Occupational Safety and Environmental Health Radiation Safety Service / Dosimetry Program 1239 Kipke Drive 1010

Phone: 764-4294 / Fax: 764-6523

SPARE or TEMPORARY RADIATION BADGE ASSIGNMENT FORM

(Please Type of	r Print)	-				
Name:						
	Last Name		First N	lame	Middle Name	
Social Security Number: Sex: Date of Birth:						
Work Phone: _	Do	epartment:		A	uth. User:	
Dosimeter Info	rmation – Please Comple	t <u>e</u>			·	
I have previously been issued a dosimeter at the University of Michigan.						
	Your name on badge if different than above					
I will be working directly with radioactive materials or a machine which produces ionizing radiation.						
	List the type(s) of radiation-producing machine(s) you will be exposed to. (e.g. radiographic or fluoro x-ray / x-ray diffraction, etc)					
	List the radionuclide(s) and maximum activity of each (mCi) that you may handle at any one time.					
Reason for Bad	ge Assignment (Check):					
Minor (Under 18 yrs. of age)NO_ Pregnant Woman (contact RSS 4-4294)NO_ Replace Lost or Damaged Badge UM Employee Not Routinely Badged Visitor Requiring Temporary Badge Permanent Mailing Address:			*Please complete and submit a <u>Dosimeter Request Form</u> in advance to add a participant to your series for <u>continual</u> badge exchange. A <u>spare badge</u> should be issued from the Dosimetry Office at RSS/OSEH. In an emergency, a badge can be issued using this form and the Dosimetry Coordinator must be notified 764-4294 or <u>lindarod@umich.edu</u>)			
	Authorization:					
(Series Contact Person or Authorized User)						
Badge Types: WHOLE BODY=P1, UNDERAPRON=P1, OVERAPRON=P8, FINGER RING (RIGHT=U3, LEFT=U4)						
Printed Wear Date: to						
Request Type: (O=One Time Only or S= Spare)						
Account Numbe	r Part	Number	S	eries Code	_ Issue Date	
Badge Type	(see above list)	Binary Number	(7 digit n	umber above barcode)	Temp Part No	
Badge Type	(see above list)	Binary Number	(7 digit n	umber above barcode)		
Badge Type	(see above list)			umber above barcode)		