



Chapter 9: [Radiological Safety](#)

SLAC Dosimeter / ID Request Form A

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URL: <https://www-group.slac.stanford.edu/esh/eshmanual/references/radFormDosimeterRequestA.pdf>

ENVIRONMENT, SAFETY & HEALTH DIVISION

For applicants who have completed SLAC Environment, Safety, and Health Training

Section 1: Contact Information (Sections 1-5 completed by applicant)

Last name:		First name:		MI:
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Non-binary	<input type="checkbox"/> Decline to identify	
Birth year (yyyy):		Job title:		
Contact information/mailling address				
City:		State:	Zip code:	Country:
Dept/group:		Phone number:		E-mail:
Mail stop:				
Users or non-SLAC employees only: List employer, company, or university:				
<input type="checkbox"/> I have successfully completed the following ESH training (<i>check all that apply</i>): <input type="checkbox"/> CSO (375) <input type="checkbox"/> ESHO (219) <input type="checkbox"/> GERT (115) <input type="checkbox"/> RWT I (116) <input type="checkbox"/> RWT II (250)				
I am requesting: <input type="checkbox"/> ID Badge <input type="checkbox"/> Dosimeter				

Section 2: Identification Badge Request

<input type="checkbox"/> I am applying for my first SLAC identification badge. I have successfully completed the ESH training listed above.
<input type="checkbox"/> I am applying for a replacement badge because: <input type="checkbox"/> My badge was lost/damaged <input type="checkbox"/> I forgot my badge <input type="checkbox"/> Retraining has been completed <input type="checkbox"/> Rehire <input type="checkbox"/> Expired <input type="checkbox"/> Other (<i>please explain</i>)

Section 3: Dosimeter Request

<input type="checkbox"/> This is my initial dosimeter; I have successfully completed the ESH training listed above. I need a dosimeter because I work in a radiologically controlled area (RCA) or I am an RWT. (Current RCA map) – also available from SLAC Site Security
<input type="checkbox"/> I need a replacement dosimeter because my dosimeter: <input type="checkbox"/> Is lost* <input type="checkbox"/> Was damaged/compromised* <input type="checkbox"/> Was forgotten <input type="checkbox"/> Was turned in on request of RP <input type="checkbox"/> Expired <input type="checkbox"/> Other (<i>please explain</i>)
*Submit a SLAC Lost/Damaged Dosimeter Form (SLAC-I-760-0A07J-003) to the Dosimetry and Radiological Environmental Protection (DREP) Group (MS 48)

Section 4: Previous Occupational Radiation Exposure (Non-SLAC Exposure Only)

If this is your initial SLAC dosimeter, have you ever been monitored for radiation exposure at a facility other than SLAC? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete this entire section.			
Current year-to-date dose estimate (if known): mrem			
Employment period (mm/dd/yyyy)	From:	To:	
Employer name:			
Address:			
City:	State:	Zip code:	Country:

Section 5: Requirements Acknowledgement

I agree to follow all SLAC ESH requirements. I agree to return the badge when it expires and to return the dosimeter at the end of the wear period or upon request. If my work at SLAC is completed before these dates, I agree to return the badge and/or dosimeter before I depart.	
Signature:	Date:

Section 6: Issuance Approval (Completed by SLAC personnel with the authority to approve an ID badge and/or dosimeter request. Required only for initial issue or if an applicant's work assignment changes with resulting changes in required training or dosimeter issuance.)

SLAC Approver			
<input type="checkbox"/> Applicant's supervisor	<input type="checkbox"/> Field Construction Manager (FCM)	<input type="checkbox"/> Service Manager (SM)	<input type="checkbox"/> Point of contact (POC)
<input type="checkbox"/> Other (describe):			
I have reviewed the applicable work planning and control requirements and have communicated work group expectations with this applicant. (See ESH Manual Chapter 2, Work Planning and Control .) I approve request for: <input type="checkbox"/> ID Badge <input type="checkbox"/> Dosimeter			
The applicant (check one) <input type="checkbox"/> Is an RWT <input type="checkbox"/> Will be entering an RCA			
Name:	Signature:		Date:
Dept / group:	Extension:	E-mail:	Mail stop:

Section 7: ESH Training Verification (Completed by proctor, trainer, or person issuing the badge and dosimeter.)

Course	Verifying/certification signature (if applicable)	Exam date (if applicable)
<input type="checkbox"/> CSO (375)		
<input type="checkbox"/> ESHO (219)		
<input type="checkbox"/> GERT (115))		
<input type="checkbox"/> RWT I (116)		
<input type="checkbox"/> RWT II (250)		
<input type="checkbox"/> RWT I Practical (116PRA)		
<input type="checkbox"/> RWT II Practical (250PRA)		
Training transferred from (list institution)	Institution	
<input type="checkbox"/> GERT		
<input type="checkbox"/> RWT I		
<input type="checkbox"/> RWT II		

Section 8: ID Badge and Dosimeter Issuance (Completed by person issuing the badge and/or dosimeter.)

Applicant's SLAC System ID:		Badge issued on (mm/dd/yyyy):		Badge expiration (mm/dd/yyyy):	
ID badge type: <input type="checkbox"/> SLAC employee <input type="checkbox"/> Subcontractor <input type="checkbox"/> SSRL user <input type="checkbox"/> LCLS user <input type="checkbox"/> User <input type="checkbox"/> Visitor					
<input type="checkbox"/> Initial badge <input type="checkbox"/> Reissue for rehire <input type="checkbox"/> Reissue for updated training <input type="checkbox"/> Reissue for work in RCA <input type="checkbox"/> Reissue for expired					
Other (please explain):					
Dosimeter issue: <input type="checkbox"/> Initial <input type="checkbox"/> Replace lost <input type="checkbox"/> Replace damaged <input type="checkbox"/> Replace forgotten <input type="checkbox"/> Replaced returned on request of RP					
<input type="checkbox"/> Other (please explain):					
Dosimeter type change (if applicable): <input type="checkbox"/> Other (please explain):					
Dosimeter #:	Type: <input type="checkbox"/> Temporary <input type="checkbox"/> GERT / RWT	Issue date (mm/dd/yyyy):		Expiration date (mm/dd/yyyy):	
As authorized in Section 6 and verified in Section 7, I issued the appropriate ID badge and/or dosimeter to the applicant.					
Name:	Signature:		Date:	Time:	

Privacy Act Notice

Collection of the information requested is authorized by Public Law 930-438 (42 USC 5814); Public Law 83-703, as amended (42 USC 2201); Public Law 93-409 (42 USC 5501, et seq.); Public Law 93-473 (42 USC 5551, et seq.); Public Law 93-410 (30 USC 1101, et seq.); Public Law 93-557 (42 USC 5901, et seq.); Public Law 86-599 (30 USC 661, et seq.). Compliance with this request is voluntary.

This information is intended to be used to identify individuals who have received an ID badge and/or personnel dosimeter for the purpose of identifying specific training levels and individual monitoring of radiation exposure.

All or part of the information collected may be disclosed to the Department of Energy and its contractors and consultants, other contractors and organizations where radiation exposure exceeds established levels, and to various State departments that monitor radiation exposure to personnel.

The effect of failure to provide this information may be the inability to issue a badge and/or dosimeter and denial of access to certain SLAC areas.