

RADIATION SAFETY OFFICE

4505 MARYLAND PARKWAY, LAS VEGAS, NEVADA 89154-1042
(702) 895-4226

Request for Personnel Dosimetry

Full Name: Last First Middle

UNLV ID#: DOB: Sex:

Social Security Number: (only provide SSN for previous exposure)

Mailing Address:

Academic Program/Department: Supervisor:

Position in Program/Department: Sources/RPD Working With:

Table with 4 columns: For RSO Office Use Only, Added to Landauer date, Group No, Training date, Type of Badge (Whole Body, Collar, Fetal, Ring), If Spare issued, No, Badge No, Badge Series.

THIS YEAR, have you worn a radiation detection badge at a location other than UNLV? Yes No (Circle one)

If YES, provide your social security number with personal information above and give the complete name and address of that employer and the dates worked below:

Facility Name:

Address:

City: State/Country: Zip:

Date employed from: to:

I hereby authorize my previous employer/academic institution to release my radiation exposure records to the University of Nevada, Las Vegas. (Radiation Safety Office, UNLV, 4505 Maryland Parkway, Las Vegas, NV 89154-1042).

Signature: Date of Request: