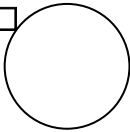
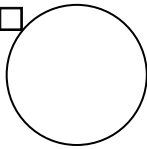
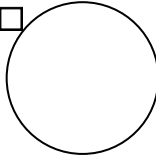
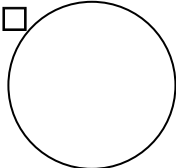
 <b>Environmental Health and Safety</b> <small>UNIVERSITY OF CENTRAL FLORIDA</small>	<b>Effective Date:</b> 04/18/2018	<b>Form Number:</b> EHS_SOP336_FORM001 <b>(Form RC-2)</b>
	<b>TITLE:</b> Radiation Monitoring Badge Request Form	<b>Responsible Authority:</b> Radiation Safety Coordinator

**Note:** Personnel subject to radiation monitoring must submit this form to the Radiation Safety Officer, Mario De Vera, by email to [Mario.DeVera@ucf.edu](mailto:Mario.DeVera@ucf.edu). Once an order has been placed, it typically ships within 10 business days. **Keep a copy of this request in the Personnel Records section of your lab's Radiation Records Notebook and fill out the bottom portion when you no longer will be working in the lab.**

Name: \_\_\_\_\_ Date of Birth (MM/DD/YY): \_\_\_\_\_  
 First \_\_\_\_\_ Last \_\_\_\_\_ Gender:  Male  Female  
 Dept. & Office No.: \_\_\_\_\_ PID \_\_\_\_\_  
 Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_  
 Lab PI Name: \_\_\_\_\_

Radioisotope(s)/Radiation to be handled:  C-14  DU  H-3  I-125  P-32  P-33  S-35  
 Se-75  X-ray  Other \_\_\_\_\_

Ring Size: small   medium   large   extra large  

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## RADIATION MONITORING BADGE CANCELLATION

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**Note:** Personnel assigned radiation monitoring must submit this form to the Radiation Safety Officer, Mario De Vera, by email to [Mario.DeVera@ucf.edu](mailto:Mario.DeVera@ucf.edu).

**EFFECTIVE DATE OF CANCELLATION:** \_\_\_\_\_

**ADDRESS WHERE WORKER'S FINAL DOSE REPORT IS TO BE MAILED:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_