



RADIATION DOSIMETER ASSIGNMENT FORM

Application Date: _____ Panther ID: _____

Name: _____ Date of Birth: ____/____/____
Last First M.I.

Type of Dosimeter Required: K-Body Badge U-Ring Dosimeter (Ring Size: _____)

Laboratory Location: _____

Work Phone: _____ Home Phone: () _____
Building Room #

Home Address: _____
Street Address City State Zip Code

Are you the Principal Investigator? Yes (If No, P.I.'s Name _____)
Last First

Have you used radioactive materials before? Yes No

If Yes, Please attach copy of previous occupational exposure record or initial here if exposures were minimal*
 _____ (*annual occupational exposure levels less than those specified in F.A.C. 64E-5.304)

Are you currently using or have exposures to radioactive materials in non-University related activities?
 Yes No

Are you a visiting Authorized User? Yes No

If yes, how long do you expect to be using radioactive materials/radiation producing devices here at FIU? _____

Please read the following and sign-off on the bottom line:

Monitoring

- All dosimeters must be returned to the Radiation Safety Office (Environmental Health & Safety Department) on the quarterly schedule described overleaf.
- Failure to return dosimeter holders, when they are no longer required, will incur a cost charged to your department.

Declared Pregnancy

- Florida Administrative Code 64E-5.311 requires implementation of necessary procedures to control occupational exposure of a **declared pregnant** woman.
- It is your individual responsibility to make such written declarations to the Radiation Safety Office, CSC 162.

Training

- It is your responsibility to receive and read the FIU Radiation Protection Manual

Termination

- Florida Administrative Code 64E-5.339 requires that at the time you terminate study/employment with the University, the RSO provide you with a written report summarizing exposures you may have received during the course of your study/work with radioactive materials at FIU. This report shall be provided within 30 days of the RSO's receipt of notification regarding your student/employment status.

Applicant's Signature: _____ Date: _____

Principal Investigator's Signature: _____ Date: _____