

DOSIMETRY MONITORING REQUEST

FULL NAME: _____
(First Middle Last)

MALE

FEMALE

OSU Campus Wide ID (CWID): _____ DATE OF BIRTH: _____

CHECK ALL THAT YOU WILL BE WORKING WITH, AND ENTER ALL REQUESTED INFORMATION:

RAM – SEALED SOURCES

Isotopes: _____

Name of RAM Permit Holder/Principal Investigator: _____

RAM – UNSEALED SOURCES

Isotopes: _____

Name of RAM Permit Holder/Principal Investigator: _____

X-RAY

X-ray Instrument(s): _____

Name of X-ray Permit Holder/Principal Investigator: _____

Fees and Other Information:

All fees are determined by contract with Landauer and are subject to change.

Faculty Supervisors (PIs) are responsible for returning all dosimeters to the RSO at the end of each quarter by the due date.

The PI who signs this document will be responsible for all monthly fees in addition to any late or unreturned badge fees charged by Landauer for the applicant's badge. See the RSO [Dosimeter Billing Policy](#) for more information.

The applicant is responsible for submitting a schedule of RAM/X-ray work for any quarter for which he/she does not turn in one or both badges so that a dose estimate can be determined by the RSO and added to his/her occupation exposure record.

Faculty Supervisor Printed Name (this person will be billed for badge)

Date

FACULTY SUPERVISOR SIGNATURE _____

If submitting electronically, this form does not require a signature but must be submitted from the Faculty Supervisor's e-mail account. If submitting a printed copy via campus mail, the Faculty Supervisor's signature is required.

RETURN COMPLETED FORM TO THE RADIATION SAFETY OFFICE
223 SCOTT HALL
OR
radsafe@okstate.edu