

Any record generated as a result of the use of a dosimeter shall be maintained as permanent records of Georgia Institute of Technology. These records shall be kept confidential. Individuals may request to view their own dosimetry records at any time. Individual dose records shall be mailed annually to the individual utilizing an NRC Form 5 or its equivalent.

Last Name: _____ First Name: _____

GT ID: _____ Last 4 Digits of SSN: _____

Date of Birth: _____ Sex: M / F

Email: _____

Preferred Phone: _____

Ring Dosimetry (Please answer these questions and ORS will later determine if you need a ring dosimeter)

What is your dominant hand (the ring will be assigned to that hand)? Right Left

What size ring will you wear (med/large fits most)? Small Med/Large X-Large

Signature: _____ Date: _____

| ORS Use Only - Personnel Monitoring | |
|--|---|
| Badge ID: _____ | RAM/Xray Training Date(s): _____ |
| <input type="checkbox"/> Pa Whole Body | <input type="checkbox"/> Ta Whole Body <input type="checkbox"/> Extremity <input type="checkbox"/> Collar |
| Spare Serial #s | _____ |
| Comments/ Storage Location: | |
| ORS Signature: | Date: |

| | |
|--|---|
| Reissues: | |
| <input type="checkbox"/> Pa Whole Body | <input type="checkbox"/> Ta Whole Body <input type="checkbox"/> Extremity <input type="checkbox"/> Collar |
| Last RAM/Xray Training Date(s): | _____ |
| Badge Type/ Spare #s | _____ |
| Comments/ Storage Location: | |
| ORS Signature: | Date: |