Chapter 9: Radiological Safety
SLAC Dosimeter / ID Request Form A

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:

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<th>Male</th>
<th>Female</th>
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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

☐ I am applying for my first SLAC identification badge; I have successfully completed the following ES&H training (indicate all that apply):

☐ CSO (375) ☐ GERT (115) ☐ RWT I (116) ☐ RWT II (250)

☐ ESHO (219) ☐ RWT I Practical (116PRA) ☐ RWT II Practical (250PRA)

☐ I am applying for a replacement badge because:

☐ My badge was lost/damaged ☐ I forgot my badge ☐ Retraining has been completed ☐ Rehire

☐ Other (please explain)

Section 3: Dosimeter Request

☐ 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)

☐ I need a replacement dosimeter because my dosimeter:

☐ Is lost* ☐ Was damaged/compromised* ☐ Was forgotten ☐ Was turned in ☐ Expired ☐ 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?

☐ Yes ☐ 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 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
- Applicant’s Supervisor
- Field Construction Manager (FCM)
- Service Manager (SM)

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:  
- ID Badge
- Dosimeter

The applicant (check one)  
- Is an RWT
- 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)
- CSO (375)
- ESHO (219)
- GERT (115)
- RWT I (116)
- RWT II (250)
- RWT I Practical (116PRA)
- RWT II Practical (250PRA)

Training transferred from (list institution)
- GERT
- RWT I
- 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:  
- SLAC employee
- Subcontractor
- SSRL user
- LCLS user
- User
- Visitor

Badge reissue?  
- Yes
- No
If yes, due to:  
- Rehire
- Updated training
- Work in RCA
- Other (Please explain):  

Dosimeter issue:  
- Initial
- Reissue
If reissue, previous dosimeter was  
- Lost
- Damaged/compromised
- Returned

Dosimeter type change (if applicable):  
- Annual to Quarterly
- Quarterly to Annual
- Other (please explain):

Dosimeter #:  
Type:  
- Temporary
- Quarterly
- Annual

Issue date:  
Expiration date:  

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.