



# UNIVERSITY AT ALBANY

State University of New York

Office of Environmental Health & Safety  
Chemistry Building, Room B-73  
Tel. (518) 442-3495  
Fax (518) 442-3783

## Radiation Protection Program Enrollment

Name \_\_\_\_\_ Position/Title \_\_\_\_\_  
(Last, First, MI)

Department \_\_\_\_\_ Principle Investigator \_\_\_\_\_

Lab Location \_\_\_\_\_ Phone # \_\_\_\_\_

E Mail \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Have you ever been issued personnel dosimetry (film badge, TLD, etc.) at any other facility?  
YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please complete form below and an Exposure Record Request for each facility:

Facility Name	Address	Dates Monitored

### STATEMENT OF AGREEMENT

I agree to abide by the rules and regulations as set forth in the University Radiation Safety Manual and Part 16, Chapter I, New York State Sanitary Code. Failure to do so may result in suspension of the authorization to use radioactive material and/or radiation producing equipment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**EH&S Use**+++++  
Dosimeter # Issued \_\_\_\_\_ Date Ordered \_\_\_\_\_ Ring Size none / Sm / Med / Lg