Western University
TLD Badge Request Form

NAME: _____ _____ **CELL PHONE NUMBER:** _____
First *Last*

E-MAIL: _____ **DEPARTMENT:** _____ **BUILDING:** _____

ROOM #: _____ **INTERNAL PERMIT HOLDER NAME:** _____

ID NUMBER:

If you are a Canadian citizen or a permanent resident, please provide your SIN:

☐ Social Insurance Number (S.I.N) _____

If you are **not** a Canadian citizen or a permanent resident, please choose one:

☐ Passport Number _____ ☐ Work Permit Number _____

Please note that your Social Insurance Number (SIN) is strictly used for your radiation exposure records. This information allows for Health Canada to track your lifelong radiation exposures across any organization in Canada. Your information provided here is kept confidential.

GENDER: ☐ N/A ☐ Male ☑ Female

If you are **pregnant**, please indicate when your pregnancy started **(dd/mm/yyyy)** _____

DATE OF BIRTH: (dd/mm/yyyy) _____

PLACE OF BIRTH (Country or Province if Canada): _____

OCCUPATION:

☐ Graduate Student ☐ Student ☐ Faculty ☐ Undergraduate Student ☑ Internal Permit Holder

☐ Research Associate ☐ Lab Technician ☐ Other (Specify): _____

Did you wear a TLD badge in the past? ☐ Yes ☑ No

If **YES**, please provide dates: _____ Province/Country: _____

SOURCE OF IONIZING RADIATION:

☐ **Nuclear Substances/ Radiation Devices (specify):** _____

Do you handle more than 1.35 mCi or 50 MBq of Phosphorus-32, Strontium-89, Yttrium-90, Samarium-153 or Rhehium-186? ☐ Yes ☑ No

☐ **X-Ray Emitting Equipment (specify):** _____

Do you wear a lead apron and stay in an OPEN X-ray beam room while X-ray beam is ON? ☐ Yes ☐ No

If **YES**, explain why? _____

TRAINING:

☐ **Radiation Safety Training** Completion: ☐ Yes ☑ No

(If **YES**, please complete *Notification of Nuclear Energy Worker Status*)

☐ **X-Ray Safety Training** Completion: ☐ Yes ☑ No

(If **YES**, please complete *Acknowledgement of Designation as X-ray Worker*)

Date:_____ Applicant Signature: _____

Permit ID Number (if applicable):_____ Permit Holder Signature (if applicable): _____

OR

Department TLD Account Number:_____ Account Contact Signature: _____

Please send the completed form with training certificate(s) and the signed form to: Radiation Safety (Radsafety@uwo.ca), OHS, Room 4159, Support Services Building