

Today's Date: ___/___/___



Radiation Worker Registration Form

Please complete this form BEFORE you attend Radiation Safety Training. Bring this form with you the day of training, signed by the laboratory Principal Investigator to 229 FORSYTH BUILDING.

I. Personal Information					
Last Name:		First Name:		MI:	Gender:
D.O.B.:		S.S.N. (or Student I.D.#)			
Check One	Faculty:	Graduate:	Undergraduate:	Work Study:	Other: _____
Term of Employment:					
Department:		Room/Bldg:		Extension	
Principal investigator:		Room/Bldg:		Phone#	

II. Radioactive materials: Prior Experience and Training								
Please place a checkmark to indicate the appropriate answer(s) for the following Questions (NOTE: Some answers may depend on a previous response).							<u>YES</u>	<u>NO</u>
1. Have you ever worked with radioactive materials before? <i>(Note: If you answered no, please skip to question 4)</i>								
2. Have you ever received formal Radiation Safety Training?								
3. Have you ever worked with radiation/radioactive materials and been issued dosimetry at another facility within the United States? (NOTE: If you answered "Yes" you must complete the section below for each facility at which you worked and contact Environmental Health and Safety to fill out an exposure release form.)								
4a.) Please indicate all of the radiation sources you will be involved with:								
H-3	C-14	P-32	S-35	Rb-86	Tc-99m	I-125	In-111	
4b.) Please List any other radiation sources you will be involved with that were not previously listed:								
Facility Dosimetry Previously Issued:				Facility Dosimetry Previously Issued:				
_____				_____				
Address:				Address:				
_____				_____				
City: _____				City: _____				
State: _____				State: _____				
Employment: Start: _____ End: _____				Employment: Start: _____ End: _____				

Radiation Worker Signature: _____

Date _____

Principal Investigator/Supervisor Signature: _____

Date _____