RADIATION MONITORING SERVICE
Forms and Guidelines

To apply for radiation monitoring at Yale University (**not to include Yale New Haven Hospital or the VA Hospital**) the attached form must be completed and returned via email at dosimetry@yale.edu or campus mail to the address below:

EH&S, Radiation Safety
135 College Street, Suite 100
New Haven, CT 06510
Or
Fax #: 203-785-7588

Be certain to complete all sections of the form (especially Previous Dose History information) or it may delay processing.

General Guidelines for Proper Use of Personnel Monitoring Devices:

- *Wear the badge only when working at Yale **University***
- *Badges provide important legal information. Wear and store them properly and never purposely expose dosimeters to radiation you are not exposed to.*
- *Wear only your own badge - i.e. check the name*
- *Wear the badge outside any protective lead clothing*
- *For ring badges, tell RSS if your left or right hand is the one most likely to be exposed.*
- ***Return all Badges Promptly** - EH&S is charged for all unreturned badges*
- *Store the badge in a cool, dry place **away from sources of radiation** when it is not being worn (do not expose badges to chemicals or heat)*
- *Do not take your badge home, or off University property*
- *Submit the badge for processing by the 10th of the month after your new badge is provided*
- *Report loss or damage of badge promptly so that a replacement may be issued*
- *When transferring to another lab where you will be using radioactive material take your badge with you, and then call Radiation Safety at 737-2118 with the new lab information.*
- *Report personal Nuclear Medicine exams, so that medical exposures are not confused with occupation radiation exposure.*

If you have any questions about personnel monitoring, call the Radiation Safety Section at 737-2118.

Yale *Environmental Health & Safety*

Request for Radiation Monitors

Radiation monitors ARE NOT required for work with C-14, H-3, S-35 or P-33.

Return completed form by email to dosimetry@yale.edu or via campus mail to:
Attn: EHS Radiation Safety, 135 College Street, Suite 100, New Haven, CT. 06510

Date:		
Last Name:	First Name:	Middle:
NET ID:	Date of Birth:	Sex:
Yale Phone #:	Department:	
Authorized PI:		

Indicate why you need a radiation monitor: (Check all that apply)

☐ 32P ☐ 125I ☐ 51Cr ☐ 99mTc ☐ 201Tl ☐ 22Na ☐ 111In ☐ 137Cs ☐ 11C ☐ 18F

☐ Other (specify)	☐ Neutron Source (specify)	☑ Gamma/X-ray Source (specify) Cu Ka

X-ray equipment used will include: (Check all that apply)	**List location (building and room)**
☑ X-ray diffraction	Room A119, 810 West Campus Drive, West Haven
☑ Cabinet x-ray machine or irradiator	Room A119C
☐ Conventional radiography	
☐ C-Arm	
☐ Bone Densitometry	
☐ CT/SPECT/PET	
☐ Other (specify):	

If using 10mCi or more of a high energy beta and/or photon emitter, sealed sources, or x-ray equipment, you may need a ring badge. Indicate if your right or left hand is likely to be most exposed. ☐ Right ☐ Left

Have you ever been issued a badge at Yale University before? ☐ Yes Year: ☐ No

Have you ever been monitored at another institution for exposure to radiation? ☐ Yes ☐ No
If yes, please complete page 2 of this form.

Has your occupational radiation exposure ever exceeded a regulatory limit? ☐ Yes ☐ No

Your signature:

OFFICE USE ONLY

Training Verified: ☐	Date Verified:	Initials:	
Account#:	EHS Wearer#:	Effective Date:	Entered into Global:
Whole Body			
Spare Badge Wearer#:	Dosimeter ID#:	Location:	Frequency: ☐ M ☐ Q
Ring			
Spare Badge Wearer#:	Dosimeter ID#:	Hand: ☐ URE ☐ ULE	Size:

YALE UNIVERSITY
REQUEST FOR RADIATION MONITORS - PAGE 2

Please Print or Type
Only required for those who have been monitored at another institution.

Complete a separate block for each institution which has monitored you for radiation exposure.

INSTITUTION: _____

DEPARTMENT/SUPERVISOR: _____

STREET ADDRESS: _____

_____

CITY, STATE, ZIP: _____

DATES AT INSTITUTION: FROM: _____ TO: _____

ADDITIONAL INFORMATION: _____

I authorize the release of past radiation exposure information to Yale University.

Signature: _____

INSTITUTION: _____

DEPARTMENT/SUPERVISOR: _____

STREET ADDRESS: _____

_____

CITY, STATE, ZIP: _____

DATES AT INSTITUTION: FROM: _____ TO: _____

ADDITIONAL INFORMATION: _____

I authorize the release of past radiation exposure information to Yale University.

Signature: _____

INSTITUTION: _____

DEPARTMENT/SUPERVISOR: _____

STREET ADDRESS: _____

_____

CITY, STATE, ZIP: _____

DATES AT INSTITUTION: FROM: _____ TO: _____

ADDITIONAL INFORMATION: _____

I authorize the release of past radiation exposure information to Yale University.

Signature: _____