



Office of Radiation Safety Services  
Phone: (973) 972-5305  
Fax: (973) 972-6498

185 South Orange Avenue  
MSB Room A 534  
Newark, NJ 07103-2714

**FILM BADGE REQUISITION**

All the information requested below is required by the Nuclear Regulatory Commission and the Bureau of Radiation Protection. **If this requisition is not complete, it will be returned. NO PERMANENT BADGE WILL BE ISSUED WITHOUT A COMPLETED REQUISITION**

DATE: \_\_\_\_\_

1. NAME \_\_\_\_\_ 2. SEX \_\_\_\_\_  
Last First Middle

3. SOCIAL SECURITY #/UNIVERSITY ID \_\_\_\_\_ 4. DOB \_\_\_\_\_

5. UMDNJ LOCATION \_\_\_\_\_  
Building & room number department

6. DEPARTMENT PHONE EXTENSION # ( ) \_\_\_\_\_

7. WILL YOU BE WORKING WITH:  
XRAYS \_\_\_\_\_ RADIOISOTOPES \_\_\_\_\_ BOTH \_\_\_\_\_

*~X-RAY USERS ONLY* – Do you work with X-ray Fluoroscopy? Yes\_\_\_ No\_\_\_ Not sure\_\_\_

8. DO YOU INTEND TO STAY AT UMDNJ MORE THAN 3 MONTHS? Yes\_\_\_ No\_\_\_

9. HAVE YOU EVER BEEN MONITORED FOR OCCUPATIONAL EXPOSURE TO RADIATION?  
YES\* \_\_\_\_\_ NO \_\_\_\_\_

\*If yes, please give full address of the facility where you have been monitored and employment dates

EMPLOYER ADDRESS STARTED TERMINATED

\_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER ( ) \_\_\_\_\_

LICENSEE/ PI \_\_\_\_\_

\_\_\_\_\_(WB) \_\_\_\_\_(CL) \_\_\_\_\_(URE) \_\_\_\_\_(ULE) \_\_\_\_\_(FS) \_\_\_\_\_(FS-CTRL)  
**TEMPORARY BADGE (FOR ORSS USE ONLY)**

I HEREBY AUTHORIZE THE RELEASE OF MY RADIATION EXPOSURE RECORD TO THE UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY - RADIATION SAFETY OFFICE.

DATE

SIGNATURE