

Exposure History Request Form

TO: Radiation Safety Officer

Institution:		
Street Address:		
City:	State:	Zip:
Department:		
Dates of Employment:		

I am currently working at Florida Atlantic University and will be handling radioisotopes. I request that you send a copy of my Occupational Radiation Exposure History be sent to the Radiation Safety Officer at FAU so that he/she may have my complete radiation history, as required by the State of Florida and the U.S. Nuclear Regulatory Commission regulations. I have listed my name, social security number, department and dates of employment at your institution to expedite the location of my radiation history.

Thank you for your prompt attention to this matter.

Name:		Signature:
Birth date:		Employee ID #:
Street Address:		
City:	State:	Zip:

Please return this form to:

**Radiation Safety Officer
Environmental Health & Safety Office
Florida Atlantic University
Campus Operations Bldg #69, Rm.112
777 Glades Road
Boca Raton, FL 33431
Phone: (561) 297-1052 Fax :(561) 297-2210**