

UNIVERSITY OF MARYLAND
RADIATION SAFETY OFFICE

TRAINING AND EXPERIENCE FORM FOR USERS
OF RADIOACTIVE MATERIAL

(PRINT OR TYPE ALL INFORMATION)

NAME: _____ DEPARTMENT: _____

POSITION/TITLE: _____ DATE: _____

Radiation Safety Training is mandatory for all personnel using radioactive material. **This form is a request by the Principal Investigator (PI) for unsupervised use of radioactive material** 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.

Incomplete forms shall be returned to the PI for further information. This form must be filled out by the Individual User (not the PI), 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.

* The information requested on this form is based on Radiation Protection Training that you have learned in both the classroom and on the Job. *

Radioactivity measurements

Amount of Radiation Safety Training time _____ hrs and/or _____ yrs

Amount of on-the-job training time _____ hrs and/or _____ yrs

Briefly state how radioactivity measurements were made:

Monitoring techniques

Amount of Radiation Safety Training time _____ hrs and/or _____ yrs

Amount of on-the-job training time _____ hrs and/or _____ yrs .

Describe techniques utilized:

Principles of Radiation Protection

Amount of Radiation Safety Training time _____ hrs and/or _____ yrs

Amount of on-the-job training time _____ hrs and/or _____ yrs

What are the important principles of radiation protection:

Instrumentation

Amount of Radiation Safety Training time _____hrs and/or _____yrs

Amount of on-the-job training time _____hrs and/or _____yrs

List the type of instrument and isotopes monitored for each:

Biological Effects

Amount of Radiation Safety Training time _____hrs and/or _____yrs

Amount of on-the-job training time _____hrs and/or _____yrs

What are the biological effects of radiation:

List all places where you have received **classroom** training in Radiation Protection and check those for which you have provided documentation. **Note** (documentation in the form of a certificate, letter or copy of a training card must be provided for at least one of the places listed below for this request to be considered)

| <u>Location of Classroom Training</u> | <u>Documentation Attached (check)</u> |
|---------------------------------------|---------------------------------------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

List all experience in the use of isotopes, complete each column for the isotope listed:

| <u>Isotope</u> | <u>Activity per use</u> | <u>Inclusive Date(s)</u> | <u>Type of use</u> |
|----------------|-------------------------|--------------------------|--------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Individual completing form:

| | | |
|------------|-----------|-------|
| _____ | _____ | _____ |
| Print Name | Signature | Date |

Principal User requesting Authorized User Status for Individual:

| | | |
|------------|-----------|-------|
| _____ | _____ | _____ |
| Print Name | Signature | Date |

Receipt of Radiation Safety Manual

This manual constitutes the UM Radiation Protection Program and with additional procedures and directives is a guide to the regulatory requirements governing the use of radioactive materials and radiation producing devices at the University of Maryland Campus and satellite facilities. All personnel using radioactive sources are expected to be familiar with and abide by the requirements. As part of the request to become an Authorized User all individuals must sign and date this receipt and return it with the attached Training and Experience Form.

I have read and I understand the contents of the UM Radiation Safety Manual. I agree to adhere to all rules and requirements contained in the said Manual, which governs the safe use of Radioactive Materials at UM Campus and Satellite Facilities.

Date

Print Name

Signature