

Request to Add New Personnel to Permit and Monitoring

Fax completed and signed form to 974-7091 or send via campus mail: Attn RSO MDC35

Check appropriate category: Faculty___ Staff___ Visitor___ Post Doc. ___ Grad. Student___ Undergrad___ *Minor ___
*Under 18 requires approval from USF RSO.

PLEASE PRINT CLEARLY:

Name_____SSN_____

Date of birth_____ Sex: F___ M___

Department_____ Mail Point_____ Office Phone#_____
Lab Phone #_____

Permanent Home address_____

Street City State Zip

Emergency Phone #_____

Emergency Contact Person_____

Have you ever worn or are currently wearing a radiation monitoring badge or ring at another institution? Yes___ No___

Are you currently employed at another institution where you work with radioactive materials and/or radiation generating equipment (i.e. X-ray device)? Yes___ No___

If you have answered yes to one or both of the above questions, please complete the following. You will be mailed a "Release of Exposure Records" form to sign. The State of Florida requires USF to obtain past exposure history for all employees.

Institution(s)

Complete Mailing Address

Certification

I agree to follow the University's regulations regarding radioactive materials and/or radiation generating devices. If I leave the university, I will notify the Radiation Safety Office and provide a forwarding address, if different from the current address on file. I will notify the RSO of any changes or additions in work location or isotopes that I work with as soon as the change is known.

Applicant Signature

Date

Permit Holder:_____ Radioisotopes to be used:_____

Permit Number:_____ Starting Date for usage:_____