RSO-1

 

**RADIATION SAFETY OFFICE**

**629 Wareham Parkway**

**Criss I, Room 213**

**Omaha, NE 68178**

**402-280-5570**

**OCCUPATIONAL EXTERNAL RADIATION EXPOSURE HISTORY**

|  |  |
| --- | --- |
| 1a. PRINT NAME (Last, First, Middle) | 2. NetID |
| 1b. Department and Supervisor | 3. Birthdate (Mo/Day/Yr) |
| 1c. Permanent Address | 4. Gender |

5. Have you ever worn a radiation dosimeter/badge before? ( ) Yes ( ) No

 If no, please indicate “N/A” in Item 6, then proceed to Item 13.

 If yes, please complete Items 6-8, then proceed to Item 13.

**OCCUPATIONAL EXPOSURE – PREVIOUS HISTORY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 6. Previous EmployersList name and address of any employment where dosimeters were worn. | 7. Dates of employment(From – To ) | 8. Period of exposure (dates of badging) | 9. Whole Body Exposure | 10. Record or calculated. |
|  |  |  |  |  |
| 11. Remarks: | 12. Accumulated Dose: |

**13. Certification: I certify that the exposure history listed above is correct and complete to the best of my knowledge and belief.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For Radiation Safety Office Use Only

|  |  |  |  |
| --- | --- | --- | --- |
| Date Ordered | Location Code | Badge Number | Letter to Previous Employers |
|  |  |  |  |