



TEMPORARY MONITORING DATASHEET

(OFFICIAL USE ONLY UPON DATA ENTRY)

FIRST NAME, MI, LAST NAME (Please print)		BADGE #:	DOSIMETER NUMBER	
		SSN #:		
SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH	<input type="checkbox"/> VISITOR	<input type="checkbox"/> DOE HQ	<input type="checkbox"/> FULL TIME
DATES OF VISIT (mm/dd/yy)		BEGINNING DATE	ENDING DATE	
COMPANY NAME:		HOME ADDRESS (STREET):		
STREET ADDRESS:		CITY/STATE/ZIP:		
COMPANY PHONE NUMBER:		HOME PHONE NUMBER:		
PURPOSE OF VISIT:				
Have you ever been monitored for occupational radiation exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No				
IF yes, THEN estimate: current year-to date total effective dose ____ mrem , and lifetime effective dose ____ mrem.				
ESCORT CONTACT NAME AND PHONE #		SIGNATURE AND DATE:		

I hereby certify that the information I have provided on this form is, to the best of my knowledge, true and accurate. I understand my responsibilities for meeting the requirements for entering and working in radiological areas; voluntary participation in the embryo/fetus monitoring program; and wearing, obtaining, exchanging, and returning proper dosimetry, as required. Per privacy compliance with the requirements of 10 *CFR* 835, this information is being collected for the purpose of the determination and limitation of lifetime and current calendar year radiation exposure to applicable standards and laws. Failure to furnish this information and/or to participate in the radiation exposure monitoring will prohibit entry into any Swift & Staley Team (SST) radiological areas.

You are required to wear the dosimeter on the front of your body between your neck and waist with the mylar (silver window) facing outward. You have the right to request your exposure information at any time. When requested in writing, SST will supply your exposure information. Upon termination of employment, if requested in writing, SST will provide an estimate of your exposure with actual monitoring results within 90 days.

Signature

Date

Are you RAD-worker trained? YES NO

If YES:

Date of Training: _____

Level of Training I II

Date Training Expires: _____

Training Provided By: _____

OFFICIAL USE ONLY

May be exempt from public release under the Freedom of Information Act (5 U.S.C. 552), exemption number and category:
 Department of Energy review required before public release.
 Name/Org: _____ Date: _____
 Guidance (if applicable): _____