

Office of Radiation Safety Services (ORSS)
Email: ORSS@umdnj.edu

Phone: 973-972-5305
Fax : 973-972-6498
Website: <http://rehs.rutgers.edu>

FILM BADGE REQUISITION

All the information requested below is required by the Nuclear Regulatory Commission (NRC), the Bureau of Radiation Protection, and the New Jersey Department of Environmental Protection (NJDEP).

- **Radiation Badges may not be issued**, if this requisition is not complete!

1. Last Name: _____ First Name: _____ M.I.: _____ 2. Sex:

3. University ID #: _____ 4. Date of Birth: _____
Note: SSN (last 4 digits) may be used if Applicant does not have a University ID #.

5. Location: _____
Building & Room Number _____ Department _____

6. Phone #: _____ Email: _____

7. Will you work with or be in the same room/lab with: X-rays? Radioisotopes? Irradiators?

<u>X-ray users only:</u> Do you work with X-ray Fluoroscopy?	Yes	No
Do you use a lead apron and a collar shield?	Yes	No

8. Do you intend to stay for more than 3 months? Yes No

9. Have you ever been monitored for occupational radiation exposure? Yes* No

*If yes, please give full address of the facility where you have been monitored and employment dates:

Employer Address	Date Started	Date Terminated
	Start Date :	End Date :
	Phone #	

10. Licensee / Principal Investigator (PI): _____

If you are **pregnant**, please notify your supervisor, obtain the Declaration of Pregnancy Form (on-line or from Radiation Safety Office), and submit your completed, signed, and dated Declaration of Pregnancy Form to REHS - ORSS to receive a biweekly (every two weeks) Whole Body Fetus (WB FS) Film Badge in addition to your regular monthly Whole Body (WB) Film Badge(s).

Assign Temporary Badge (ORSS use only): Location #: _____ Wearer #: _____ Start Date: _____
WB #: _____ CL #: _____ URE #: _____ ULE #: _____ WB FS #: _____ Badge Date: _____

I authorize the release of my radiation exposure record to REHS - ORSS. I hereby certify that the particulars provided above are true to the best of my knowledge.

Signature	Date:
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