New Series Information

RS-30

Badge Coordinator Information

Coordinator's Name: _____

Department: _____

Building and Room: _____ Building Number: _____

Street Address: _____

City & Zip Code: _____

Coordinator's Phone number: _____

Coordinator's e-mail: _____

Fiscal Authorization

Org #: _____ Fund #: _____ Account #: _____

Project # (optional): _____ Program # (optional): _____ User Defined: _____

Fiscal Officer's name: _____

Fiscal Officer's e-mail: _____ phone #: _____

Fiscal Officer's Address: _____

Fiscal Officer's Address: _____

Fiscal Authorizing Signature: _____ **Date:** _____

Badge Information

Type of badges needed (check all that apply):

☐ Quarterly Badges ☐ Monthly Badges

☐ Collar Badges ☐ Whole Body Badges ☐ Ring Badges

Working Conditions

Will be working with (Check all that apply):

☐ X-ray Equipment ☐ Fluoroscopy ☐ Radioactive Nuclides ☐ Neutron Generating Device

Working Conditions During the Procedure (Check all that apply):

☐ Will be wearing a lead apron ☐ Will be behind a full body shield ☐ Will be leaving the room

A brief description of work, including radioactive nuclide and activities if applicable.

All information is required unless otherwise indicated.
Please send the form to: **e-mail: radiation.safety@osu.edu**

The Ohio State University
Radiation Safety
December 2016