

**STATEMENT OF TRAINING AND EXPERIENCE
FOR USE OF RADIONUCLIDES AND RADIATION DEVICES**

Instructions: All individuals must complete formal radiation safety training before using ionizing radiation. The training that is required depends on the type and amount of materials to be used, and the individual's current training and experience. Most individuals must attend an eight-hour course given by Health Physics, and then be provided on-the-job training by the laboratory supervisor. You will receive specific instructions after Health Physics evaluates your training and experience. If you have any questions, please call Health Physics at 723-3201. Fax this completed form to Health Physics at 723-0632. **Complete ALL fields!**

| | | | | | | |
|--|-------------------|------------------|--------------------------|-------------------|-------------------|-----------|
| (CRA #) CONTROLLED RAD. AUTH. >> REQUIRED! << | | LAST NAME | | FIRST NAME | | MI |
| M or F | DEPARTMENT | POSITION* | MAIL CODE | | WORK PHONE | |
| EMAIL ADDRESS | | SUNet ID | BUILDING AND ROOM | | | |

* **POSITION:** Faculty, Post-Doc; Visiting Scientist; Student; Staff

Appointment: 30 days ≤ 6 months > 6 months

What sources will you use here: unsealed radiochemicals sealed radioactive sources XRD
 irradiator XRF medical x-ray non-medical x-ray cabinet x-ray

TRAINING AND EXPERIENCE WITH RADIATION SOURCES

| | | |
|--------------------|----------------------|----------------------|
| INSTITUTION | BEGAN (MM/YY) | ENDED (MM/YY) |
| INSTITUTION | BEGAN (MM/YY) | ENDED (MM/YY) |

**ESTIMATE THE NUMBER OF CLASSROOM CONTACT HOURS
FOR EACH TOPIC**

| Topic | Hours |
|---|--------------|
| Physics of ionizing radiation and radiation units | |
| Bioeffects of ionizing radiation | |
| Radiation hazards and protection methods | |
| Regulations and standards | |
| Monitoring and survey methods | |

| CLASS | COMPQ | PROQ | XRD |
|--------------|-------------------------|---------------|------------|
| | Score | | |
| | Date | | |
| | By | | |
| | __ SHP | __ OJT | |
| | Notes __/__/__ | | |
| | Cd Reqs __/__/__ | | |

NOTE TYPICAL RADIONUCLIDES YOU **HANDLED** AND **LENGTH** OF EXPERIENCE IN THE APPROPRIATE BOX, e.g. H-3 5 days; 1-125 6 months; Cs-137 3 years

| Type of Sources | microcuries | millicuries | curies | kilocuries |
|---|--------------------|--------------------|---------------|-------------------|
| Sealed sources or neutron emitters | | | | |
| Unsealed beta and gamma emitters | | | | |

WHAT DEVICES HAVE YOU USED: XRD self-shielded irradiator XRF medical x-ray non-medical x-ray
 cabinet x-ray _____

Signature

Date