	United States **Department of Agriculture**	**Radiation Safety Program** **Dosimetry Request** **RSS-70**
USDA		

Account Representative Name:	Account Number: DOA-

Account Profile – Complete this to modify an account or add a new account

Agency:	Facility Name:
Address (1):	Address (2):
City:	State:
Zip Code:	Telephone:
Fax:	Email:
ATTN (Badges will be mailed to this person):	

ADD Badges to this account

❑ Send new badges at beginning of next wear period (calendar quarter)
❑ Send new badges immediately

Name (Last, First, MI)	Social Security Number	Date of Birth (mm/dd/yyyy)	Whole Body Badge Type	Finger Badge Size
			❑ X-B-G ❑ X-B-G-N	❑ Small ❑ Medium ❑ Large
			❑ X-B-G ❑ X-B-G-N	❑ Small ❑ Medium ❑ Large
			❑ X-B-G ❑ X-B-G-N	❑ Small ❑ Medium ❑ Large
			❑ X-B-G ❑ X-B-G-N	❑ Small ❑ Medium ❑ Large

- X-B-G-N for portable nuclear gauge users only
- If no SSN, use Passport Number or contact USDA Radiation Safety Staff
- Area Monitors - designate location in Name column
- Visitor Badges – designate badge number in Name column (ex. Visitor #1)
- Fetal Badges – contact USDA Radiation Safety Staff or indicate need in comment section at end of form

DELETE Badges from this account

- ❑ Delete all badges at this location
- ❑ Delete the badges listed below

Name (Last, First, MI)	Social Security Number

ASSIGN VISITOR BADGES for this account

Visitor(s) wore badge in the following Calendar Quarter ❑ 1st Jan - Mar ❑ 2nd Apr - Jun ❑ 3rd Jul – Sep ❑ 4th Oct - Dec			Visitor(s) wore badge in (year):
Name (Last, First, MI)	Social Security Number	Date of Birth (mm/dd/yyyy)	Visitor Badge Number

MODIFY a name for this account

Original Name (Last, First, MI)	Social Security Number	New Name (Last, First, MI)

Comments/Special Instruction:

Name: | **Date:**