
REQUEST FOR OCCUPATIONAL RADIATION DOSE HISTORY

Organization: _____

Previous employer or institution where radiation exposure was received

Address: _____**City:** _____ **State:** _____ **Zip:** _____**Phone #:** _____ **Fax #:** _____**Attn:** _____

Radiation Safety Officer, Supervisor, or Dosimetry Manager

To whom it may concern:

Colorado School of Mines maintains records of cumulative occupational radiation doses for persons who participate in the school's radiation dosimetry program. Under the provisions of the U.S. Nuclear Regulatory Commission Regulations, Title 10 Code of Federal Regulations Part 20.2104, "Determination of Prior Occupational Dose" we request a report of radiation dose in the current year and cumulative dose for the following individual:

Last Name: _____ First Names: _____

Date of Birth: _____ SSN or other ID number: _____

Dates of radiation work at your facility from: _____ to: _____

Please send the requested information to:Colorado School of Mines
Environmental Health & Safety
Attn: Radiation Safety Officer
1318 Maple Street
Golden, Colorado 80401

Office Number: (303) 273-3573

Fax Number: (303) 384-2081

*I hereby authorize the Colorado School of Mines to obtain my occupational radiation dose history.***Signature:** _____ **Date:** _____

A photocopy or facsimile of this request is as valid as the original.