Training & Experience - Radiation Producing Devices

[Please print neatly]
Name:
Department:
Position/Title:
University ID:

Radiation Safety Training is mandatory for all personnel using radiation producing devices. This form is a request by the Principal Investigator (PI) for unsupervised use of radiation producing devices such as X-ray devices and accelerators, by the individual whose name appears at the top of the form. The information on this form is reviewed by the Radiation Safety Officer (RSO), and the members of the Radiation Safety Committee (RSC) for purposes of acting on such a request. This form is also used for first time applicants for possession and use of radiation producing devices.

Incomplete forms shall be returned to the PI for further information. This form must be filled out by the Individual User (not the PI, unless applying for an Authorization), signed by the Individual User and the PI and sent to the Radiation Safety Office for action. A response will be sent, in a timely manner, from the RSO to the PI regarding this request.

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List hours of training and experience received. Complete the "Comment Section".

Radiation Safety Training Topic	Location of Training (Facility)	Cumulative # of hours of training	Comment Section
Radiation Basics			List the four main types of ionizing radiation: 1 2 3 4
Radiation Measurements			Type of Measurement: Exposure: Dose General Survey Other: Type of Detector(s):
ALARA Principals of Protection			List the 3 Basic Principals:
Biological Effects			Briefly state possible effects from the radiation emitted by a radiation producing device:
Device Specific Training			
Type of Device(s)			Diffraction: Fluorescence: Spectroscopy: Cabinet X-ray: Accelerator: Synchrotron: Diagnostic: Other:

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Radiation Safety Experience	Location	Cumulative # of hours/days/years	
Personal Monitoring			Film Badge: Thermoluminescence: Finger Ring: Other:
Radiation Measurements			Briefly describe the type of measurements performed and the type of detectors used:

List **experience** in the use of x-ray devices.

Type of Device		
Energy Output (kev, Mev)		
Type of Use		
Location of Facility		
Inclusive dates (Start date to End date of use) mm/yy		

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Documentation of Radiation Safety Training for Radiation Producing Devices from the University of Maryland, College Park must be submitted with this Application.

List all other places where you have received **classroom** training in Radiation Protection.

1. UMCP	Attach Certificate of Training.	
2		
3		
4		
Radiation Producing Equipme Radiation Safety Website at <a agree="" and="" appus="" e="" facilities".<="" govern="" have="" href="http://</th><th>anual and Supplement to Radiation Safe
nt; the Manual and Supplement are locate
//www.essr.umd.edu/rs/prod/index.html.
I Radiation Protection Program and with a</th><th>d on the</th></tr><tr><td>and directives are guides to the rematerials and radiation producing and satellite facilities. All person familiar with and abide by the remainder of the remai</td><td>egulatory requirements governing the use g devices at the University of Maryland Conel using radiation producing devices are quirements. As part of the request to becone d date this receipt and return it with the at</td><td>of radioactive college Park Campus expected to be ome an Authorized</td></tr><tr><th>contents of the UMCP Radiation</th><th>rm, you affirm the following: " i="" manual="" manuals,="" read="" safe="" safety="" said="" satellite="" supplement.="" th="" the="" to="" use="" which=""><th>o adhere to all rules</th>	o adhere to all rules	
Applicant:		
Print Name	Signature	Date
Principle Investigator: (of radiat	ion producing device)	
Print Name	Signature	Date
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Health Physicist Review:	HP Signature:	Date:
Radiation Safety Officer (Interim Approval)	RSO Signature:	Date:
Radiation Safety Committee Final Approval:	Additional Information:	Date:
YES/NO		