



TLD Badge Application Form

Environmental Health & Safety

Complete all fields and submit to the Radiation Safety Officer (Fax: 519-824-0362 or at the EHS main office)

Last Name: _____ Given Name(s): _____
 Date of Birth (dd/mm/yyyy): _____ Birthplace (Province or Country): _____
 Social Insurance Number: _____ Gender: M: F: X:
 Department: _____ Building & Room: _____
 Phone Ext: _____ Permit Holder/PI: _____

Job Classification (Choose one)

- Undergraduate Student
- Graduate Student
- Technician
- Faculty
- Veterinarian
- Visiting Scientist
- Other: _____

Radiation Sources Used (Choose all that apply):

Unsealed Sources:

- ³H
- ¹⁴C
- ³²P
- ³⁵S
- ¹²⁵I
- Other: _____

Sealed Sources:

- X-ray/Gamma source
- Soil Moisture Gauge
- Sealed Isotope (¹³⁷Cs, ⁶⁰Co, ²⁴¹Am, etc):

- Other: _____

Have you ever used a TLD before: Yes No If yes, when and where: _____

Office Use Only

Permit No: _____

Badge Type (Group & Location)	Initial Period (dd/mm/yyyy)	Final Period (dd/mm/yyyy)	Deactivated (dd/mm/yyyy)

Badge Groups: B00901, B04478, J04478, M04478