

APPENDIX 6-A
ILLINOIS STATE UNIVERSITY
RADIATION SAFETY COMMITTEE
CHAIRMAN 438-8325

FILM BADGE INFORMATION SHEET

Name _____ Badge No. _____
Social Security No. _____
Date of Birth _____
Home Address _____ City _____ Phone _____
Office _____ Phone _____
Department _____ Office _____ Phone _____
Supervisor _____ Office _____ Phone _____
Rooms in which you may be using radioisotopes or x-rays _____

If you are using x-rays, please indicate: Diagnostic _____
Other _____

Radioisotopes you are presently using _____
Describe your duties with radioisotopes or x-rays _____

Have you previously worked anywhere that you may have been exposed to ionizing radiation?
Yes _____ No _____

If yes, please indicate name of employer _____
Address _____ City _____
Supervisor _____ Dates of employment _____
Date started work with radioisotopes or x-rays at I.S.U. _____
Date terminated work with radioisotopes or x-rays at I.S.U. _____

To be completed by Radiation Safety Officer or designate, Illinois State University

| | <u>Skin</u> | <u>Extremities</u> | <u>Whole Body</u> |
|---------------------------|-------------|--------------------|-------------------|
| Previous exposure record: | _____ mrem | _____ mrem | _____ mrem |
| I.S.U. Exposure record: | _____ mrem | _____ mrem | _____ mrem |

Remarks: