

Section VI Personnel Information

Name: _____

Home Address: _____

City, State, Zip Code: _____

Home Phone Number: _____

Employment Information:

Jefferson Lab Employee _____ User _____ Contractor _____ Student _____ DOE _____ Other _____

Employer's Name (if other than Jefferson Lab): _____

Address: _____

Email address: _____

Sect VII
 Facilities for Which Dose Records are Being Requested (If more space is needed attach additional pages)

RADCON USE ONLY				
Facility Name	Dates Monitored	Transfer Request Sent	Records Received	Comments

This list contains the names of all the facilities at which I have been monitored for ionizing radiation.

_____/_____
 Signature Date

The information requested on this form is required for purposes of complying with US Federal Code 10CFR835. If the information is not provided, Jefferson Lab may not be able to provide the dosimetry services requested. All information is handled in accordance with Privacy Act of 1974 (Section 1, Publ. L. 93-579; Title 5, United States Code Section 551a) requirements.