



Dosimetry Request Form

Section 1: Employee Information

Last Name:	First Name:	Request Date:
KSU ID #:	Date of Birth:	
Email:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
College:	Department:	Supervisor:
Phone:	<input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Mobile	
Street Address:		
City:	State:	Zip:

Section 2: Signature

The use of any dosimeter will result in the generation of a permanent record that shall be maintained at Kennesaw State University. All dosimetry records shall be kept confidential. Individuals may request access to their own dosimetry records at any time. Individual dose records will be mailed annually to the individual utilizing an NRC Form 5 or its equivalent. I, the undersigned, have read and understand the above statement.

Signature of Employee: _____

Date: _____

RSO Use Only

Dosimetry Monitoring: Whole Body Badge Badge ID: _____

Ring Badge Badge ID: _____

Comments:

RSO Signature: _____

Date: _____