Penn State University Radiation Dosimeter Request Form

**Environmental Health and Safety, 228 Academic Projects Building**

**Phone: (814) 865 - 6391; Fax: (814) 865 - 7225**

**Please read the following explanation and conditions for dosimeter use at Penn State University. Fill in all the requested information on the second page, have your supervisor sign the request, and send the completed form to the Environmental Health and Safety Office (EHS) at the address listed above.**

State and federal regulations require that dosimeters be supplied to persons who are likely to receive more than 10% of the annual dose limit from external sources of radiation. The adult annual limits are 5,000 mrem for penetrating whole body dose, 15,000 mrem to the lens of eye; and 50,000 mrem to the skin or extremity. For occupational workers under the age of 18, the annual limits are 10% of the adult values. A woman who declares her pregnancy in writing to EHS will be issued dosimetry if her fetus is likely to receive a dose in excess of 500 mrem during the pregnancy.

At Penn State it is rare that anyone ever exceeds 10% of the annual dose limits, so dosimetry is usually not required by regulations. However, in order to monitor individuals who might receive a significant dose, or whose work requires dosimetry based on other regulatory requirements, EHS uses the following guidelines in issuing personnel dosimetry:

**WHOLE BODY** dosimeters will be issued to all personnel who use radiographic or fluoroscopic X-ray machines, other X-ray users who have high potential to expose to X-ray, and radioactive material users with potential exposures to gamma-ray emitters except for I-125 radioimmunoassay kits.

**FINGER** dosimeters will be issued to personnel with exposures to beta emitters other than H-3, C-14, and S-35.

For labs that only work with Fe-55, Ca-45, natural uranium, natural thorium, or other low energy gamma or beta emitters, dosimeters will be issued to lab workers for one year to monitor their radiation exposures. The monitoring results will be used to determine future dosimetry requirements for those labs.

EHS will make the final decision on dosimeter issuance based on the potential for exposure which will be informed by an evaluation of the radioisotope, activity, use conditions and other factors.

# OTHER REQUIREMENTS FOR RADIATION DOSIMETER USE:

1. NO dosimeter is ever to be intentionally placed near a source of radiation when not worn. Notify EHS immediately if you know of any unusual exposure to the dosimeter.
2. Dosimeters will only be issued to personnel who have completed the PSU required radiation safety training.
3. The dosimeters that you are issued are only to be used at Penn State facilities.
4. Dosimeters should be stored in your office when not in use. Please avoid taking them home.
5. All dosimeters, including those that were not used, must be returned to the EHS Office.
6. Do not use or tamper with dosimeters issued to other persons.
7. Immediately report any lost or damaged dosimeter.
8. Immediately report any suspected overexposures.
9. Promptly notify EHS when the dosimeter is no longer needed.
10. Do not let anyone else use your dosimeter.
11. You must wear all dosimeters issued to you when working with radioactive material or x-ray machines.
12. Intentionally exposing your dosimeter to any radioactive source could lead to prosecution and penalties.

**OTHER INFORMATION**

1. You will be notified of any dosimeter readings in exceeding 10% of the regulatory dose limits. You may also make a written request for your dosimetry results from the EHS Office at any time.
2. When you receive a new dosimeter, promptly return all previous quarters dosimeters. There are two main methods of exchange:
   1. A yellow envelope is mailed directly to you with your new dosimeter for exchange, or
   2. Your new dosimeter will be exchanged with the aid of someone in your area.
3. There will be a charge for dosimeters that are not returned promptly (10 days) after new dosimeters are issued.

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**Applicant Information**

|  |
| --- |
| **Last Name (Print Legibly)** |
| **First Name & Middle Initial** |
| **PSU ID (nine digit number)**  **9 \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_** |
| **Date of Birth** mm/dd/yy  **\_\_\_\_\_/ \_\_\_\_ /19\_\_\_\_** |
| **CAC ID / email**  ([xyz123@psu.edu](mailto:xyz123@psu.edu)) |

Have you ever had training at Penn State for

X-Ray work? Y N

Radioisotope work? Y N

Have you had a dosimeter at Penn State University? Y N

If you have received radiation exposure at any institution this year, please provide the exposure location, approximate dates, and your total exposure. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

**Identify each source or location you will be using that requires dosimetry (check all that apply):**

**Gamma Emitter: \_\_\_\_\_\_\_\_\_\_\_\_ Beta Emitter: \_\_\_\_\_\_\_\_\_\_\_\_**

**Radiation Science & Engineering Center: \_\_\_\_\_\_\_\_\_\_\_\_ Neutron Beam Lab: \_\_\_\_\_\_\_ Yes / No (circle one)**

**X-ray machines: Check all that apply:**

**Analytical: \_\_\_\_\_\_\_\_\_P5 Located at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Radiographic: \_\_\_\_\_\_P1 Located at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Veterinary: \_\_\_\_\_\_\_\_ P1 Located at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medical: \_\_\_\_\_\_\_\_\_\_\_P1 Located at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- |
| Campus address to where your dosimeter should be mailed: |
|  |
| Penn State may be required to provide you an annual report of your radiation exposure. In the event that you leave Penn State, please provide an alternate home mailing address where our office should mail this required report. Please avoid listing local or temporary addresses: |

I have read both pages of this form and understand the conditions for issuing and using radiation dosimetry:

**Signature and date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant’s Supervisor Information**

For radioactive material users, the “SUPERVISOR” is the person who has been approved by the University Isotopes Committee and has a current “Authorization to Use Radioactive Material”. For X-ray generating devices, the “SUPERVISOR” is the student’s faculty advisor or course instructor. In either case, the supervisor is responsible to the EHS Office for any dosimetry charges, such as late or lost dosimeters, and for not notifying the EHS Office when service is no longer required. Please fill in the requested information and sign your name below.

(Please Print Legibly)

|  |
| --- |
| **First Name & Middle Initial** |
| **Last Name** |
| **College:** |
| **Department:** |
| **Address:** |
| **CAC ID / email** ([xyz123@psu.edu](mailto:xyz123@psu.edu)) |
| **Budget and Fund number** |
| **Supervisor’s Signature date** |

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For EHS use only

|  |  |
| --- | --- |
| E  Type: \_\_\_\_\_\_\_\_\_\_\_  Series \_\_\_\_\_\_\_\_\_\_\_ Participant #    \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date distributed by Yellow:\_\_\_\_\_\_\_\_\_\_\_  Coordinator:\_\_\_\_\_\_\_\_ |