

UNIVERSITY OF HOUSTON  
Radiation Safety Manual

Radiation Badge Request Form

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Sex (M/F): \_\_\_\_\_

Department: \_\_\_\_\_ Office Phone #: \_\_\_\_\_ PI: \_\_\_\_\_

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I will work with radioactive material: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, date UH Radioactive Materials Safety Short Course successfully completed: \_\_\_\_\_

I will work with x-ray equipment: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, date UH X-ray Safety Short Course successfully completed: \_\_\_\_\_

(Applicable Radiation Safety Short Course must be successfully completed before a radiation badge will be issued)

Badge Type: Whole Body \_\_\_\_\_ Ring \_\_\_\_\_ Other \_\_\_\_\_

Radiation badges are generally only issued to radiation workers likely to receive 1/10 the maximum permissible exposure limits per the Texas Regulations for the Control of Radiation. Please read the Personnel Monitoring Guidelines found in the Radiation Safety Manual located via the Internet at <http://www.uh.edu/plantops/ehrm>.

\_\_\_\_\_  
Signature of Authorized User Date

\_\_\_\_\_  
Signature of Principal Investigator Date

This form must be turned in to Radiation Safety at EHRM-1005 upon completion.

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Date Issued: \_\_\_\_\_ Series: \_\_\_\_\_ Participant #: \_\_\_\_\_