

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 ehs.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 ehs@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)				
<input type="checkbox"/> 32P <input type="checkbox"/> 125I <input type="checkbox"/> 51Cr <input type="checkbox"/> 99mTc <input type="checkbox"/> 201Tl <input type="checkbox"/> 22Na <input type="checkbox"/> 111In <input type="checkbox"/> 137Cs <input type="checkbox"/> 11C <input type="checkbox"/> 18F				
<input type="checkbox"/> Other (specify)		<input type="checkbox"/> Neutron Source (specify)		<input type="checkbox"/> Gamma/X-ray Source (specify)
X-ray equipment used will include: (Check all that apply)		List location (building and room)		
<input type="checkbox"/> X-ray diffraction				
<input type="checkbox"/> Cabinet x-ray machine or irradiator				
<input type="checkbox"/> Conventional radiography				
<input type="checkbox"/> C-Arm				
<input type="checkbox"/> Bone Densitometry				
<input type="checkbox"/> CT/SPECT/PET				
<input type="checkbox"/> 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. Please 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 No				
Have you ever been monitored at another institution for exposure to radiation? Yes No <i>If yes, please complete page 2 of this form.</i>				
Has your occupational radiation exposure ever exceeded a regulatory limit? Yes No				
Your signature:				
OFFICE USE ONLY				
Account#:		EHS Wearer#:		Entered into Global:
Effective Date:				
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: _____