ENDLOVEE NAME (LAGT EIDOT MIDDLE)

REQUEST FOR PERSONAL RADIATION MONITORING SERVICES

PRIVACY ACT STATEMENT

AUTHORITY: The collection of this information is authorized under 10 CFR 20.1502.

PURPOSE: The National Institute for Standards and Technology's (NIST) mission is to promote U.S. innovation and industrial competitiveness by advancing measurement science, standards, and technology in ways that enhance economic security and improve our quality of life. NIST is required by 10 CFR 20.1502 to monitor individuals who may be exposed to ionizing radiation above specific levels. This form will be used to collect information associated with this monitoring and to determine the type of monitoring required.

ROUTINE USES: NIST will use this information to conduct necessary government business for monitoring radiation exposure at NIST facilities. Disclosure of this information is permitted under the Privacy Act of 1974 (5 U.S.C. Section 522a) to be shared among NIST staff for work-related purposes. Disclosure of this information is also subject to all the published routine uses as identified in the Privacy Act System of Records Notices: NIST 5: Nuclear Reactor Operator Licensees File; NIST 1: NIST Associates (this has a special section for Facility User Records for NCNR).

DISCLOSURE: Furnishing this information is voluntary, however this information is required in order to obtain authorization to work with or around radiation sources at NIST. The failure to provide accurate information may delay or prevent you from receiving this access. Submitting voluntary information constitutes your consent to the use of the information for the stated purpose. When you submit the form, you are indicating your voluntary consent for NIST to use of the information may also be retained indefinitely as deemed necessary for the purpose of distributing updates and information. For additional information, see the <u>NIST Privacy Statement/Security Notice</u>.

EMPLOTEE NAME (LAST, FIRST, MIDDLE)						
SOCIAL SECURITY # (OR) PASSPO	RT # DATE OF BIRTH (MONTH/ DAY/ YEAR)	SEX				
		FEMALE	MALE			
NIST SUPERVISOR OR SPONSOR						
DIVISION / GROUP	NIST MAIL STOP#	TELEPHONE EXTENSION				
NCNR USERS (NIST CENTER FOR NEUTRON R	RESEARCH) COMPLETE THIS SECTION:					
	DENTIFY YOUR WORK AREA AND EMPLOYMENT CATE					
NEUTRON BEAM USER	NCNR RABBIT USER	NCNR REACTOR OPE	ERATIONS STAFF			
HEALTH PHYSICS (NCNR)	SUPPORT STAFF (ADMIN, POLIC	CE, GUARDS, JANITORIAL, PLANT, ETC.	.)			
CONTRACTOR SUPPORT	OTHER					
		200DV)				
RADIATION SAFETY (GRSD)		GUARDS, JANITORIAL, PLANT, ETC.)				
	-		GRSD ISOTOPE LABORATORY USER			
GRSD X-RAY MACHINE USER	GRSD IRRADIATOR USER	GRSD ISOTOPE LA	BORATORY USER			
GRSD ACCELERATOR USER	GRSD SYNCHROTRON USER (SUR	F) CONTRACTOR SUF	PPORT			
OTHER						
2 ARE YOU A TEMPORARY EMPLOYEE?	,					
YES NO						
(IF YES, WHAT IS YOUR TERM?)					
3 ARE YOU A(N):						
NIST FEDERAL EMPLOYEE	GUEST RESEARCHER / POST-DOO	C / INTERN				
ASSOCIATE CONTRACTOR	OTHER					

EXPOSURE HISTORY AND EMPLOYEE STATEMENT OF UNDERSTANDING								
HAVE YOU BEEN OCCUPATIONALLY EXPOSED DURING	G THE CURRENT C	JALENDAR YE	AR?					
YES NO								
(IF YES, WHAT IS YOUR EXPOSURE FOR THE CURREN	T YEAR?		REM)					
 I understand, prior to my work, I will receive radiation safety training covering the risks associated with the radiation work I will be performing and the actions I can take to protect myself as a radiation worker. I understand I may request my radiation dose history at any time by submitting a written request to Radiation Safety/ Health Physics. I understand that as a radiation worker I may voluntarily declare myself pregnant, in writing, to my supervisor. A copy shall be provided to Radiation Safety/ Health Physics. For additional questions or concerns contact Radiation Safety, Health Physics, or your supervisor/ sponsor. Gaithersburg Radiation Safety Division (GRSD): 301-975-5800 NIST Center for Neutron Research (NCNR): 301-975-5810 								
EMPLOYEE NAME (LAST, FIRST, MIDDLE) (PRINTED OR TYPED)								
EMPLOYEE SIGNATURE				DATE (MONTH/ DAY/ YEAR)				
HEALTH PHYSICS / GRSD USE ONLY								
ISSUANCE BRIEFING GIVEN BY (PRINT NAME / INITIAL			DATE GIVEN					
DOSIMETER #1 ID NUMBER (n001 OR N001)	TLD # (6 DIGITS (ON BACK)	DOSIMETER ISSUED BY			DATE ISSUED		
DOSIMETER #2 ID NUMBER (n001 OR N001)	TLD # (6 DIGITS ON BACK) DOSIMETER ISSUED B		DOSIMETER ISSUED BY	,	DATE ISSUED			
COMPUTER ENTRY								
DATABASE GENERATED IDENTIFICATION NUMBER	DATABASE GENERATED IDENTIFICATION NUMBER		DATE OF ENTRY		INITIALS			
ADDITIONAL INFORMATION:								
A Federal agency may not conduct or sponsor, and a p	erson is not requir	red to respond	to, nor shall a person be s	subject to a	a penal	ty for failure to comply with an		
information collection subject to the requirements of the Paperwork Reduction Act of 1995 unless the information collection has a currently valid OMB Control Number. The approved OMB Control Number for this information collection is 0693-XXXX. Without this approval, we could not conduct this information collection. Public reporting for this information collection is estimated to be approximately 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information collection. All responses to this information collection are mandatory to obtain benefits. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing								

this burden to the National Institute of Standards and Technology at: Health Physics 100 Bureau Dr., Gaithersburg, MD 20889