



**THE UNIVERSITY OF WESTERN ONTARIO  
TLD BADGE REQUEST FORM**

NAME \_\_\_\_\_  
*First Initial Last*

Contact Numbers \_\_\_\_\_  
*Work Fax*

E-mail: \_\_\_\_\_ Department: \_\_\_\_\_

Building: \_\_\_\_\_ Room # \_\_\_\_\_

Internal Permit Holder Name: \_\_\_\_\_

<input type="checkbox"/> Social Insurance Number (S.I.N.) _____
<input type="checkbox"/> OTHER (e.g. passport, work permit) _____ (specify)
Date of Birth: _____ <i>Month Day Year</i>
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>

Check One:  
Graduate Student  Staff  Faculty  Undergraduate Student:   
Internal Permit Holder  Research Associate:  Lab Technician

Other (Specify) \_\_\_\_\_

Place of Birth: (Country or Province, if Canada) \_\_\_\_\_

Did you wear a TLD badge before: Yes  No   
If yes, please provide dates: \_\_\_\_\_ Province/Country \_\_\_\_\_

**SOURCE OF IONIZING RADIATION**

1. Nuclear substances/radiation devices (specify) \_\_\_\_\_  
Do you handle more than 1.35 mCi or 50 MBq of Phosphorus 32, Strontium 89, Yttrium 90, Samarium 153 or Rhenium 186? (Yes/No) \_\_\_\_\_
2. X-Ray emitting equipment (specify) \_\_\_\_\_  
Do you wear a lead apron and stay in an OPEN X-ray beam room while X-ray beam is ON? (Yes/No) \_\_\_\_\_ if yes, explain why? \_\_\_\_\_

**TRAINING**

Radiation Safety Training Date (attach certificate): \_\_\_\_\_  
X-Ray Safety Training Date (attach certificate): \_\_\_\_\_

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

**Please send the completed form to:  
Hoa Ly, Radiation Safety Coordinator, Room 4190, Support Services Building**

**TO BE COMPLETED BY OHS:**

Signature of Authorized OHS personnel: \_\_\_\_\_ Date: \_\_\_\_\_

Dosimeter Type:

Whole Body Badge  Ring Dosimeter  Collar Badge