



Dosimetry Badge Request Form

Monitoring devices will be issued to personnel who work in a laboratory which uses the types or quantities of radionuclides and/or work with radiation producing devices requiring such devices. The need will be determined at the time of RUA approval and the need for, or type of, monitoring device will be noted on the RUA for everyone listed as an authorized user. Persons must wear the dosimeter when the possibility of such exposure exists.

Please complete the requested information below:

Name	
Department	
Course No: (Students Only)	
Bronco ID:	
CPP e-mail:	
RUA permit #	

Student Training

Employee Training

I, _____, certify that I have read and understood the Radiation Safety Manual in accordance with NRC 10 CFR Part 20 and the dosimeter wear instruction included with this form. I hereby agree to observe the policies and procedures referenced therein, I have had the opportunity to ask questions, and I further understand that I can refer questions at any time to my instructor; the Environmental Health Safety Office, or the Radiation Safety Officer by calling (909) 869-4987.

Radiation User Acknowledgement:

Signature:	
Date:	

Please submit the completed form to EH&S at ehs@cpp.edu

Feel free to contact [EH&S](#) if you have any questions and/or need more information.

Dosimeter Assignment <i>(EH&S Office Use Only)</i>

Badge No		PIN		DTN	
Ring No		PIN		EIN	

<u>Radiation Safety Officer</u>
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Date Received	
Status	
RSO signature	