

MEDICAL UNIVERSITY OF SOUTH CAROLINA

RADIATION MONITOR AND ITS USE

Radiation dosimetry badges are furnished in accordance with existing State and Federal regulations regarding monitoring of personnel exposed to ionizing radiation. The Radiation Safety Office will determine eligibility for participation in the Dosimetry Badge Program. The monthly Radiation Dosimetry Reports regarding your exposure become a part of your permanent records and are available for your review. If you leave MUSC for other employment, please request a copy of your exposure record to be sent to your new employer.

In order to utilize the badge most effectively, and to have the most accurate record possible, the following requirements must be observed:

1. Always wear your badge when working in radiation areas.
2. Wear the badge on the trunk portion of your body, i.e., on your collar, belt, pocket, etc. Rings shall be worn on the index finger, underneath gloves, facing toward inside of hand.
3. When wearing a lead apron, wear the collar badge on the outside of the lead apron.
4. Be sure that the badge is firmly attached. Loss of a badge requires that your permanent record be posted with the Maximum Permissible Dose (MPD) for that month. The monthly MPD for body badges is 400 millirems and 4000 millirems for ring badges.
5. Be sure that you are wearing a current badge; the month appears on the face of the badge with your name and assigned number. If you are required to wear a badge and do not receive it, notify Radiation Safety immediately. All badges must be returned to the Radiation Safety Office no later than the 10th of each month. Return the badge to the Radiation Safety Office at 301 H0T so that it can be processed promptly.
6. Protect your badge from moisture, i.e., rain, washing machines, accidental splashing, etc. Moisture damage cannot be read properly and your record will be posted with the MPD for that month. Immediately contact Radiation Safety for another badge to wear for the remainder of that month.
7. Accidental exposure (splashing with radioactive material, leaving in room, etc.) should be reported immediately to Radiation Safety. Keep the badge separate from others.
8. Your department is charged for all damaged, lost, and/or late badges and holders. Additional charges are incurred for misuse and/or abuse of service.
9. Notify the Radiation Safety Office of any change in status; termination of employment, leave of absence, pregnancy, name change due to marriage/divorce, change of departments, etc.

IMPORTANT - SEE NEXT PAGE

RADIATION BADGE INFORMATION - PAGE 2

NEVER ALLOW ANYONE ELSE TO WEAR YOUR BADGE!

NEVER WEAR A BADGE WHICH IS NOT ASSIGNED TO YOU!! **DO NOT**
WEAR THE BADGE MARKED "CONTROL", CALL RADIATION SAFETY FOR A
BADGE!

NEVER INTENTIONALLY EXPOSE YOUR BADGE TO RADIATION. TO DO SO
MAY RESULT IN SUSPENSION FROM YOUR DUTIES.

NEVER WEAR YOUR BADGE WHEN YOU ARE BEING X-RAYED (INCLUDING
DENTAL X-RAYS), OR FLUOROSCOPED. THE BADGE MONITORS
OCCUPATIONAL EXPOSURE, NOT MEDICAL EXPOSURE.

NEVER TAKE YOUR BADGE HOME WITH YOU. LEAVE IT IN A SAFE
PLACE, AWAY FROM ANY SOURCE OF RADIATION AT YOUR PLACE OF
WORK.

LEAVE THE MONITOR IN THE HOLDER EXCEPT TO CHANGE IT FOR THE
NEXT MONTH'S BADGE.

KEEP THE MONITOR AND RINGS INTACT - DO NOT REMOVE ANY
LABELS!!

IF ACCIDENTALLY WASHED/DRIED ASK FOR IMMEDIATE REPLACEMENT.

Any questions regarding badge service, radiation safety, etc. should
be directed to the Radiation Safety Office(r), ext. 4255.

Spare # _____ Part # _____ Series Code _____
(RSO use only)

REQUEST FOR BADGE SERVICE

Name

(M) _____
(F) LAST FIRST MIDDLE MAIDEN

Social Security # _____ Date of Birth: _____

Department: _____ Division/Lab/Floor: _____

Supervisor: _____ Bldg: _____ Room #: _____ Ext: _____

Has your supervisor briefed you on radiation safety procedures?

Yes No

Have you read and understood the information on radiation monitors?

Yes No

Occupation: ___ Researcher ___ Rad Tech ___ Nurse ___ Physician

___ Interventional Radiologist ___ Cardiologist

___ Other (please specify) _____

Check as needed: (Waist Badge is for Double Badge Participants only)

___ COLLAR Badge (worn outside lead apron)

___ WAIST Badge (worn inside lead apron)

___ RING Badge (Lg/ Med/ Sm)

List previous employment including employment at MUSC only if you wore a badge or were monitored in any way for Occupational Radiation Exposure. If you were a student and were monitored complete this information. Please give your full name at the time of previous employment. Please make sure addresses are legible and complete.

EMPLOYER DEPARTMENT COMPLETE ADDRESS & ZIP CODE DATES

I hereby authorize the release of my former occupational radiation exposure records to the Medical University of South Carolina.

Signature: _____ Date: _____

Please return this completed form to the Radiation Safety Office. Allow 7-10 days for delivery. You may FAX this request to extension 2-5099; however, the original must be sent through campus mail. Call ext. 2-4255 if you have any questions.