

Radiation Monitoring Badge Service Request
(to start service, request a replacement badge or cancel service)

Monitoring Badge Request for:

Name _____ E-mail address or Phone _____

Department _____ Name of [] [] [] _____

This is a request to:

- Start new monitoring badge service (Complete Section 1)
- Replace a lost or damaged badge (Complete Section 2)
- Cancel monitoring badge service (Complete Section 3)

Request submitted by _____ Date _____

Section 1: Request to Start Monitoring Badge Service

- I am requesting monitoring badge service because it is required (see Monitoring Badge Requirements at www.princeton.edu/~ehs/radtrain/Modules/Dosimetry.html#When Required)
- I am requesting optional monitoring badge service even though monitoring is not required for the radiation sources I use

Indicate which type of radiation source you will be working with:

Radioisotopes

List the radioisotopes you plan to use: _____

X-Ray Machine

Which x-ray machine will you be using? _____

Indicate how long you will need service: 3 months or less longer than 3 months

Which lab or PI should be billed for your badge service? _____

Comments: _____

Section 2: Request to Replace Lost or Damaged Badge

Indicate which badge needs to be replaced: Body Badge Ring Badge

Approximate date badge was lost or damaged: _____

Section 3: Request to Cancel Radiation Monitoring Badge Service

Reason for cancelling service _____

Effective date of cancellation _____