



Radiation Safety

110 Suffolk Hall
Stony Brook, NY 11794-6200
631-632-6410 (Office)
631-632-9683 (Fax)

Serving Stony Brook University, Stony Brook University Hospital, & Article 28 facilities

Radiation Exposure History

_____, RSO

In accordance with 10 NYCRR 16.6(1) I am giving my permission to provide Stony Brook University/Hospital with the following information

- My occupational radiation dose received during this year.
- My lifetime cumulative occupational radiation dose.

You will need the following information to retrieve these records

Name: _____

DOB: ____/____/____

ID number/SSN: _____

I was employed from approximately ____/____/____ to ____/____/____

Thank you,

Please forward the dose records to radiation safety via email to michelle.kehoe@stonybrook.edu or mail them to the address below:

Environmental Health and Safety
Radiation Safety
110 Suffolk Hall
Stony Brook, NY 11794-6200
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If you have any questions or concerns please contact me at (631) 402-2175.

Thank you,

Michelle Kehoe, RSO