

HPF-DOS-001 Rev: 10 Date: 4/10/09 Page: 1	Radiation Control Office Thomas Jefferson National Accelerator Facility Dosimeter Request	Applicable to Procedure HPP-DOS-009
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Section I

Name: _____ ID No: _____
 LAST FIRST (circle one: SSN, PPN, WPN, CIN, OTH)

Division: _____ Dept/Group: _____

Date of Birth: _____ Job Title: _____
 (Month, Day, Year)

Sex: M / F Telephone Ext.: _____ Mail Stop: _____ Bldg/Room: _____

Badge Racks: AN1 ARC ATS CC CH CHL EEL FEL GRD MCC TL1 TL2 VAR

Section II Previous Exposure Information

Yes/No I have previously been monitored for ionizing radiation exposure. (I have completed an ionizing radiation record
 (circle one) transfer request for each facility listed on page 2).

-If above is answered YES, complete the following:

Yes/No I have been monitored for ionizing radiation during the current calendar year. If Yes, I am providing:
 (circle one)

_____ A. A record of any exposure received, prepared by the site(s) performing the monitoring:
 Or:
 _____ B. An exposure estimate which I believe to be true, pending receipt by Jefferson Lab or my current year dose
 record(s).

Exposure Estimate for current year: _____ millirem, whole body

Signature: _____ Date: _____

Section III Note to Contract Employees/Student Interns/and Users: Statement of Understanding

Prior to termination of a job assignment at Jefferson lab, each non-Jefferson Lab employee trained as a Radiation Worker must report to the Radiation Safety Office (Trailer 52B) to return his/her TLD Badge, and verify forwarding address for radiation exposure records.

Signature: _____ Estimated Date of Assignment Termination: _____

Section IV Supervisor's Statement

Yes/No The above named person has completed Radiation Worker Training, and as such requires radiation dosimetry
 (circle one) for the performance of his/her assigned duties.

-OR-

Yes/No The above named person has not completed Radiation Worker Training and as such requires an escort AT ALL
 (circle one) TIMES while in a Radiologically Controlled Area and may also require an escort if they have not taken TJNAF
 GERT training.
 The undersigned supervisor agrees to insure that this visitor will be escorted at all times while in a Radiologically
 Controlled Area or in a Controlled Area, as appropriate.

Approvals:

_____/_____/_____ / _____ / _____
 Supervisor/Sponsor/SOTR Date Dept. Head or Hall Leader Date

Sec V RCD Use

Radiation Worker Training completed (date): _____ No.: _____ Date: _____
 Landauer (init/date): _____ JDB (init/date): _____ Terminated (init/date): _____

HPF-DOS-001
Rev: 10
Date: 4/10/09
Page: 2

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Section VI Personnel Information

Name: _____

Home Address: _____

City, State, Zip Code: _____

Home Phone Number: _____

Employment Information:

Jefferson Lab Employee _____ User _____ Contractor _____ Student _____ DOE _____ Other _____

Employer's Name (if other than Jefferson Lab): _____

Address: _____

Email address: _____

Sect VII

Facilities for Which Dose Records are Being Requested (If more space is needed attach additional pages)

RADCON USE ONLY				
Facility Name	Dates Monitored	Transfer Request Sent	Records Received	Comments

This list contains the names of all the facilities at which I have been monitored for ionizing radiation.

_____/_____
Signature Date

The information requested on this form is required for purposes of complying with US Federal Code 10CFR835. If the information is not provided, Jefferson Lab may not be able to provide the dosimetry services requested. All information is handled in accordance with Privacy Act of 1974 (Section 1, Publ. L. 93-579; Title 5, United States Code Section 551a) requirements.