

# RADIATION WORKER/DOSIMETRY APPLICATION

## UNIVERSITY OF CINCINNATI

- New or reapplication** (complete all sections, front and back).  
 **Addition/deletion of AU(s)/Supervisor(s)**. (indicate change after AU/Supervisor's name in section 1)  
 **No longer using RAM\* or RGE\*\* under the RCSP** (complete personal information section only)

### PERSONAL INFORMATION SECTION

(Last Name)	(First Name)	(Middle)	(Maiden)
(Employee ID Number)	<input type="checkbox"/> M <input type="checkbox"/> F (SEX)	(Birthdate - MM/DD/YY)	
(Job Title)	(Dept. Name)	<input type="checkbox"/> UC <input type="checkbox"/> CCHMC <input type="checkbox"/> SHC (Institution)	(Mail Location)
(work phone number)	(home phone number)	(pager number)	

### 1. Applicant's Use Category (check all that apply):

- I am/will be an Authorized User (AU) of Radioactive Material (RAM)  
 I am/will be a Radiation Worker using  Radioactive Materials (RAM)  
 An irradiator (requires submission of RS Form 36.)  
 Radiation Generating Equipment (RGE)  
 I am/will be a Healthcare Worker working with Radiation Therapy patients  
 I am/will be an Ancillary Worker in radiation source use areas  
 I will only be observing and am applying for an observation only dosimeter (badge)

I shall be working/need the dosimeter:  ≤ 1 month  > 1 ≤ 3 months  > 3 months

\*\*\*

(AU/Supervisor Printed Name <sup>***</sup> )	(AU/Supervisor Signature <sup>***</sup> )	(Date)	[ ] Add [ ] Delete
<b>***Responsibilities of the AU/Supervisor on this line include dosimetry charges and dosimeter group assignment</b>			
(AU/Supervisor Printed Name)	(AU/Supervisor Signature)	(Date)	[ ] Add [ ] Delete
(AU/Supervisor Printed Name)	(AU/Supervisor Signature)	(Date)	[ ] Add [ ] Delete

### 2. Expected Sources of Radiation Exposure/Use Of Radiation Sources:

- Radioactive Materials (RAM) (list radionuclides): \_\_\_\_\_  
 Radiation Therapy Patients  
 Irradiator:  Blood irradiator  Gammacell animal irradiator  Mark I animal irradiator  Pool irradiator  
 Radiation Generating Equipment (RGE, e.g., x-ray machines); check all that apply:  
 Human-use fluoroscopy  Veterinary fluoroscopy  Research diffraction/spectrometry  
 Human-Use general  Veterinary general  Electron microscopy  
 Other: \_\_\_\_\_

### RSOF USE ONLY

Dosimetry required:  Yes  No  Requested, but not required

Dosimetry type:  Whole Body  Chest  Waist  Ring 1/2  β/γ  β/γ/N  Other \_\_\_\_\_

Training dates-Initial: \_\_\_\_\_ Reapplication: \_\_\_\_\_

Temporary dosimeter issued:  No  Yes Permanent dosimeter number: \_\_\_\_\_ Start Date: \_\_\_\_\_

RSOF review by: \_\_\_\_\_ Date \_\_\_\_\_

**3. Previous Radiation Source Experience/Training (extra sheet may be attached, if needed)**

Prior to the University of Cincinnati, I do not have any training or experience using RAM or RGE. (Go to Authorization and Certification Section)

I have previous experience using RAM or RGE, as described below.

<b>Radionuclide(s) and mCi or Type of RGE used</b>	<b>Period of Use (MM/YY to MM/YY)</b>	<b>Facility Name (where used)</b>		
For each facility listed above, provide the complete mailing address and the department name where you worked.			<b>Dosimeter Issued?</b>	
<b>Facility Name</b>	<b>Complete Mailing Address</b>	<b>Department</b>	<b>Yes</b>	<b>No</b>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I have previous training in radiation safety for RAM or RGE as described below.				
<b>Facility Name</b>	<b>Brief Description of Training</b>	<b># of hours</b>		

**AUTHORIZATION AND CERTIFICATION SECTION**

*I understand that as a Radiation Worker under the University of Cincinnati Radiation Control and Safety Program: (1) I must abide by the rules and regulations which apply to my use of RAM or RGE; (2) I am responsible for the safe use and proper disposal of the RAM and/or RGE as it applies to my usage; and (3) I understand I must notify the Radiation Safety Office concerning any changes in my use of RAM or RGE under the University of Cincinnati Radiation Control and Safety Program.*

*I hereby authorize the release of my occupational radiation exposure history to the Radiation Safety Office of the University of Cincinnati.*

\_\_\_\_\_ Signature

\_\_\_\_\_ Date