



Dear Customer:

Thank you for selecting Radiation Detection Company as your dosimetry provider! In order to provide the best service we require information on the radiation sources and radiation work at your location. This information is used to verify you are receiving the best dosimeter for your monitoring needs and helps us make sure the proper correction factors are applied in the analysis of your dosimeters. A comparison of the analysis data with the client radiation source information is an important quality assurance step in our program.

Account Number (or name if new account): _____

Group this page applies to: _____

If your account service is divided into multiple groups please use copies of this form to report the information for each group.

Please check all that apply, or enter more specific information at the bottom.

Note: If ring extremity is being used, please check the ring source by indicating only one major source.

X-Ray:

Diagnostic X-ray, human, veterinary, machines generating low energy X-rays, security or package inspection, industrial, etc.

Indicate kVp range: 0-35 KeV 36-53 KeV 54-73 KeV 74-118 KeV > 118 KeV 0 -120 KeV

Gamma:

Gamma emitting sources: ¹³⁷Cs ²²⁶Ra ⁶⁰Co ¹⁹²Ir Other Specify other: _____

Nuclear medicine. List isotopes: _____

Beta:

High energy (>1MeV) beta particle source: ⁹⁰Sr ³²P Other Specify other: _____

Low energy (<1MeV, >200keV) beta particle source: ²⁰⁴Tl Other Specify other: _____

Note that very low energy beta particle sources (³H, ¹⁴C, etc.) cannot be detected.

Items listed below may require Track-Etch dosimetry

Density gauges:

Soil moisture - density gauges containing: ²⁴¹Am:Be ¹³⁷Cs Other Specify other: _____

Accelerator Photons: Please indicate energies utilized.

Particle generator, ion implanter, cyclotron. Monitoring photons only: _____ neutrons: _____ energies: _____

Medical accelerator linatron. Monitoring photons only: _____ neutrons: _____ energies: _____

Neutron:

Neutron radiation from isotope sources: ²⁵²Cf ²³⁹Pu:Be List and indicate if sources are moderated or bare: _____

Please provide any description of your activities you think might be useful: _____

Please provide the name and phone number of a contact person for us to call to report a high exposure or to get more information on your radiation work: _____

Your printed name: _____ Date: _____ Phone: _____