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U.S. DEPARTMENT OF COMMERCE
NATIONAL INSTITUTE OF STANDARDS AND TECHNOLOGY

REQUEST FOR PERSONAL RADIATION MONITORING SERVICES

PRIVACY ACT STATEMENT
Pursuant to 5 U.S.C. § 552a(e)(3), this Privacy Act Statement serves to inform you of why the U.S. Department of Commerce (the Department), National Institute of Standards and Technology (NIST) is requesting the information on this form.
AUTHORITY:
The Department is authorized to collect the information on this form pursuant to The National Institute of Standards and Technology Act, as amended, 15 U.S.C. 271 et seq. (which includes Title 15 U.S.C. 272) and section 12 of the Stevenson-Wydler Technology; Innovation Act of 1980, as amended, 35 U.S.C. §200; 35 U.S.C. §207
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:
The information solicited on this form may be made available as a "routine use" pursuant to 5 U.S.C. § 552a(a)(7) and (b)(3). The information may be made available to other federal agencies to assist the Department in connection with NIST's management of the purposes stated above; or for other authorized routine uses.
NIST disclosures of this information is subject to all the published routine uses as identified in the Privacy Act System of Records Notices:
Commerce / NIST-5: Nuclear Reactor Operator Licensees Files. A complete list of the routine uses can be found in the system of records notice associated with this form, Commerce / NIST-5: Nuclear Reactor Operator Licensees Files. This system of records notice can be found on the Department's website at https://www.commerce.gov/opog/privacy/SORN
CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION:
Providing this information is voluntary. However, failure to provide this required information may result in an inability for NIST to grant authorization to work with or around radiation sources at NIST and may delay or prevent you from receiving this access.

PARTICIPANT NAME (LAST, FIRST, MIDDLE)		
☐ SOCIAL SECURITY # (OR) ☐ PASSPORT #	DATE OF BIRTH (MONTH/ DAY/ YEAR)	SEX ☐ FEMALE ☐ MALE
NIST SUPERVISOR OR SPONSOR		
DIVISION / GROUP	NIST MAIL STOP#	TELEPHONE EXTENSION

EMPLOYMENT CATEGORY

☐	FULL-TIME	☐	PART-TIME	☐	OTHER
☐	NIST FEDERAL EMPLOYEE	☐	ASSOCIATE	☐	GUEST RESEARCHER / POST-DOC / INTERN / STUDENT / GRANTEE
☐	PERMANENT	☐	TEMPORARY (IF YES, WHAT IS YOUR TERM?) _____		

ASSIGNMENT (CHECK ALL BOXES THAT IDENTIFY YOUR WORK AREA)

NCNR (NIST CENTER FOR NEUTRON RESEARCH) PARTICIPANTS:

☐ NCNR HEALTH PHYSICS STAFF ☐ NCNR REACTOR OPERATIONS STAFF ☐ NEUTRON BEAM USER
☐ CONTRACTOR SUPPORT ☐ SUPPORT STAFF (ADMIN, FIRST RESPONDERS, JANITORIAL, PLANT, ETC.) ☐ NCNR RABBIT USER
☐ OTHER _____

NON-NCNR / GAITHERSBURG RADIATION SAFETY PARTICIPANTS:

☐ RADIATION SAFETY STAFF ☐ ISOTOPE LABORATORY USER ☐ X-RAY MACHINE USER
☐ ACCELERATOR USER ☐ IRRADIATOR USER ☐ SYNCHROTRON USER (SURF)
☐ CONTRACTOR SUPPORT ☐ SUPPORT STAFF (ADMIN, FIRST RESPONDERS, JANITORIAL, PLANT, ETC.)
☐ OTHER _____

BOULDER RADIATION SAFETY PARTICIPANTS:

☐ RADIATION SAFETY STAFF ☐ AUTHORIZED / SUPERVISED USER
☐ X-RAY MACHINE USER ☐ SUPPORT STAFF (ADMIN, FIRST RESPONDERS, JANITORIAL, PLANT, ETC.)
☐ CONTRACTOR SUPPORT ☐ 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 Division/Health Physics.
4. I certify that the exposure history listed above is correct and complete to the best of my knowledge.

For additional questions or concerns contact Radiation Safety, Health Physics, or your supervisor/ sponsor.
NIST Center for Neutron Research (NCNR): 301-975-5810
Non-NCNR Radiation Safety Division:
Gaithersburg: 301-975-5800
Boulder: 303-497-3350

PARTICIPANT NAME (LAST, FIRST, MIDDLE) (PRINTED OR TYPED)	
PARTICIPANT SIGNATURE	DATE (MONTH/ DAY/ YEAR)

RADIATION SAFETY / HEALTH PHYSICS USE ONLY

ISSUANCE BRIEFING GIVEN BY (PRINT NAME / INITIAL)	DATE GIVEN

DOSIMETER TYPE ASSIGNED: ☐ WHOLE BODY ☐ EXTREMITY ☐ EMBRYO/FETUS

DOSIMETER #1 ID NUMBER	TLD # (6 DIGITS ON BACK)	DOSIMETER ISSUED BY	DATE ISSUED
DOSIMETER #2 ID NUMBER)	TLD # (6 DIGITS ON BACK)	DOSIMETER ISSUED BY	DATE ISSUED

COMPUTER ENTRY

DATABASE GENERATED PARTICIPANT NUMBER	DATE OF ENTRY	INITIALS
DATE DOSIMETRY TERMINATED	REASON TERMINATED	

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

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