



DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY

Radiation Safety Office

1200 Carothers

Tallahassee, Florida 32306-4481

Phone: 850.644.8801 Fax: 850.644.8842 Web: www.safety.fsu.edu

PERSONNEL DOSIMETRY APPLICATION

Personnel Information

Name: First Last Middle Initial

Employee ID : Date of Birth (mm/dd/yyyy) (Your FSU employee ID number is a nine digit number located on your paycheck as viewed in OMNI. A FAMU employee ID number is also acceptable. If you are an unpaid student worker, please use your FSU security number. If you are a visitor, leave blank.)

Status: Faculty Staff Post-Doc Grad. Student Undergrad. Student Visitor

Gender: Male Female

Have you ever been issued Dosimetry before at FSU? Yes No

Will you be handling >1mCi of a beta emitting isotope with a maximum beta energy >1MeV? Yes No

Approximately how long will you need a dosimeter? Please indicate # of weeks (), # months (), or greater than 6 months()

Email Address: Campus Phone:

Name of Principle Investigator or Supervisor:

Address where you would like your final dose report sent after you leave FSU (permanent address e.g. parents or guardians):

City: State: Zip Code:

Instructions

- Wear whole-body dosimetry with the window towards potential radiation sources, and between your waist and neck. (If you are assigned a ring TLD and you wear disposable gloves, wear it under your glove with the element towards the radiation source).
Always wear your assigned dosimetry as required while working in designated radiation areas or handling radioactive materials.
Never wear dosimetry assigned to another user and do not allow others to wear your assigned dosimetry.
When not wearing the dosimetry, leave it in a non-radiation area, preferably in designated locations.
Avoid taking dosimetry home. If you do, protect it from diagnostic X-rays, excessive heat, etc. If such exposure occurs, or if it is lost, notify the Radiation Safety Office as soon as possible.
Obey all safety rules specified in the FSU Radiation Safety Manual and any additional instructions given by your PI or Radiation Safety Office personnel, when working in radiation areas or handling radioactive materials.
If using radioactive materials, please contact the Radiation Safety Office in order to ensure that the training and experience section of your PI's Proposal has been completed authorizing your activities.

I have read and understand the above instructions and request that appropriate dosimetry be assigned to me.

Signature Date:

For Radiation Safety Office Use Only

Acct.# 79076 WB# Ring#

Temp WB# (/) Temp Ring# (/)

Date FSU service Began: / Ended: /