



## Appendix B Forms

### CENTRAL MICHIGAN UNIVERSITY Radiation Safety Dosimeter Request

1. Full Name \_\_\_\_\_
2. Date \_\_\_\_\_
3. CMU Student/Employee ID Number \_\_\_\_\_
4. Male \_\_\_\_\_ Female \_\_\_\_\_
5. Are you a CMU Student? \_\_\_\_\_ Are you a CMU Employee? \_\_\_\_\_ If the answers to both of these are no, what is your relation with the department with which this request is associated?  
\_\_\_\_\_  
Who is the Principle Investigator? \_\_\_\_\_
6. Is the dosimeter needed for use in conjunction with a course you are taking (Yes or No)? \_\_\_\_\_  
If so, what course? \_\_\_\_\_
7. Have you ever previously taken a course that required your presence in the vicinity of X-ray beams, radioactivity, or radiation sources (Yes or No)? \_\_\_\_\_
8. Have you ever been exposed to X-rays, radioactivity, or other radiation, or in the close vicinity of the same (Yes or No)? \_\_\_\_\_
9. Have you ever completed a course in Radiation Safety or had instruction in Radiation Safety (Yes or No)? \_\_\_\_\_
10. Have you ever been exposed to radiation in any situation other than as a patient undergoing dental, medical, or chiropractic examination or medical treatment (Yes or No)? \_\_\_\_\_
11. Have you ever been exposed to high levels of radiation in a medical treatment (Yes or No)? \_\_\_\_\_
12. Have you ever worn a dosimeter, film badge, pocket dosimeter, or similar device (Yes or No)? \_\_\_\_\_  
If yes, where? \_\_\_\_\_
13. If you answered "yes" to questions 7, 8, 9, 10, 11 or 12, explain. If possible, indicate time and place.  
\_\_\_\_\_
14. What source of radiation will you be working with? Be specific.  
\_\_\_\_\_

**Return completed form to: Jennifer Walton, Radiation Safety Officer, Foust Hall 104, 774-4189**