



Permanent Dosimetry Badge Service Request

Legal Name: _____ Date: _____
Last First MI MM/DD/YYYY

Fermilab ID: _____ Employee ___ Visitor ___ Contractor ___ Sex: M ___ F ___

Birthdate: _____ E-Mail: _____
MM/DD/YYYY

Mail Station: _____ Extension: _____

Permanent Mailing Address: _____
Number Street

City

State/Country Zip Code

Division/Section/Center or Experiment #: _____ Department: _____

Supervisor/Lab Contact: _____

Have you ever used a dosimeter at Fermilab? YES ___ NO ___

If yes, approximate dates? _____

Estimate of occupational radiation dose for current calendar year: _____ mrem

Have you ever been monitored for radiation exposure at another facility? YES ___ NO ___

If yes, please complete table below.

PREVIOUS EMPLOYER	EMPLOYER'S ADDRESS	DATES OF EMPLOYMENT

Requester's Signature Date

Send completed form to Division/Section/Center RSO

Radiation Safety Officer:

Is it necessary that this individual be on permanent badge service? _____ YES _____ NO

Has this individual received appropriate radiological training? _____ YES _____ NO

Radiological Worker Training Date: _____

Dosimetry Badge Location _____

Signature: _____

Dosimetry Program Office Use

Badge Number _____ Account Number _____ Series Code _____

Unique ID Number _____ Initiation of Permanent Service _____

Termination of Permanent Service _____

CHECKLIST FOR SETUP

- _____ Notification Sent to Badge Wearer
- _____ Information to Permanent Badge Holders Sent (R.P. Form #6)
- _____ Information on Prenatal Exposure Sent (R.P. Form 13)
- _____ Occupational Exposure History Requests (R.P. Form #2) forwarded
- _____ Entered into Vendor Database
- _____ Entered into Dosimetry Program Office database
- _____ Rack Tags Prepared
- _____ Individual Exposure History File Prepared
- _____ Exposure from temporary badges incorporated into permanent history
- _____ Entered in ListServ Database
- _____ mrem Cumulative Exposure Upon Termination