

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: _____ SSN: _____

Date of Birth: _____ Sex: M / F

Email: _____

Preferred Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

ORS Use Only

Personnel Monitoring: Film Badge Extremity Badge ID:

Comments:

ORS Signature:

Date: