stanforddosimetry.com

DOSIMETRY ORDER FORM – NEW ACCOUNT / GROUP

(please print or type - both sides of this form must be completed)

COMPANY NAME _____ DATE _____

PURCHASE ORDER NUMBER _____

TYPES OF SERVICE: ☐ FILM XBG ☐ TLD RING ☑ TLD XBGN ☐ TLD XBGN/TE

FREQUENCY: ☐ MONTHLY ☐ BI-MONTHLY ☑ QUARTERLY

ANNUAL SUBSCRIPTION with a start date of _____ / _____ / _____

METHOD OF PAYMENT:

☐ Check (payable to Stanford Dosimetry, LLC)

☑ Credit Card Amount: _____

☑ Visa ☐ MasterCard ☐ American Express

Card #: _____ – _____ – _____ – _____ Expiration Date: _____

Name on Card: _____ Signature: _____

SHIPPING ADDRESS:

COMPANY NAME

CONTACT NAME (ATTN:)

STREET ADDRESS OR P.O. BOX

CITY STATE ZIP

BILLING ADDRESS: ☐ SAME AS SHIPPING

COMPANY NAME

CONTACT NAME (ATTN:)

STREET ADDRESS OR P.O. BOX

CITY STATE ZIP

REPORT ADDRESS: ☑ SAME AS SHIPPING

COMPANY NAME

CONTACT NAME (ATTN:)

STREET ADDRESS OR P.O. BOX

CITY STATE ZIP

CUSTOMER CONTACT:

E-MAIL

BILLING PHONE

REPORT PHONE

FAX

Telephone notification will be based upon NRC occupational dose limits. If other notification limits are required, please contact RDC.

(See Reverse)

radiation detection company . . . *The People Behind Your Badge*

NVLAP Lab Code 100512-0 Film and Thermoluminescent Dosimetry

FAX order form to: 360 715-1982 *(voice 360 527 2627)*

STANFORD DOSIMETRY, LLC *since 1988*

2315 Electric Ave Bellingham, WA 98229

sales@stanforddosimetry.com www.stanforddosimetry.com

PERSONNEL LIST: (please fill this form out completely, call for help)

Please mail a copy of your final dosimetry report from your past provider to RDC so we can enter your lifetime exposure records.

EMPLOYEE NAME	**SOCIAL SECURITY NO.	DATE OF BIRTH	GENDER	*SERVICE TYPE

* For TLD finger rings only, please indicate (R) for right hand or (L) for left hand

** *Check our website www.radetco.com or contact customer service 408.842.2700 for other personal identification numbers that may be used in place of a social security number.*
An important message about use of social security numbers (SSN): Nuclear Regulatory Commission (NRC) Regulatory Guide 8.7 *Instructions for Recording and Reporting Occupational Radiation Exposure Data* provides instructions for using the SSN to identify individual's exposure records. The NRC form 4, form 5, and electronic formatted exposure history all require the use of the SSN as an identification number. Without a valid SSN, RDC cannot complete NRC forms 4 or 5. California Code of Regulations Title17, Public Health, Division 1, Chapter 5, Subchapter 4, Radiation 30253 Standards for Protection Against Radiation requires and permits use of the SSN as a means to identify an individual and maintain their occupational exposure records. RDC procedures comply with the law in all regards and RDC offers additional reports that do not show SSNs that can be displayed publicly for a nominal fee.