

# 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 you submit for the purpose stated. This information may also be retained indefinitely as deemed necessary for the purpose of distributing updates and information. For additional information, see the [NIST Privacy Statement/Security Notice](#).

EMPLOYEE NAME (LAST, FIRST, MIDDLE)

<input type="checkbox"/> SOCIAL SECURITY # (OR)	<input type="checkbox"/> PASSPORT #	DATE OF BIRTH (MONTH/ DAY/ YEAR)	SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
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NIST SUPERVISOR OR SPONSOR

DIVISION / GROUP	NIST MAIL STOP#	TELEPHONE EXTENSION
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### NCNR USERS (NIST CENTER FOR NEUTRON RESEARCH) COMPLETE THIS SECTION:

1..... ASSIGNMENT (CHECK BOXES THAT IDENTIFY YOUR WORK AREA AND EMPLOYMENT CATEGORY)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> NEUTRON BEAM USER     | <input type="checkbox"/> NCNR RABBIT USER   | <input type="checkbox"/> NCNR REACTOR OPERATIONS STAFF |
| <input type="checkbox"/> HEALTH PHYSICS (NCNR) | <input type="checkbox"/> SUPPORT STAFF (ADMIN, POLICE, GUARDS, JANITORIAL, PLANT, ETC.) |  |
| <input type="checkbox"/> CONTRACTOR SUPPORT    | <input type="checkbox"/> OTHER _____  |  |

### NON-NCNR USERS COMPLETE THIS SECTION:

1..... ASSIGNMENT (CHECK BOXES THAT IDENTIFY YOUR WORK AREA AND EMPLOYMENT CATEGORY)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> RADIATION SAFETY (GRSD) | <input type="checkbox"/> SUPPORT STAFF (ADMIN, POLICE, GUARDS, JANITORIAL, PLANT, ETC.) |   |
| <input type="checkbox"/> GRSD X-RAY MACHINE USER | <input type="checkbox"/> GRSD IRRADIATOR USER   | <input type="checkbox"/> GRSD ISOTOPE LABORATORY USER |
| <input type="checkbox"/> GRSD ACCELERATOR USER   | <input type="checkbox"/> GRSD SYNCHROTRON USER (SURF)                                   | <input type="checkbox"/> CONTRACTOR SUPPORT           |
| <input type="checkbox"/> OTHER _____             |   |   |

2..... ARE YOU A TEMPORARY EMPLOYEE?

- YES  NO

(IF YES, WHAT IS YOUR TERM? \_\_\_\_\_ )

3..... ARE YOU A(N):

- |  |   |
|--|---|
| <input type="checkbox"/> NIST FEDERAL EMPLOYEE | <input type="checkbox"/> GUEST RESEARCHER / POST-DOC / INTERN |
| <input type="checkbox"/> ASSOCIATE CONTRACTOR  | <input type="checkbox"/> OTHER _____                          |

**EXPOSURE HISTORY AND EMPLOYEE STATEMENT OF UNDERSTANDING**

HAVE YOU BEEN OCCUPATIONALLY EXPOSED DURING THE CURRENT CALENDAR YEAR?

YES                       NO

(IF YES, WHAT IS YOUR EXPOSURE FOR THE CURRENT YEAR? \_\_\_\_\_ REM)

1. 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.
2. I understand I may request my radiation dose history at any time by submitting a written request to Radiation Safety/ Health Physics.
3. 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 BY	DATE ISSUED

**COMPUTER ENTRY**

DATABASE GENERATED IDENTIFICATION NUMBER	DATE OF ENTRY	INITIALS
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ADDITIONAL INFORMATION:

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty 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 0693-0086. 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