

NORTH CAROLINA STATE UNIVERSITY  
 ENVIRONMENTAL HEALTH AND PUBLIC SAFETY  
 RADIATION SAFETY DIVISION

**DOSIMETRY SERVICE ASSESSMENT AND EXPOSURE HISTORY FORM**

**SECTION 1: PARTICIPANT DATA**

As required in the N.C. *Regulations for the Protection Against Radiation, 15A NCAC 11*, the following information regarding your radiation exposure history this calendar year is necessary for assessment of dosimetry service. Please complete the following items, then certify the information and submit this information to the Radiation Safety Division.

**Full Name:** \_\_\_\_\_  
Last First Middle

**NCSU ID# (9 digits):** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Gender:** Female Male

List any other name(s) under which you have been monitored: \_\_\_\_\_

**SECTION 2: CIRCLE THE APPROPRIATE RESPONSE:**

	Yes	No	<u>NCSU DOSIMETRY</u>
(a) I will work with <sup>3</sup> H, <sup>14</sup> C, <sup>35</sup> S, and/or <sup>33</sup> P only:	Yes	No	If yes, no badge required
(b) I will work with <sup>32</sup> P or <sup>36</sup> Cl per protocol:	Yes	No	If yes, dosimeter required
(c) I will work with <sup>86</sup> Rb, <sup>22</sup> Na, <sup>51</sup> Cr, <sup>131</sup> I:	Yes	No	If yes, dosimeter required
(d) I will work with X-ray or fluoroscopy equipment:	Yes	No	If yes, dosimeter required
(e) I will work with Pulstar Nuclear Reactor:	Yes	No	If yes, dosimeter required
(f) I will work for Environmental Health & Safety:	Yes	No	If yes, dosimeter required
(g) I will work with Moisture Density Gauges:	Yes	No	If yes, dosimeter required
(h) I am a voluntarily declared pregnant worker:	Yes	No	If yes, administrative badge
(i) I am not required, but would like a whole-body badge:	Yes	No	If yes, administrative badge
(j) I am not required, but would like an extremity badge:	Yes	No	If yes, administrative badge

Classification: Faculty Laboratory Staff Student Resident Other-Specify \_\_\_\_\_

With which Principal Investigator will you be working?

Name of PI: \_\_\_\_\_ Start Date: \_\_\_\_\_ through \_\_\_\_\_

**SECTION 3: PREVIOUS EMPLOYMENT(S) INVOLVING RADIATION EXPOSURE THIS CALENDAR YEAR**

Have you been occupationally exposed to radiation sources at another institution? Yes No  
 Does any concurrent employment to NCSU require exposure to radiation sources this calendar year? Yes No

Facility Name: \_\_\_\_\_ Facility Name: \_\_\_\_\_

Department: \_\_\_\_\_ Department: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Mailing Address: \_\_\_\_\_

Dates: \_\_\_\_\_ through \_\_\_\_\_ Dates: \_\_\_\_\_ through \_\_\_\_\_

**SECTION 4: SIGNATURE**

I authorize the release of my radiation exposure history to North Carolina State University and will notify Environmental Health & Safety in the event of changes to the above information. Social Security numbers will be needed to obtain exposure history records from other institutions. Please provide your Social Security # for this purpose (voluntary information request).

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Signature**

Social Security #: \_\_\_\_\_