THE Ames Laboratory
Creating Materials & Energy Solutions
U.S. DEPARTMENT OF ENERGY

Ames Laboratory
Dosimetry Authorization Form

Part I *(to be completed by employee)*

☐ X-ray Worker (Ring Size: ☐ S ☐ M ☐ L ☐ XL)

☐ Radioactive Materials Worker

Name: _____ Employee #: _____

Birth date: _____ SSN: _____

Office address: _____ Office phone: _____

Supervisor name: _____ Program: _____

Email address: _____ ☐ Male ☐ Female

Ames Laboratory is requesting your Social Security Number (SSN) in order to more readily provide the most complete record of radiation exposure. Providing your SSN may minimize administrative delays associated with radiation dosimetry services. This information is used for your permanent dosimetry records. Federal and State law protects the privacy and security of your SSN and Ames Laboratory will not disclose your SSN without your consent for any other purposes except as allowed by law. The Laboratory is working to minimize the use of SSNs within its business processes. By signing below you are certifying that the information you have provided is correct and accurate to the best of your knowledge.

_____
(Name)

_____ _____
(Signature) (Date)

Part II *(to be completed by HP staff member)*

Date ordered: _____ Badge type: _____

Start date: _____ Badge #: _____

End date: _____ Previous history: ☐ Yes ☐ No (letters attached)

Ames Laboratory Exposure: _____ Dosimetry policy returned: ☐ Yes ☐ No