

Auburn University

New Radiation Worker Form

Section 1 – To be completed by Principal Investigator

Add the individual listed in the Section 2 as a radiation worker on my license

Principal Investigator (print name)	Signature	Date
-------------------------------------	-----------	------

Section 2— To be completed by New Radiation Worker

New Radiation Worker's Statement of Training and Experience

Name	Date of Birth	AU Banner ID	
Job Title	Email (AU Username)	Mailing Address	Phone Number
*Personal email		* Provide an email address to receive your annual dosimetry reports after you depart Auburn University, otherwise leave blank. The reports are available from the Radiation Safety Office upon request.	
Have you ever been a radiation worker at Auburn University? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, when?	

Privacy Act Statement: Title 10 Code of Federal Regulations (CFR) Part 19.13 (NRC), Title 29 CFR Part 1910.96 (OSHA) and Alabama Department of Public Health (ADPH) Part 420-3-26-.03(10) require each employer to obtain all of your radiation exposure records to document previous exposure history. The information is used in the evaluation of risk of exposure to ionizing radiation or radioactive materials. It permits meaningful comparison of both current (short-term) and long-term exposure to ionizing radiation or radioactive material. The personal information collected is used to assure that Auburn University has an accurate identifier not subject to the coincidence of similar names or birth dates among the large number of persons on whom exposure data is maintained. Data on your exposure to ionizing radiation or radioactive materials is always available to you upon request.

Other employment involving exposure to radiation or use of radiation dosimeters (e.g. film badge, TLD).

Name and address of employer	Dates of employment	Dosimeter used?
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>

Briefly describe your training and experience in the use of radioactive materials or radiation-producing machines. Include radionuclides and activities handled or radiation-producing machines operated.

Signature of New Radiation Worker	Date
-----------------------------------	------

Section 3 - To be completed by Radiation Safety Office

Approval Conditions	Personnel Monitoring
<input type="checkbox"/> Training session with RSO Date completed _____ <input type="checkbox"/> Radioactive materials quiz Date passed _____ <input type="checkbox"/> Analytical x-ray quiz Date passed _____ <input type="checkbox"/> Lab-based training Date completed _____ <input type="checkbox"/> Other _____	Whole body: <input type="checkbox"/> P(β/γ) <input type="checkbox"/> J($\beta/\gamma/n$) <input type="checkbox"/> T($\beta/\gamma/n$) Ring: <input type="checkbox"/> U Series _____ <input type="checkbox"/> Qtr <input type="checkbox"/> Semi Landauer Participant # _____ <input type="checkbox"/> Dosimeter(s) received/dispensed Comments:
This individual is <input type="checkbox"/> likely <input type="checkbox"/> unlikely to receive an occupational dose in excess of the levels shown in Rule 420-3-26-.03(18).	

Signature of Radiation Safety Officer	Date
---------------------------------------	------