KENNESAW STATE UNIVERSITY
ENVIRONMENTAL HEALTH AND SAFETY

Dosimetry Request Form

Section 1: Employee Information

Last Name:	**First Name:**	**Request Date:**
KSU ID #:		**Date of Birth:**
Email:		**Sex:** ☐ **Male** ☐ **Female**
College:	**Department:**	**Supervisor:**
Phone:	☐ **Work** ☐ **Home** ☐ **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 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:**