

PERSONNEL MONITORING DEVICE APPLICATION

University of Florida
Division of Environmental Health & Safety
Department of Radiation Control & Radiological Services
PO Box 118340, 212 Nuclear Sciences Center, Gainesville, FL 32611
Telephone: (352) 392-7359 or Fax: (352) 846-0489

THIS REQUEST IS TO: Reactivate an old badge Whole body, collar
 Apply for a new badge Whole body, waist
 Extremity, rt hand
 Extremity, lt hand
 Extremity, rt wrist
 Extremity, lt wrist

A request for a fetal monitor must be accompanied by a declaration of pregnancy form, provided to the employee's supervisor declaring pregnancy and the approximate date of conception.

PRINT NAME: (LAST, FIRST, MIDDLE INITIAL) _____

UFID: _____ - _____

FOR THOSE INDIVIDUALS WORKING AT A SHANDS HEALTH CARE FACILITY, THIS IS AN 8 DIGIT NUMBER THAT CAN BE FOUND ON THE BACK OF YOUR ID BADGE

DATE OF BIRTH: ____ / ____ / ____

SEX MALE FEMALE

PRINCIPAL INVESTIGATOR/SUPERVISOR: _____

FILM BADGE COORDINATOR: _____

DEPARTMENT: _____

FACILITY _____ BLDG _____ ROOM _____

MAILING ADDRESS: BOX _____ PHONE _____

DO YOU WORK WITH: Radiation producing device (x-ray machine, accelerator, irradiator)
 Radioactive material; list radionuclide(s)

If you work directly with radioactive material or radiation producing devices, a completed *Statement of Training and Experience* form must be attached for approval.

If you do not work with radioactive material or a radiation producing device, list the reason for this badge request: _____

(Based on this reason, the badge may/may not be issued at the discretion of the Radiation Control Officer.)

COMPLETE REVERSE SIDE OF FORM

OFFICE USE ONLY	
RCO Approval	Part ID#
Binary #	Series Code
	Date Issued

