

# UNIVERSITY OF HOUSTON

## Radiation Badge Request Form

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

Date of Birth: \_\_\_\_\_ MyUH ID #: \_\_\_\_\_ Sex: M F

Department: \_\_\_\_\_ PI: \_\_\_\_\_

I have worn a radiation badge at another facility this calendar year: Yes / No

If Yes, where?: \_\_\_\_\_

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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. In addition, there are additional regulations and rights for personnel that are pregnant.

However, to invoke these rights, the person must voluntarily declare the pregnancy in writing to the Radiation Safety Officer, see [https://uh.edu/ehs/manuals\\_and\\_forms/pregnant-employees-guide-to-radiation.pdf](https://uh.edu/ehs/manuals_and_forms/pregnant-employees-guide-to-radiation.pdf)

If a badge is contaminated, damaged, or lost please inform your PI and the RSO prior to continuing work in a radiation area. Please read the Personnel Monitoring Guidelines found in the Radiation Safety Manual located via the Internet at, <http://uh.edu/ehs/research-lab/radiation-safety/manual/ram-manual>.

By signing below, I acknowledge and understand that the radiation badges must be stored in a away from radiation and I am responsible for not losing the badges, or promptly reporting a lost badge as specified in the manual.

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Signature of Authorized User

Date

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Signature of Principal Investigator

Date

This form must be turned in to Radiation Safety at [ehs@uh.edu](mailto:ehs@uh.edu) upon completion.

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### EHS Section

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

Badge Type (circle): Whole Body Ring Other \_\_\_\_\_

Spare Badge S/N: \_\_\_\_\_ Spare Ring Badge S/N: \_\_\_\_\_

Radiation Safety Training Date: \_\_\_\_\_