# Auburn University

## New Radiation Worker Form

### Section 1 — To be completed by Principal Investigator

<table>
<thead>
<tr>
<th>Principal Investigator (print name)</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

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

### Section 2 — To be completed by New Radiation Worker

#### New Radiation Worker's Statement of Training and Experience

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>AU Banner ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Email (AU User Name)</td>
<td>AU Mailing Address</td>
</tr>
</tbody>
</table>

Have you ever been a radiation worker at Auburn University?  
- Yes ☐  
- No ☐  
- 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).

<table>
<thead>
<tr>
<th>Name and address of employer</th>
<th>Dates of employment</th>
<th>Dosimeter used?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
</tbody>
</table>

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 Officer

<table>
<thead>
<tr>
<th>Approval Conditions</th>
<th>Personnel Monitoring</th>
</tr>
</thead>
</table>
| ☐ Training session with RSO  
  Date completed ____________ | Whole body: ☐ P(β/γ) ☐ J(β/γ/n) ☐ T(β/γ/n)  
  Ring: ☐ U  
  Series _______  
  Qtr ☐ Semi Landauer Participant #________ |
| ☐ Radioactive materials quiz  
  Date passed ____________ | ☐ Entered in Change Log  
  ☐ Entered in RS Solutions  
  ☐ Dosimeter(s) received/dispensed |
| ☐ Analytical x-ray quiz  
  Date passed ____________ | Comments: |
| ☐ Lab-based training  
  Date completed ____________ | |
| ☐ Other ____________ | |

This individual is ☐ likely ☐ 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

Revised 02/25/2016