



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	Birth year (yyyy):		Job title:	
Contact information/ mailing 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:				

Section 2: Identification Badge Request

<input type="checkbox"/> I am applying for my first SLAC identification badge; I have successfully completed the following ES&H training (indicate all that apply):				
<input type="checkbox"/> CSO (375)	<input type="checkbox"/> GERT (115)	<input type="checkbox"/> RWT I (116)	<input type="checkbox"/> RWT II (250)	
<input type="checkbox"/> ESHO (219)	<input type="checkbox"/> RWT I Practical (116PRA)		<input type="checkbox"/> RWT II Practical (250PRA)	
<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"/> Other (please explain)		<input type="checkbox"/> Rehire		

Section 3: Dosimeter Request

<input type="checkbox"/> This is my initial dosimeter; I have successfully completed the ES&H 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 <input type="checkbox"/> Expired <input type="checkbox"/> Other (please explain)	
* Submit a SLAC Lost/Damaged Dosimeter Form (SLAC-I-760-0A07J-003) to the Dosimetry and Radiological Environmental Protection (DREP) Group at Mail Stop 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 <i>If yes, please complete this entire section.</i>			
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 ES&H 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:	Mail stop:

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

	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)		
<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 ID 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		
Badge reissue? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, due to: <input type="checkbox"/> Rehire <input type="checkbox"/> Updated training <input type="checkbox"/> Work in RCA <input type="checkbox"/> Other (Please explain.):		
Dosimeter issue: <input type="checkbox"/> Initial <input type="checkbox"/> Reissue		
If reissue, previous dosimeter was <input type="checkbox"/> Lost <input type="checkbox"/> Damaged/compromised <input type="checkbox"/> Returned		
Dosimeter type change (if applicable): <input type="checkbox"/> Annual to Quarterly <input type="checkbox"/> Quarterly to Annual <input type="checkbox"/> Other (please explain.):		
Dosimeter #:	Issue date:	Expiration date:
Type: <input type="checkbox"/> Temporary <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual	(mm/dd/yyyy)	(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.