

APPENDIX A

Film Badge Application

Radioactive Material Package Receipt Log

Radioactive Material Package Receipt Form (Off-Campus Locations)

Radiation / Contamination Survey Form

PERSONNEL MONITORING DEVICE APPLICATION

University of Florida
 Division of Environmental Health & Safety
 Department of Radiation Control & Radiological Services
 P.O. Box 118340, 212 Nuclear Sciences Center, Gainesville, FL 32611
 Telephone: (352) 392-7359 or (352) 392-8700
 Fax: (352) 846-0489

THIS REQUEST IS TO: Reactivate an old badge whole body, collar
 Apply for a new badge whole body, waist
 whole body, fetal*
 extremity, rt hand
 extremity, lt hand
 extremity, rt wrist
 extremity, lt wrist

*A request for a fetal monitor must be accompanied by a copy of the letter to the employee's supervisor declaring pregnancy and approximate date of conception.

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

UFID: _____ - _____

DATE OF BIRTH: __/__/__
 mo day yr

SEX: MALE FEMALE (circle one)

PRINCIPAL INVESTIGATOR/SUPERVISOR: _____

FILM BADGE COORDINATOR: _____

DEPARTMENT: _____

FACILITY: _____ BLDG: _____ ROOM: _____

MAILING ADDRESS: _____ PHONE NUMBER: (____) ____-____

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

If you directly work 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

OCCUPATIONAL RADIATION EXPOSURE HISTORY IDENTIFICATION

Have you **EVER** received a personal monitoring device or participated in a bioassay program somewhere other than UF/Shands Health Care Systems and Clinics:

YES

NO

IF YES, COMPLETE THE FOLLOWING:

OCCUPATIONAL EXPOSURE – PREVIOUS HISTORY			
Previous employment involving occupational exposure List name and address of employer	Date of Employment (From – To)	Period of Exposure (From – To)	Estimated Radiation Exposure (mrem)

Certification: I certify that the exposure history information listed above is correct and complete to the best of my knowledge. I authorize the release of my radiation exposure records to the University of Florida.

Employee Signature: _____ Name (Print) _____

UFID: _____ - _____

Date: _____

RADIOACTIVE MATERIAL PACKAGE RECEIPT LOG

DATE: _____

DELIVERED BY: _____

AUTHORIZED BY: _____

Contamination Check DPM/100 cm ²	Surface Radiation mR/Hour	Radionuclide	Activity mCi	Vendor	Catalog Number	RC Number	Purchase Order Number	Room#/Building #	Dept Code	Principal Investigator		Received By: PRINT NAME
											1	
											2	
											3	
											4	
											5	
											6	
											7	
											8	
											9	
											10	
											11	
											12	
											13	
											14	
											15	
											16	
											17	
											18	
											19	
											20	
											21	
											22	
											23	
											24	

RADIOACTIVE MATERIAL PACKAGE RECEIPT FORM

RECEIVING DATA

Principal Investigator		Dept.	
Facility	Building	Lab Room	
Radionuclide	Activity (mCi)		
Date Received ____/____/____	Received By		
RC Number	PO Number		
Supplier			

RADIATION SURVEY DATA

Surface of Container	mR/hr
Packing Material	mR/hr

CONTAMINATION SURVEY

Surface of Container	dpm/100 sqcm
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RADIATION CONTROL OFFICE

Review Date ____/____/____	Approval
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Complete form upon package receipt and return or FAX to:

University of Florida
Radiation Control and Radiological Services
PO Box 118340
212 Nuclear Sciences Center
Gainesville FL 32611

FAX: 352-846-0489

RADIATION/CONTAMINATION SURVEY

PRINCIPAL INVESTIGATOR: _____

SURVEYOR: _____

ROOM NO: _____

RADIONUCLIDES USED: _____

SURVEY NO: _____

SURVEY TYPE: WEEKLY SPECIAL

DATE: _____ / _____ / _____

	Yes	No	N/A
Caution Signs Posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waste Facilities Posted & Neat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inventory up to Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Areas Clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Survey Meter Calibrated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Survey Meter Operation Verified with Dedicated Check Source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Survey Meter Model & Serial #

Work Area _____ mR/hr

Waste Facilities _____ mR/hr

Storage Areas _____ mR/hr

CONTAMINATION SURVEY RESULTS

Counting Instrument Model & Serial #

Detection Efficiency ___% for Isotope _____

DETAILED LABORATORY LAYOUT

#	Swipe Identification	Net Cpm	Net dpm*	Post Decon dpm
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

*Areas of greater than 100 dpm/swipe must be resurveyed and documented.

RADIATION READINGS:

DPM = Gross CPM minus background divided by the efficiency of the counting instrument for the particular radioisotope.

