

RADIATION MONITORING REGISTRATION FORM

Please complete this form and return to the WHS Unit to obtain a personal radiation dosimeter.

PERSONAL DETAILS	
Full name:	Date of Birth:
Residential Address:	
E-mail:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Faculty:	School/Unit: Lab/Room:
Staff/Student number:	JDE account number:
Have you used the radiation monitoring service previously: <input type="checkbox"/> No <input type="checkbox"/> Yes, Wearer ID:	
RADIATION SOURCE DETAILS	
Sealed (list source isotope and activity)	
Unsealed (list source isotope and activity)	
X-Ray (list x-ray unit type)	
RADIATION TRAINING	
Name of course:	
Date of training:	
RADIATION LICENCE	EXEMPTION DETAILS
Student exemptions must enter details of license holder approving exemption	Only students may be exempt
NSW DECC licence number:	Exemption date of issue:
Renewal date:	Approving licence holder name:
Name of licence holder:	
USER DECLARATION	
<i>I will return radiation badges by the date required and understand that I will be charged a non-compliance fee to the nominated account if this does not occur.</i>	
Signature: : _____	Date: ____/____/____