RS-5 / Personnel Dosimetry Enrollment and Evaluation Form

(Radiation Exposure Monitoring Program)

Instructions: Complete all sections as appropriate and submit electronically to the Radiation Safety Officers at **RSO@nmt.edu**

Date: _____

SECTION 1 – Applicant Information

Full Name: _____ 900#: _____

Title / Position: _____

Department: _____ Office: _____

Phone: _____ Email: _____

Supervisor / Department Chair: _____

SECTION 2 – Type of Dosimeter Requested

☐ Whole-Body (TLD/OSL badge)

☐ Extremity (ring dosimeter)

☐ Fetal Dosimeter (Form RS-6, Voluntary Declaration of Pregnancy, required)

☐ Neutron Dosimeter (if applicable)

☐ Replacement (Lost/Damaged)

If replacement, explain: _____

_____

_____

If a dosimeter is lost, submit Form RS-5A, Lost or Damaged Dosimeter Report.

SECTION 3 – Radiation Work Description

Radionuclides, radiation machines, or other radiation sources used: _____

_____

_____

Typical activity/procedure: _____

_____

Estimated frequency of use:

☐ Daily

☐ Weekly

☐ Monthly

☐ Infrequent

SECTION 4 – Prior Occupational Radiation Exposure

Have you previously been occupationally monitored for radiation exposure at another institution or employer?

☐ Yes ☐ No

If yes, provide:

Institution/employer: _____

Dates monitored: _____

Most recent monitoring period: _____

☐ Prior dose record attached

☐ Prior dose record requested

☐ Not available

SECTION 5 – Responsibilities Acknowledgment

By signing below, I acknowledge that:

- I will wear assigned dosimeter(s) as instructed.
- I will not intentionally expose my dosimeter to non-occupational radiation.
- I will not wear another individual's dosimeter.
- I will store the dosimeter in a radiation-free area when not in use.
- I will promptly report lost or damaged dosimeters.
- I understand that failure to follow dosimetry requirements may result in restriction or suspension of radiation work authorization.

Individual Signature: _____ Date: _____

Printed Name: _____

SECTION 6 – Supervisor / Authorized User Confirmation

I confirm that the radiation work described above is accurate and that the individual requires evaluation for personnel monitoring.

Supervisor / Authorized User's Name: _____

Signature: _____ Date: _____

SECTION 7 – RSO Dosimetry Evaluation and Assignment

Personnel monitoring required under applicable regulatory/institutional criteria:

☐ Yes ☐ No

Basis for determination:

☐ Potential external dose

☐ Extremity exposure

☐ Declared pregnancy/fetal monitoring

☐ Neutron exposure

☐ License/permit condition

☐ Precautionary/institutional monitoring

☐ Other: _____

Dosimeter(s) assigned:

☐ Whole-body

☐ Extremity

☐ Fetal

☐ Neutron

Assigned dosimeter ID(s): _____

Dosimetry vendor: _____

Exchange frequency: _____

Comments / conditions: _____

RSO signature: _____ Date: _____

Printed Name: _____