

FOR EHS USE ONLY

Applicant's work does not require issuance of dosimeter under NRC and VAC regulations.

### Personal Monitoring Services Form

This form should be completed by Radioactive Material Users to request new dosimeter services, update user information or to terminate monitoring services. All forms should be sent to the Radiation Safety Officer via email at labsafe@gmu.edu, fax at (703) 993-1324 or mailing to MSN 5G8.

**CHOOSE ONE OF THE FOLLOWING:**

**NEW** request for monitoring services

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Complete Sections 1, 2, 3, 4

**UPDATE** information or change service

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Complete Sections 1, 5, and 6 as applicable

**TERMINATE** monitoring service

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Complete Sections 1 and 7

**SECTION 1 - APPLICANT INFORMATION**

<b>Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>G Number</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Department</b>	<b>Title</b>		
<input type="text"/>	<input type="text"/>		
<b>Date of Birth</b>	<b>Phone</b>	<b>Email</b>	<b>Gender</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Male <input type="radio"/> Female

**SECTION 2 - OCCUPATIONAL EXTERNAL RADIATION EXPOSURE HISTORY**

- I have **NOT** been monitored for radiation exposure during the current calendar year.
- I have **PREVIOUSLY** been monitored by George Mason University.  
Name if different from above: \_\_\_\_\_
- I have been monitored for Radiation Exposure in the current calendar year by the following employer(s):

Company Name	Address	Supervisor Name	Phone Number

**SECTION 3 - CERTIFICATION**

- I certify that the exposure history listed above is correct and complete to the best of my knowledge.
- During my employment at George Mason University, I authorize other employers to provide my radiation exposure history to the Environmental Health and Safety Office.
- I hereby authorize George Mason University Environmental Health and Safety Office to receive a summary report of my pertinent previous occupational radiation exposure data.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SECTION 4 - RADIATION WORK INFORMATION**

Name of Authorized User

Location Where Work is Performed (Building / Room #)

 Open Source Sealed Source X-Ray Equipment Only

Isotope to be used:

 H-3 C-14 P-32 P-33 S-35 Fe-55 Ni-63 Cs-137**Brief Description, in layman's language, of Radiation Work and/or type of X-Ray Equipment Used****SECTION 5 - \*APPLICANT INFORMATION REVISION OR UPDATE**

\* Only complete fields that need to be revised.

Last Name

First Name

MI

G Number

Department

Title

Date of Birth

Phone

Email

Gender

 Male  Female**SECTION 6 - ADDITIONAL DOSIMETER / CHANGE DOSIMETER****Reason for Change****Action Required**

<input type="checkbox"/>	There has been a modification to the type of radiation work I am conducting	Complete Section 2
<input type="checkbox"/>	I am requesting a fetal monitor	Complete Declaration of Pregnancy Form
<input type="checkbox"/>	I am requesting an additional badge	List reason for additional badge:

**SECTION 7 - \*\*TERMINATE MONITORING SERVICES**

Complete only if you are the listed applicant in Section 1.

<b>Terminate Service For:</b>	<input type="radio"/> All Monitoring Services	<input type="radio"/> Only Badge Number:
<b>Reason:</b>	<input type="radio"/> My work no longer involves radiation	
	<input type="radio"/> I will no longer be employed by George Mason University	<b>Effective Date:</b>
	<input type="radio"/> Other (Please list reason):	

Complete if you are terminating service on behalf of the listed applicant in Section 1.

<input type="checkbox"/>	Terminate all radiation monitoring services for the listed applicant because they are no longer employed by George Mason University
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\*\*All terminated badges should be returned with this form to the Environmental Health &amp; Safety Office.

Your Name: \_\_\_\_\_ Your Email or Phone: \_\_\_\_\_