

# OLS-Radiation Safety

## New User Information & Dosimetry Evaluation

Please send this form to Office of Laboratory Safety

### Section 1 Applicant Information

Name:	_____	Application Date:	_____
Mailing Address:	_____	Date of Employment:	_____
	_____	Date of Birth:	_____
Department & Room #:	_____	Sex:	_____
E-mail Address:	_____	GWID:	_____
Type of Appointment:	Permanent <input type="checkbox"/> Temporary (< 4 months) <input type="checkbox"/>	Lab Phone:	_____
PI/Authorized User:	_____	Office Phone:	_____

### Section 2 History

Education			
Degrees earned	Fields of study	Institution	Year received

Radiation Safety Training: This can include classroom training as well as personal hands-on training. Add a date range if the same training was received for multiple years (ie: 89-92).

Date(s)/length	Institution	Type	Topics covered
Yr(s): Hrs:		% lecture % lab	<input type="checkbox"/> health physics/chemistry <input type="checkbox"/> instruments <input type="checkbox"/> handling /safety <input type="checkbox"/> calculations
Yr(s): Hrs:		% lecture % lab	<input type="checkbox"/> health physics/chemistry <input type="checkbox"/> instruments <input type="checkbox"/> handling /safety <input type="checkbox"/> calculations

Experience: Use of Radiation or Radioactive Materials – list any experience you have with radioactivity/radiation

Date(s)	Institution	Source Radio-isotope or Machine Produced	Max activity mCi	Description of experience

### Section 3 Potential Radionuclide Use

Estimate the amounts, actual handling time (not duration of procedure), type of handling, and frequency of use.

Protocol	Isotope	Maximum Amount Used Per Procedure (mCi)	Time Handled Per Procedure (min)	Frequency (procedures per Calendar Year)	Totals (for GW Radiation Safety Use)

### Section 4 Other Potential Sources of Radiation Exposure

Are there other sources of radiation in your workplace such as x-ray machines, Nuclear Medicine, PET, fluoroscopy?:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If Yes, Describe:
While at GW, will you receive radiation exposure at another institution or place of work?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If Yes, Describe:
Have you now or have you been monitored for occupational radiation exposure?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If Yes, Describe:

**Section 5**

**Acknowledge – Read and Sign**

*I have read and understand all of the materials given to me by the Authorized User and the GW Radiation Safety Office. I authorize all past employers to release my radiation exposure history records to the GW Radiation Safety Office. If my use, type or quantity of radioactive material or other sources of radiation changes significantly, I understand that I am required to contact the GW Radiation Safety Officer to be reevaluated for dosimetry.*

Applicant Signature:

Date:

Radiation Safety Office Use Only			
Evaluation Dosimetry Required?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Justification:
Evaluation Dosimetry Assigned?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Justification:
Estimated Annual Dose:	Whole Body:		Extremity:
DOSIMETRY ASSIGNED			
<input type="checkbox"/> Whole Body	<input type="checkbox"/> Ring	<input type="checkbox"/> Fetal	<input type="checkbox"/> Bioassay
FREQUENCY			
<input type="checkbox"/> Monthly		<input type="checkbox"/> Quarterly	
RADIATION HAZARD EXAM			
Date:	Score:	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
IRRADIATOR USE			
Date:	Score:	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
GW Radiation Safety Officer		Date	