

DOSIMETER ASSIGNMENT CHECK SHEET
(Please type or print clearly)

1. Last Name:
2. First Name:
3. M.I.:
4. DOB (mm/dd/yy):
5. SSN *:
6. Bengal ID:
7. Sex: M / F
8. E-mail:
9. Home Phone Number:
10. Permanent Mailing Address:

11. Are you going to use your dosimeter just for a single calendar quarter?

YES NO

If "YES", which quarter?

This part will be completed by the TSO staff:

Badge Type (circle): Ring / Whole Body

Badge Name: SPARE _____ Bar Code No.: _____

Date of Issue: _____

Reason for issue: _____

Dose: _____

* This is information controlled under FERPA, but required by the Nuclear Regulatory Commission (NRC). Access to this information is controlled and limited to those authorized by using these files.