

**UNIVERSITY OF NEVADA, RENO  
EH&S DEPARTMENT  
RADIATION SAFETY**

**Radiation Badge Information Sheet**

Name \_\_\_\_\_ EmpID \_\_\_\_\_ Birthdate \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

Department \_\_\_\_\_ Position \_\_\_\_\_

Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Mail Stop \_\_\_\_\_

Rooms in which you may be using radioisotopes or radiation producing equipment \_\_\_\_\_

Describe your duties with radioisotopes or radiation producing equipment \_\_\_\_\_

Date started working with radioisotopes \_\_\_\_\_

Date terminated work with radioisotopes \_\_\_\_\_

Have you previously worked anywhere where you may have been exposed to ionizing radiation?  
(If yes, please complete forms RSO-10b.) \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you acquired training in regards to Radiation Safety? (If yes, please submit evidence of  
training.) \_\_\_\_\_ Yes \_\_\_\_\_ No

I certify that the above information is correct and complete to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Return to: Environmental Health and Safety Department  
Radiation Safety Office  
University of Nevada, Reno  
Mail Stop 328  
Reno, NV 89557

Phone: 775-327-5040  
Fax: 775-784-4553

<b>Office Use Only</b>
Date Ordered _____
Date Received _____
Date Disbursed _____