concurrent occupational radiation exposure data. I agree to return all dosimeters in a timely manner and report losses promptly. I understand that failure to return dosimetry may result in fines to my department.

Signature _____ Date _____

PI/Supervisor Agreement

I agree the above named individual should be considered a radiation worker (occupationally exposed to radiation), and should be added to any applicable Radiation Use Authorization (RUA). I also understand that if the individual will be wearing dosimetry and fails to return the dosimetry, my department may be charged for the lost dosimeter.

PI/Supervisor Name _____ Date _____

Signature _____

Please complete the back side of this form

Radiation Safety office use only	Badge Type(s) _____	Participant # _____
Series Code _____	Spare(s) Assigned _____	Permit # _____
Date Ordered _____	Reactivation Date _____	
Termination Date _____	Admin Review: <input type="checkbox"/> Entered in database	<input type="checkbox"/> RS Class _____
	Dosimetry Review: <input type="checkbox"/> Expected >10% Limit	HP Initials _____

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Radiation Work

Briefly describe your current or expected work with radiation including nuclides and activities. For radiation producing machines (e.g., LINAC, x-ray, cyclotron), include machine types and scope of use.

Training and Education

List all radiation safety training you received from UW or other institutions, as well as applicable degrees, dates, and schools.

Previous and/or Concurrent Occupational Radiation Exposure

Please provide the dates and the name and address of the institution(s) where you were monitored. Attach additional pages if necessary.

I have never been monitored for occupational radiation exposure

Institution _____

City/State _____

Dates Worked _____

Institution _____

City/State _____

Dates Worked _____

Institution _____

City/State _____

Dates Worked _____

Institution _____

City/State _____

Dates Worked _____