

Western University TLD Badge Request Form



NAME: _____ CELL PHONE NUMBER: _____
 First *Last*
E-MAIL: _____ DEPARTMENT: _____ BUILDING: _____
ROOM #: _____ INTERNAL PERMIT HOLDER NAME: _____

ID NUMBER:

If you are a Canadian citizen or a permanent resident, please fill out your SIN:

Social Insurance Number (S.I.N) _____

If you are **not** a Canadian citizen or a permanent resident, please choose one:

Passport Number _____ Work Permit Number _____

Please note that your Social Insurance Number (SIN) is strictly used for your radiation exposure records. This information allows for Health Canada to track your lifelong radiation exposures across any organization in Canada. Your information provided here is kept confidential.

GENDER: N/A Male Female

If you are **pregnant**, please indicate when your pregnancy started:

DATE OF BIRTH: _____

PLACE OF BIRTH (Country or Province if Canada): _____

OCCUPATION:

Graduate Student Student Faculty Undergraduate Student Internal Permit Holder

Research Associate Lab Technician Other (Specify): _____

Did you wear a TLD badge in the past? Yes No

If **YES**, please provide dates: _____ Province/Country: _____

SOURCE OF IONIZING RADIATION:

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

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 Completion: Yes No

(If **YES**, please complete [Notification of Nuclear Energy Worker Status](#))

X-Ray Safety Training Completion: Yes No

(If **YES**, please complete [Acknowledgement of Designation as X-ray Worker](#))

Date: _____ Applicant Signature: _____

Permit ID Number (if applicable): _____ Permit Holder Signature (if applicable): _____

OR

Department TLD Account Number: _____ Account Contact Signature: _____

Please send the completed form with training certificate(s) and the signed form to: Radiation Safety (Radsafety@uwo.ca), OHS, Room 4159, Support Services Building