

UCSC DOSIMETRY REQUEST FORM

Name _____
Last
First
M.I.

Birth date _____ UCSC ID Number _____ Sex _____
(mm/dd/yyyy)

Date dosimeter required _____
(mm/dd/yyyy)

Exposure hazard: α _____ β _____ γ _____ x-ray _____ neutron _____

RUA Holder _____ Lab Group _____

Area where dosimeter(s) will be worn (Building, Room No.) _____

Previous Exposure History:

Source of Radiation	Employer	Address	Telephone	From (mm/dd/yyyy)	To (mm/dd/yyyy)

Signature _____ Date _____

For Radiation Safety Office use only:

Dosimeter Number	Type	Date Issued	Date Deleted