

## TLD DOSIMETRY REQUEST FORM

All information is confidential. The requested personal information is required to register individual with the National Dosimetry Services.

### PERSONAL INFORMATION

<b>Last Name:</b>	<b>First Name:</b>	<b>Social Insurance Number:</b>
<b>Date of Birth:</b> Day:                      Month:                      Year:		<b>Sex:</b> Male      Female
<b>Place of Birth (country or province):</b>		
<b>Department:</b>		<b>Room number:</b>
<b>Telephone number (office / lab):</b>		<b>Building:</b>
<b>Email address:</b>		<b>UofS NSID:</b>
<b>Job Title:</b>		
<b>Ever wear a TLD before?</b> Yes      No <b>Where?</b>		
<b>Applicant's Signature:</b>		<b>Date:</b>

### TLD INFORMATION

<b>Type of radiation to be monitored:</b>		
<b>Permanent or Term:</b>		<b>If term specify end date:</b>
<b>Type of Dosimeter:</b> (check all that apply)	<b>whole body:</b>	<b>Chest      Collar</b> <b>finger ring:   small      medium      large</b>
<b>U of S account number (CFOAPAL #):</b>		
<b>Supervisor / Permit Holder's Name:</b>		
<b>Supervisor / Permit Holder's Signature:</b>		
<small>Radiation Safety Office Use Only</small>		
<b>Location:</b>	<b>Badge #:</b>	<b>Badge Type:</b>
<b>Start Date:</b>		