

# Radiation Dosimeter Transaction Form

<b>Project Director:</b>				
<b>Department:</b>				
<b>Phone:</b>	<b>Date:</b>	<b>Account #:</b>		
<b>Addition(s):</b>				
<b>Name</b>	<b>Employee ID</b>	<b>D.O.B.</b>	<b>Type (Whole Body/Ring)</b>	<b>Sex</b>
<b>Deletion(s):</b>				
<b>Name</b>		<b>Dosimeter ID #</b>		
<b>Other:</b>				
<b>Visitors Badges:</b>		<b>Extra Holders:</b>		
<b>Please submit by email or return to:</b> <b>Sean K. Harling</b> <b>University Radiation Safety Officer</b> <b>Radiation Protection Services</b> <b>Environmental Health &amp; Safety</b> <b>Suffolk Hall, South Campus Z = 6200</b>				