

DARTMOUTH

Environmental Health & Safety

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RADIATION MONITOR REQUEST FORM

For Administrative Purposes (March 2019 Version)

ACCT/SERIES#:	
PARTICIPANT #:	
BADGE TYPE:	
LICENSE #	

Name: _____
(last) (first) (initial)

Employee Status: Regular Undergraduate Graduate Other _____
(circle one)

NET ID #: _____ Sex: _____ Birthdate (MM/DD/YY): _____

Department: _____

Principal Investigator: _____

Please list isotopes and amounts per experiment you will be working with or list x-ray producing equipment.

1. _____
2. _____
3. _____
4. _____

List previous institutions and **complete mailing addresses** where the employee was issued a film badge for radiation monitoring:

1. _____ Dates there: _____

2. _____ Dates there: _____

I hereby give my consent for the release of information concerning previous radiation exposure to myself and to allow that information to be forwarded to Dartmouth College for use in maintaining up-to-date records concerning my total radiation exposure.

Signature: _____ Date: _____