

DOSIMETRY SERVICE REQUEST

ADDITION DELETION

Use only this form and submit the completed form only to UT-Austin Radiation Safety Office. Please type or print clearly. As a Radiation Worker, if you wish to declare your pregnancy, contact the RSO.

Authorized User of Radioactive Materials or Radiation Producing Machine: _____

Landauer Account Number (if existing account): _____

Wearer Name: _____ Last First Middle Male Female
(delete non-applicable)

Social Security #: _____ Birth date: _____ UTEID: _____ Dosimeter Type(s): _____
(see below)

E-mail: _____ Campus Phone Number: _____

For Additions Only: The following information regarding your radiation exposure **this calendar year** is necessary for initiation of dosimetry service. If you have no occupational exposure to radiation this calendar year, write "None."

Other name(s) under which you have been monitored: _____

Previous employment(s) involving radiation exposure **this calendar year**:

Institution: _____ Department: _____

Mailing Address: _____

Dates: _____ Through _____ (Use reverse side if necessary)

By signing below, I certify that information is correct to the best of my knowledge; permission is granted to obtain experience and exposure records at prior or co-employing institutions; I agree to inform of co-employment as a radiation worker while at UT-Austin as a radiation worker. If you are issued dosimetry, information will be furnished to the dosimetry vendor to provide lifetime tracking of dose and kept in a secure, confidential database, akin to a medical record. Information requested allows you to be unambiguously identified across institutions. Disclosure of your Social Security Number is required of you in order for The University of Texas at Austin to track your occupational radiation exposure history, as mandated by Federal and State law. Further disclosure of your SSN is governed by the Public Information Act (Chapter 552 of the Texas Government Code) and other applicable law.

Notice Concerning Your Information: The Texas Public Information Act, with a few exceptions, gives you the right to be informed about the information that The University of Texas at Austin collects about you. It also gives you the right to request a copy of that information; and to have The University of Texas correct any of that information that is wrong. You may request to receive and review any of that information, or request corrections to it, by contacting the University's Public Information Officer, Office of Financial Affairs, PO Box 8179, Austin, Texas, 78713 (cfo@www.utexas.edu)

Signature: _____ Date: _____

For Deletions Only: Provide a permanent mailing address where a final exposure report may be sent.

Submit the completed form to:

Radiation Safety Officer
SER 221 M/C C2600
Fax: 512-475-6383

To preserve security of sensitive information, do not submit via e-mail.

Dosimeter Types

WB---Whole Body
UR---Right Finger
UL---Left Finger

Radiation Safety Use Only

OH-301 Date: _____
OH-302 Date: _____
OH-306 Date: _____
OH-101 Date: _____
OH-201 Date: _____
Other: _____
Participant Number: _____
Date Processed: _____
By: _____