



Radiation Safety

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

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

New Radiation Dosimeter Enrollment

A. RADIATION WORKER INFORMATION

Legal Name		Date of Birth mm/dd/yyyy	
Department		SB ID# (No social security numbers)	
Sub-Account Name or Number		Job Function (Physician, Nurse, Researcher, etc.)	
Permit holder or Supervisor		Location SB University SB Hospital SB Southampton SB Eastern LI	
Email			

RADIATION EXPOSURE INFORMATION

Has the applicant previously been monitored for radiation exposure at another institution?	<input type="checkbox"/> Yes <input type="checkbox"/> No	*** If yes, please fill out the Radiation Exposure History Form and return with this application ***
What are the sources of radiation that the applicant will be exposed to? (Check all that apply)	<input type="checkbox"/> X-Rays (Type and location): _____ <input type="checkbox"/> Radioisotopes, which isotope and in what quantity: _____ <input type="checkbox"/> Sealed Sources, which isotope and in what quantity: _____ <input type="checkbox"/> Other Ionizing Radiation Sources: _____ Have new lead garments purchased by the department or employee that need to be inspected? <input type="checkbox"/> Yes <input type="checkbox"/> No	

B. [For Radiation Safety Use only]

Dosimeters Assigned	Whole Body	Frequency <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly	RSO Signature & Date
	Collar		
	Ring		

Return Completed Form to: Anthony.boccia@stonybrookmedicine.edu

or Mail to X6200 EHS Suffolk Hall