

ILLINOIS STATE UNIVERSITY
RADIATION SAFETY COMMITTEE
Chairman/RSO: John Goodman

FILM BADGE INFORMATION SHEET

Badge No. _____

Name _____ 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. _____

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

Skin Extremities Whole Body

Previous exposure record: _____mrem _____mrem _____mrem

I.S.U. Exposure record: _____mrem _____mrem _____mrem