

Dosimeter Registration Form

Please complete this form to request a dosimeter. Return this signed form either by email or by regular mail at:
ODOT, Environmental Programs Division, 200 NE 21st Rm 3-D2, Oklahoma City, OK 73105

Name _____
Last First MI

Birth date: ____ ____ ____
mm dd yyyy Employee ID # _____
(This is the 6 digit core number unique for each employee, located on pay check)

Sex (please circle): Male Female

Residency/Work Location: _____

Office Phone: _____

Have you ever worked with radioactive materials before? (Please circle) Yes No

If you answered yes, please list dates and/or attach documented training experience:

Laboratory Supervisor or Supervisor Signature _____

Date _____

For Environmental Operations Staff Use Only			
Location	Dosimeter #	Date Issued	Certificate & Acknowledgment

Revised 01/2017