

HPF-DOS-009

Rev: 5

Date: 4/14/08

Page: 1

Radiation Control Office  
Thomas Jefferson National Accelerator Facility  
Ionizing Radiation Record Transfer Request

Applicable to Procedure  
HPP-DOS-009

\_\_\_\_\_  
Employee (print name)

\_\_\_\_\_  
Signature Required

\_\_\_\_\_  
SSN, PPN, WPN, CIN, OTH\*

\_\_\_\_\_  
Date of Birth (month, day, year)

\_\_\_\_\_  
Previous Facility name and address (street address and zip code required)

\_\_\_\_\_  
Date(s) you were employed or visited the facility

Please forward my ionizing radiation exposure records to:

Thomas Jefferson National Accelerator Facility  
Radiation Control Office  
Attn: Becky Mosbrucker MS 52B  
12000 Jefferson Avenue  
Newport News, VA 23606  
(757) 269-7236 - office  
(757) 269-5048 – fax  
[becky@jlab.org](mailto:becky@jlab.org) - email

Date of this request: \_\_\_\_\_

\*SSN = Social Security Number

PPN = Passport Number

CIN = Canadian ID Number

WPN = Work Permit Number

OTH = Other Type of Identifying Number

Please send the requested information in the following format, if available, for each period of exposure:

1. Deep Dose Equivalent
2. Lens of Eye Dose Equivalent
3. Shallow Dose Equivalent
4. Shallow Dose Equivalent to the Extremities
5. Committed Effective Dose Equivalent

This information is requested by the Head, Radiation Control Department, Thomas Jefferson National Accelerator Facility. The information is requested under provisions of U.S. Federal Code, Title 10 Part 835.