

Ascension St. Vincent's Radiation Monitoring Device Request Form

Participant's Information _____ Today's Date: _____

Name: _____

Date of Birth: _____ Social Security #: _____

Department: _____ Dept. Manager: _____ Ext: _____

Y N Have you had, or do you currently have radiation monitoring devices at another facility? If yes, please complete a "Request for Release of Previous Exposure History" and return to medical imaging.

*The following statements must be **initialed** by the applicant **PRIOR** to entry into the St. Vincent's Medical Center Radiation Safety program:*

Radiation Safety Training and Review

_____ I have completed the "My Learning" course titled **Radiation Safety for X-ray** and the certificate of completion has been printed and attached to this form.

Radiation Monitoring and Previous Exposure History

_____ I understand that I am responsible for the care of my radiation monitoring devices and agree not to remove devices from the Ascension facility it is assigned to.

_____ I understand it is my responsibility to exchange my radiation monitoring device(s) on a monthly basis as required by Florida Administrative Code (FAC) 64E-5.437(2).

_____ I understand that I am required to wear my radiation monitoring device while working in a radiation area as required by Florida Administrative Code (FAC) 64E-5.315 and understand the proper placement for my device is at collar level outside of my protective lead apron.

_____ I understand that it is my responsibility to obtain and report records of previous occupational radiation dose amounts that I have received at other facilities so that my cumulative lifetime as well as annual radiation dose can be ascertained accurately in accordance with Florida Administrative Code (FAC) 64E-5.308 (Previous employer exposure history request forms are available from the radiation safety officer.)

_____ I understand that if my previous radiation monitoring records cannot be obtained, that my allowable dose limit will be reduced by 1250 mrem for each quarter for which records were unavailable for the current year in accordance with Florida Administrative Code (FAC) 64E-5.308(6) (a) (b).

_____ I understand I am responsible for unreturned radiation monitoring devices and that my radiation monitoring device may be canceled after 4-6 consecutive months of inactivity or non compliance of the terms above.

Radiation Monitoring during Pregnancy

_____ In order to be monitored, I understand that in the event of pregnancy or suspicion of pregnancy, I must declare my pregnancy by completing the "Declaration of Pregnancy form" and return it to radiology as soon as possible. (FAC 64E-5.311)

_____ I understand that failure to be monitored during my pregnancy could cause significant health problems to me and my unborn child.

I have completed all of the prerequisites required for entry into the Radiation Safety Program at Ascension St. Vincent's. The above information is correct and I understand the terms and conditions of this request.

Signature (Associate/Dosimeter Recipient)

Date

Signature (Department Director/Manager)

Date

I have received the above radiation monitoring device(s).

Signature (Associate/Dosimeter Recipient)

Date

****If you have questions or concerns regarding the Radiation Safety Program please contact our Radiation Safety Officer Stephen Gilliland, MS, DABMP, DABSNM.**

Radiation Monitors Issued

TYPE: _____ ORDER DATE: _____ RCVD DATE: _____

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