

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.

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

<u>Radiation Safety Training Topic</u>	<u>Location of Training (Facility)</u>	<u>Cumulative # of hours of training</u>	<u>Comment Section</u>
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:
<u>Device Specific Training</u>			
Type of Device(s)			Diffraction: ____ Fluorescence: ____ Spectroscopy: ____ Cabinet X-ray: ____ Accelerator: ____ Synchrotron: ____ Diagnostic: ____ Other: _____

<u>Radiation Safety Experience</u>	<u>Location</u>	<u>Cumulative # of hours/days/years</u>	
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			

For Official Use Only

Health Physicist Review: :	HP Signature:	Date:
Radiation Safety Officer (Interim Approval)	RSO Signature:	Date:
Radiation Safety Committee Final Approval: YES/NO	Additional Information:	Date: