DOSIMETRY MONITORING REQUEST

FULL NAME:			MALE	FEMALE
	(First Middle Last)			
OSU Campus V	Wide ID (CWID):	_ DATE OF BIRTH:		
CHECK ALL	THAT YOU WILL BE WORKING WITH, A	ND ENTER ALL REQUE	STED INFORI	MATION:
□ RAM -	- SEALED SOURCES			
0	Isotopes:			_
0	Name of RAM Permit Holder/Principal Inve	stigator:		-
□ RAM -	- UNSEALED SOURCES			
0	Isotopes:			-
0	Name of RAM Permit Holder/Principal Inve	stigator:		-
□ X-RAY	Y			
0	X-ray Instrument(s):			_
0	Name of X-ray Permit Holder/Principal Inve	stigator:		_
Fees and Other	Information:			
All fees are deter	mined by contract with Landauer and are subject to	change.		
Required Radiati	on Safety online training must be completed before	dosimeter(s) will be issued.		
Faculty Supervis	ors (PIs) are responsible for returning all dosimeters	s to the RSO at the end of eac	h quarter by the	due date.
	s this document will be responsible for all monthly in the applicant's badge. See the RSO <u>Dosimeter Bil</u>			e fees charged by
	responsible for submitting a schedule of RAM/X-ra at a dose estimate can be determined by the RSO ar			
Faculty Superv	isor Printed Name (this person will be billed f	for badge) Date		
	PERVISOR SIGNATURE			
_	etronically, this form does not require a signature butted copy via campus mail, the Faculty Supervisor's		Faculty Supervi	sor's e-mail account.

Please allow 5 business days after receipt/completion of required training for processing of badge request.