

# Application to Use X-ray Diffraction Devices at the University of Delaware

Please Print -

Name	
Email Address	
Date of Birth	
University Department	
Faculty Supervisor	
Supervisor of X-ray Devices you plan to use	

Check One:  Faculty  Staff  Graduate Student  Post Doc  
 Undergraduate Student  Other: \_\_\_\_\_

List any location where you have previously used x-ray producing equipment:

Are you **currently** issued radiation dosimeters (badges) at an institution other than the University of Delaware? Check One:  YES  NO

Have you ever **previously** been issued radiation dosimeters (badges) at an institution other than the University of Delaware? Check One:  YES  NO

I authorize the University of Delaware to request and receive all past radiation exposure history records from prior employers, including universities and other radiation work locations.

Your Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

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 FOR ENVIRONMENTAL HEALTH AND SAFETY USE ONLY: revised 03/2017

Participant No.	Date Started	Badge Location	Training Completed Date

badges ordered from Mirion WB S M L - done on \_\_\_\_\_ by \_\_\_\_\_ (initials)