



Rensselaer

Form 18.1 Radiation Monitoring Request

OFFICE OF RADIATION AND NUCLEAR SAFETY

STUDENT _____ FACULTY _____ STAFF _____ VISITOR _____

Wearer's Name: _____
Last First Middle Initial

Address: _____

E-mail _____ Phone: _____

SSN or RIN: _____ Date of Birth: _____ Sex(M/F): _____

Lab/Room: _____ Supervisor/PI: _____

Ring Size (S/M/L): _____

Have you previously been monitored for radiation exposure: Yes ___ ; No ___

If "yes" , give company, location, and dates of monitoring. You will need to complete a "request for radiation monitoring history for each location.

Dates Monitored	Company	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

ORNS Use

Badge Type:

Type 1 (Film) _____ Type 15 (TLD/CR39) _____ Ring _____

Badge Service Approved By: _____ Date: _____