

**THE UNIVERSITY OF MISSISSIPPI  
LABORATORY SERVICES**

Phone (662) 915-5433 FAX (662) 915-5480

**RADIATION FILM BADGE SERVICE REQUEST  
FOR USERS OF IONIZING RADIATION**

<b>DEPARTMENT:</b>	<b>DATE:</b>
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NAME (last, first)	A/D (1)	Pos (2)	M/F	Social Security #	Date of Birth	History (3)		Body Badge #	Ring Badge #	Use (4)
						None	Attach			

Instructions

All personnel must complete formal basic radiation protection training and on-the-job training provided by the Principle Investigator, PRIOR to using ionizing radiation. Please complete an Authorization Form with Laboratory Services.

1. Action: (A)-add; (D)-delete
2. Position: (F) faculty; (P) post-doc; (V) visiting scientist; (S) staff; (G) grad student; (U) undergrad. student
3. Attach a completed AUTHORIZATION TO RELEASE RADIATION EXPOSURE INFORMATION form for each person added, or check none to indicate that they have no occupational radiation history.
4. Use: (N) Not using radiation but working in a radiation lab; (C) Radiochemicals; (S) Small Sealed Sources; (XRD) X-Ray Diffraction; (XRF) X-Ray Fluorescence; (XRM) X-Ray Medical; (XRN) X-Ray Non-medical; (XRC) Cabinet X-Ray; (I) Self Shielded Irradiator; (O) Other.