

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 peggy.motsinger@yale.edu or campus mail to the address below:

EH&S, Radiation Safety
135 College Street, Suite 100
Attn: Peggy Motsinger
Or
Fax #: 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 737-2114 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 737-2114.

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.

<p>INSTITUTION: _____</p> <p>DEPARTMENT/SUPERVISOR: _____</p> <p>STREET ADDRESS: _____</p> <p>_____</p> <p>CITY, STATE, ZIP: _____</p> <p>DATES AT INSTITUTION: FROM: _____ TO: _____</p> <p>ADDITIONAL INFORMATION: _____</p> <p>I authorize the release of past radiation exposure information to Yale University.</p> <p>Signature: _____</p>
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