

Any record generated as a result of the use of a dosimeter shall be maintained as permanent records of Georgia Institute of Technology. These records shall be kept confidential. Individuals may request to view their own dosimetry records at any time. Individual dose records shall be mailed annually to the individual utilizing an NRC Form 5 or its equivalent.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

GT ID: \_\_\_\_\_ Last 4 Digits of SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M / F

Email: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_

**Ring Dosimetry** (Please answer these questions and ORS will later determine if you need a ring dosimeter)

What is your dominant hand (the ring will be assigned to that hand)?  Right  Left

What size ring will you wear (large fits most)?  Small/Medium  Large  X-Large

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ORS Use Only - Personnel Monitoring**

Badge ID: \_\_\_\_\_

- Photon/Beta Whole Body     Photon/Beta + Neutron Whole Body
- Extremity     Collar

Comments:

ORS Signature:

Date: