

DARTMOUTH

Environmental Health & Safety

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RADIATION MONITOR REQUEST FORM

For Administrative Purposes	Training
ACCT:	Radiation Safety:
SERIES:	Lab Safety:
PARTICIPANT #:	Hazardous Waste Mgt:
BADGE TYPE:	X-Ray Equipment Safety Training:
Called Landauer	
First Monitor Issued:	

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

Employee Status: Faculty Staff Student Other _____

Dartmouth ID #: _____ 4. Sex: _____ 5. Birthdate: _____

Department: _____

Principal Investigator: _____

Please list isotopes and amounts per experiment you will be working with, or other radiation

device type:

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

List previous institutions and **complete mailing addresses** where the employee was issued a radiation monitor:

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: _____