



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 Company Name: _____

Group this page applies to: _____

Note: 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 (0-70 kVp) 36-53 keV (72-106 kVp) 54-73 keV (108-146 kVp) 74-118 keV (148-236 kVp) > 118 keV (>236 kVp) 0 -120 keV (0-240 kVp)

Gamma:

- Gamma emitting sources: ¹³⁷Cs ²²⁶Ra ⁶⁰Co ¹⁹²Ir 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: Very low energy beta particle sources (³H, ¹⁴C, etc.) cannot be detected.

Density gauges:

- Soil moisture - density gauges containing: ²⁴¹AmBe 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 ²³⁹PuBe ²⁴¹AmBe

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: _____