

APPENDIX D – RADIATION SAFETY TRAINING AND DOSIMETRY REQUEST FORM

RADIATION WORKER INFORMATION			
Full Name: _____	Today's Date: _____		
WKU ID#: _____	Date of Birth: _____	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Department: _____	WKU Employment Status:		
Position Title: _____	<input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student		
Telephone: _____	<input type="checkbox"/> Adjunct Faculty <input type="checkbox"/> Adjunct Staff		
E-mail: _____	<input type="checkbox"/> Non-WKU, Employer Name: _____		
Supervisor Name: _____			
RADIATION SAFETY TRAINING REQUEST			
Type of Equipment to be Used (Select all that apply):			
<input type="checkbox"/> XRF <input type="checkbox"/> XRD <input type="checkbox"/> Van de Graaff Accelerator <input type="checkbox"/> D-D Neutron Generator <input type="checkbox"/> Other (specify), _____			
DOSIMETRY REQUEST AND PRIOR DOSE HISTORY			
Type of Dosimeter Requested (Select all that apply):			
<input type="checkbox"/> Whole Body Radiation Type(s) <input type="checkbox"/> Beta <input type="checkbox"/> Gamma <input type="checkbox"/> X-ray <input type="checkbox"/> Neutron <input type="checkbox"/> Ring <input type="checkbox"/> Right Finger <input type="checkbox"/> Left Finger, <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large Radiation Type(s) <input type="checkbox"/> Beta <input type="checkbox"/> Gamma <input type="checkbox"/> X-ray			
Have you ever worn a radiation dosimeter other than at WKU? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide the complete name and address of the employer and the time period employed.			
Previous Employer Name: _____			
Address: _____			
Address 2: _____			
City: _____		State: _____ ZIP: _____	
Country: _____			
Employment Dates From _____ to _____			
I hereby authorize my previous employer to release my prior radiation exposure history to Western Kentucky University Department of Environment, Health & Safety.			
Signature: _____ Date: _____			

(RSO USE ONLY)	
Date Radiation Safety Training Conducted:	_____
Date Dosimetry Ordered:	_____
Prior Dose History Received?	_____