

APPENDIX S – RADIATION SAFETY TRAINING AND DOSIMETRY REQUEST FORM

RADIATION WORKER INFORMATION	
Full Name: _____	Today's Date: _____
WKU ID#: _____	Date of Birth: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Department: _____	
Position Title: _____	WKU Employment Status:
Telephone: _____	<input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student
E-mail: _____	<input type="checkbox"/> Adjunct Faculty <input type="checkbox"/> Adjunct Staff
Supervisor Name: _____	<input type="checkbox"/> Non-WKU, Employer Name: _____

RADIATION SAFETY TRAINING REQUEST

Type of Radiologicals to be Used (Select all that apply):

XRF XRD Van de Graaff Accelerator D-D Neutron Generator
Other (specify), _____ Open Source Sealed Sources

DOSIMETRY REQUEST AND PRIOR DOSE HISTORY

Type of Dosimeter Requested (Select all that apply):

Whole Body
Radiation Type(s) Beta Gamma X-ray Neutron

Ring
Right Finger Left Finger, Small Medium Large
Radiation Type(s) Beta Gamma X-ray

Have you ever worn a radiation dosimeter other than at WKU? Yes No
If yes, provide the complete name and address of the employer and the time period employed.

Previous Employer Name: _____
Address: _____
Address 2: _____
City: _____ State: _____ ZIP: _____
Country: _____

Employment Dates From _____ to _____

I hereby authorize my previous employer to release my prior radiation exposure history to Western Kentucky University Department of Environment, Health & Safety.

Signature: _____ Date: _____