



California State Polytechnic University, Pomona  
**Radiation Dosimetry Record**

Name:  Social Security No:  Bronco ID: 00-  
 Birthday:  Home Phone:  Cell Phone:   
 Period of Anticipated Use of Badge:  to   
 Isotopes to be Used:   
 Building/ Room No:    
 Radiation Machines to be Used:   
 Serial Number:

**For Students Use Only:**

Course Number:  Instructor or Supervisor:  Dept:   
 Have You Been Film Badged for Occupational Radiation Exposure?  Yes  No  
 If Yes, Location:  Date:

*Note: If pregnant, please consult a radiation safety officer before use of radioactive nuclides or radiation machines*

*Digital Forms: By filling in the Signature Box below, you acknowledge that your entry will be regarded as a digital signature and that the above information is correct and accurate to the best of your knowledge.*

Student Signature:  Date:   
 Instructor or Supervisor:  Date:

**Office Use Only**

Date Activated:   
 Date Inactivated:   
 Signed:

Assigned Badge Number:

Exposures:  Yes  No  
 If Yes, Date(s):