

University of New Hampshire
Office of Environmental Health and Safety
Perpetuity Hall, 11 Leavitt Lane

RADIATION WORKER REGISTRATION

Type or **Print** with pen

Name: _____
 Last First Middle Initial

Sex: M ____ F ____ SS #: _____

Date of Birth: _____

Home Address: _____

Building/room number: _____

UNH Telephone #: _____

UNH Email: _____

Department: _____

Authorized User: _____

Radionuclide(s)
To be used: _____

Will you be working with a neutron emitter? Yes ____ No ____

Have you worked with sources of ionizing radiation before? Yes ____ No ____

List previous employment involving radiation exposure. Use additional paper if necessary.
Indicate name under which you were employed if different from above.

Employment dates: _____

Employer; _____

Department _____

Mailing address _____

Employment dates: _____

Employer; _____

Department _____

Mailing address _____

Dosimeter was/was not used _____

Total dose (if known) _____

Dosimeter was/was not used _____

Total dose (if known) _____

I hereby authorized the release of all my ionizing radiation exposure history data to the Office of Environmental Health and Safety,
University of New Hampshire, 11 Leavitt Lane, Durham, NH 03824.

Date: _____

Signature of Radiation Worker

FOR OFFICE USE ONLY

_____ No measurable external exposure to ionizing radiation expected.

_____ No dosimeter issued.

Series: _____

Dosimeter #: _____

Date Issued: _____

Dosimeter type: _____

Date discontinued: _____

Total UNH Dose: _____