

## University Of South Carolina Film Badge Service Request

RADIATION SAFETY OFFICE USE ONLY:

ACCOUNT NO: \_\_\_\_\_ TEMPORARY BADGE TYPE: \_\_\_\_\_ NUMBER: \_\_\_\_\_

DATE OF SERVICE: \_\_\_\_\_ PERMANENT BADGE TYPE: \_\_\_\_\_ NUMBER: \_\_\_\_\_

I. NAME: \_\_\_\_\_ SEX:  MALE  FEMALE  
*LAST FIRST MIDDLE/MAIDEN*

SOCIAL SECURITY NUMBER: XXX- X X- \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*MM DD YY*

DEPARTMENT: \_\_\_\_\_ POSITION/TITLE: \_\_\_\_\_

PRINCIPLE INVESTIGATOR: \_\_\_\_\_ BLDG: \_\_\_\_\_ RM#: \_\_\_\_\_ PHONE: \_\_\_\_\_

DATE BADGE SERVICE NEEDED: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### II. PLEASE CHECK ALL RADIOISOTOPES AND ANY X-RAY EQUIPMENT YOU WILL BE USING:

H-3, C-14, S-35  I-125  P-32  Other: \_\_\_\_\_

X-ray - Type of equipment using: \_\_\_\_\_

### III. TRAINING AND EXPERIENCE:

A) Have you completed a training course in Radiation Safety?  YES  NO  
(A copy of your training certificate **must** be provided if training was received other than from USC)

B) Have you had prior experience working with radioactive materials or x-ray equipment?  YES  NO  
If YES, describe \_\_\_\_\_

C) Have you read and understood the USC RADIATION SAFETY MANUAL?  YES  NO

### IV. PREVIOUS AND/ OR DUAL EMPLOYMENT INVOLVING RADIATION EXPOSURE

(Use back of sheet if more than one. List previous employer and any dual employment with radiation exposure.):

A) Employer: \_\_\_\_\_

Street/P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Department: \_\_\_\_\_ Date - From: \_\_\_\_\_ To: \_\_\_\_\_

B) Have you ever been assigned a badge at the University of South Carolina?  YES  NO

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*I hereby authorize the release of my occupational exposure records to the  
University of South Carolina.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_