

**UNIVERSITY RADIATION SAFETY OFFICE
ROOM 102 Library Building, HSC
PERSONNEL MONITORING BADGE ACTION FORM**

DATE: _____

FULL NAME: _____

EMPLOYEE ID #: _____ (LAST) _____ (FIRST) _____ (MI)
D.O.B. _____ SEX _____

TYPE OF BADGE: CHEST: (G1) _____ COLLAR (G13) _____ *(Lead Apron Wearers ONLY)*

RING: (CIRCLE ONE) Right Finger (U3) Left Finger (U4)
Small _____ Medium _____ Large _____

DEPARTMENT: _____ PHONE NUMBER: _____

CAMPUS MAILING ADDRESS: _____ POSITION: _____

PRINCIPAL INVESTIGATOR PRINTED NAME: _____

U OF L SPEEDTYPE TO BE CHARGED: _____ (Not Applicable for U of L Hospital)

SIGNATURE OF INDIVIDUAL APPROVING EXPENDITURE: _____

FOR URSO USE ONLY:

TEMPORARY BADGE ISSUED: yes ___ no ___ TEMPORARY BADGE NUMBER: _____

DATE TRANSMITTED TO VENDOR: _____ GROUP #: _____

VENDOR REPRESENTATIVE NAME: _____ BADGE #: _____

HAVE YOU EVER WORN A BADGE BEFORE: YES ___ NO ___

IF YES, GIVE THE COMPLETE NAME AND ADDRESS OF THAT EMPLOYER AND THE TIME EMPLOYED THERE.

FACILITY NAME: _____

ADDRESS: _____

CITY: _____ STATE/COUNTRY: _____ ZIP: _____

DATES EMPLOYED: FROM _____ TO _____

(M/Y)

(M/Y)

I HEREBY AUTHORIZE MY PREVIOUS EMPLOYER TO RELEASE MY PAST RADIATION EXPOSURE HISTORY.

SIGNATURE OF INDIVIDUAL BEING BADGED: _____

DATE: _____