Western University
TLD Badge Request Form

NAME_____________________ ____________      _______________________
First          Initial   Last

Contact Numbers __________________________________________________________
Work      Fax

E-mail: ___________________________ Department: ____________________________

Building: ______________________________ Room # ____________________________

Internal Permit Holder Name: ________________________________________________

☐ Social Insurance Number (S.I.N.)
☐ OTHER (e.g. passport, work permit) _________________________________________
(specify)

Date of Birth: ___________________________ ____________ ____________ __________
Month   Day   Year

Sex: Male ☐ Female ☐

Check One:
☐ Graduate Student ☐ Staff ☐ Faculty ☐ Undergraduate Student: ☐
☐ Internal Permit Holder ☐ Research Associate: ☐ Lab Technician ☐
☐ Other (Specify) _________________________________________________________

Place of Birth: (Country or Province, if Canada) _______________________________

Did you wear a TLD badge in the past: Yes ☐ No ☐

If yes, please provide dates: ___________________________ Province/Country _______

SOURCE OF IONIZING RADIATION

1. Nuclear substances/radiation devices (specify) ________________________________
   Do you handle more than 1.35 mCi or 50 MBq of Phosphorus 32, Strontium 89, Yttrium 90,
   Samarium 153 or Rhenium 186? (Yes/No) ___________________________________________

2. X-Ray emitting equipment (specify) _________________________________________
   Do you wear a lead apron and stay in an OPEN X-ray beam room while X-ray beam is ON?
   (Yes/No) _______ if yes, explain why? ____________________________________________

TRAINING
Radiation Safety Training Date (attach certificate): ________________________________
X-Ray Safety Training Date (attach certificate): ________________________________

Date: _______________________ Applicant Signature: ____________________________

Please send the completed form to:
Hoa Ly, Radiation Safety Coordinator, OHS, Room 4159, Support Services Building

TO BE COMPLETED BY OHS:
Signature of Authorized OHS personnel: _______________________ Date: ____________
Dosimeter Type:
☐ Whole Body Badge ☐ Ring Dosimeter ☐ Collar Badge ☐