

# Request for Radiation Dosimeter

The following information is necessary for initiation of Radiation Dosimeter Service. Complete all blanks; use N/A where not applicable.

Last Name:		First Name:		Middle Name:	
UT Arlington #:	Date of Birth:	Sex:		Position:	
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Visitor	
Social Security #	Home Phone:	Other Phone (cell, beeper, etc.):		Email:	
Campus Office Extension:	Campus Lab Extension:	Department:		Supervisor:	

Local Address:

Street	State	Zip

Permanent Address (if different than above):

Street	State	Zip

I will be working with the following radioactive materials and/or radiation producing machines:

Isotopes	Maximum Activity	Building	Room Number

Type of Radiation Producing Machine	Building	Room Number

Within the past year I have worked at the following institution(s) where my radiation exposure was monitored:       None

Name of Institution:		Name of Institution:	
Department:		Department:	
Street Address:		Street Address:	
City, State, Zip		City, State, Zip	
Employment Dates:	From                      To	Employment Dates:	From                      To

I authorize the release of all my radiation exposure data from the institutions listed above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

RETURN THIS REQUEST THROUGH CAMPUS MAIL TO:

Radiation Safety Officer  
Environmental Health & Safety Office  
Box 19257

You may be entitled to know what information The University of Texas at Arlington (UT Arlington) collects concerning you. You may review and have UT Arlington correct this information according to procedures set forth in UT System Administration UTS139. The law is found in sections 552.021, 552.023 and 559.004 of the Texas Government Code.

Disclosure of your Social Security Number ("SSN") is required of you in order for the University of Texas at Arlington to comply with records management requirements as mandated by Texas Health and Safety Code Ch. 401; 25 Tex. Admin. Code section 289.231, 289.232; 30 Tex. Admin. Code section 336.352, 336.405 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.

I agree to inform of co-employment as a radiation worker while at UT Arlington 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.

Internet Privacy Policy:  
[http://www.uta.edu/oit/policy/cs/web/internet\\_privacy.html](http://www.uta.edu/oit/policy/cs/web/internet_privacy.html)