ATOMIC ENERGY INDUSTRIAL LABORATORIES OF THE SOUTHWEST, INC.

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Personnel Monitoring Service

Specific Order Form

Note: The Shipping and Billing information supplied on the General Application form will be used as the Personnel Monitoring Service addresses.

Please fill out the information below as complete as possible to subscribe to AEIL's Personnel Monitoring Service.

Exchange Period: Quarterly ☐ Bi-Monthly ☐ Monthly ☐ Semi-Monthly ☐

We have the following external radiation exposure at our company: **(check all that apply)**
X-Ray ☐ Co-60 ☐ I-131 ☐ Tc-99 ☐ Am-241 ☐ Radium ☐ Ir-192 ☐ Cs-137 ☐ Sr-90 ☐
Other ☐ _____

Please notify us by this telephone if any exposure exceeds the permissible dose of the above exchange period: Yes ☐ No ☐ Contact:_____ Phone#:_____

We wish to subscribe to individual Statistical Summaries on a
Quarterly basis: Yes ☐ No ☐ Annual basis: Yes ☐ No ☐

Badge Type:
B-4 = Whole Body Film Badge for monitoring X-Ray, Beta, Gamma
E-4 = Extremity Film Wrist Badge for monitoring X-Ray, Beta, Gamma
F-4 = Extremity TLD Ring Badge for monitoring X-Ray, Beta, Gamma

Please furnish us with the following information for each employee to be monitored:

Last Name & First Initial	Social Security No. (Last 4 Only or ID#)	Date of Birth	Gender M/F	Badge Type

Use additional pages as needed