

OSLD ISSUE SHEET

OSLD# _____

ACCT# _____

While working in Boeing facilities, your duties may require your working near radioactive materials or ionizing radiation. You will be issued an OSLD (a type of sensitive radiation detector) for measuring your exposure to radiation. The following information is needed by Radiation Safety in order to issue your OSLD.

Name:	_____	SSN:	_____
Birthdate:	_____		
Home Mailing Address:	_____		

Employer:	_____		
Craft / Profession:	_____		
Work Location:	_____		
Department / Group:	_____		

<u>WILL YOU BE:</u>	<u>Circle One</u>
Operating or servicing x-ray equipment?	YES / NO
Likely to exceed 100 mrem/year?	YES / NO
Entering a High Radiation Area?	YES / NO
Entering a Contaminated Area?	YES / NO
Entering an Airborne Radioactivity Area?	YES / NO

Any "YES" answer requires appropriate Radiation Worker Training. Escorted access to these areas or to perform these duties is not permitted.

FOR THE CURRENT YEAR, HOW MUCH RADIATION DOSE (in millirem) HAVE YOU RECEIVED DUE TO YOUR WORK? (You may estimate the amount.)

1 January	1 April	1 July	1 October
—	—	—	—
31 March	30 June	30 Sept	31 December
mrem	mrem	mrem	mrem

THERE IS MORE ON THE BACK. TURN SHEET OVER.

Have you EVER received any radiation exposure because of the WORK you were doing? YES / NO

If you answered YES, provide the information requested below:

WHO were you working for?	WHERE were you working with radiation?	WHEN did you START working with radiation?	WHEN did you STOP working with radiation?
Name of Employer	Street Address / City / State	Date	Date
WHO were you working for?	WHERE were you working with radiation?	WHEN did you START working with radiation?	WHEN did you STOP working with radiation?
Name of Employer	Street Address / City / State	Date	Date
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I certify that, to the best of my knowledge, the information provided is true and correct. I understand that Boeing may be required to obtain documentation of my lifetime exposure history. In accordance with federal and state privacy acts, I give Boeing permission to utilize my personal information in order to obtain the necessary documentation of this exposure history.

Name: _____

Date: _____