

Radiation Worker/Personal Dosimetry Application Instructions

Please save this form to your computer. Fill out application and save the completed form to your desktop. Utilize your Official WSU e-mail and attach the completed form. Send to

Radsafe@wsu.edu

1. The RSO will fill out the badge number, type, frequency and series code
2. **The information in fields 1-18 is required in order to be registered as a radiation worker at WSU. Please view the attached sample application for assistance. *Your WSU ID # is required.***
3. Please identify the WSU provided radiation safety training you have taken. (Modules provided on www.rso.wsu.edu under "Training Courses". Dosimetry not issued to you until your training is completed.
4. Please put a date in field 14, otherwise dosimetry will not be issued until a request is made to our office by phone or e-mail and the dosimetry will take several days to be received.
5. Field 15 requires that you identify all work you plan to do with radioactive materials and/or radiation machines. Talk to your authorized user (PI) if you are unsure.
6. You are required to select boxes #16, #17 & #18; by doing so you verify that you understand and accept the requirements/statements as written.
7. The regulation document (WAC) referred to in field #17 can be seen in module #2 "Radiation Safety Regulations" slide #14. This yellow form titled "State of Washington Notice to Employees" can be found in all radiation labs. Please review it before returning this application.
8. The section titled "Personal Dosimetry Information / Request Section" will need to be completed to order your personal radiation dosimetry.
9. If you will be using **1.0mCi (37 MBq) or more per week** of the following isotopes you will need to request an extremity monitor (ring dosimeter - medium is the standard size) P^{32} , Na^{22} , Fe^{59} , Co^{60} , Y^{90} , Sr^{90} , Cs^{137} , I^{131} or Tc^{99m} or if you will be using **10.0mCi (370 MBq) or more per week** of the following isotopes you will need an extremity monitor (ring dosimeter) Cr^{51} , I^{125} or In^{111} . *If you are unsure discuss with your radioactive materials authorized user (PI).*
10. If you have worked with radiation at a facility outside of WSU during the current calendar year **AND** have received at least 100 mrem of exposure then you need to complete the Radiation Exposure History Request / Release Form. ***Please fill out one form for each exposure location,*** make copies of the form as necessary and return it with your application.
11. **All females must complete the Prenatal Radiation Exposure module #17 on the RSO website training page. <http://www.rso.wsu.edu/training/training.html>**
12. **Return all application documents to the Radiation Safety Office radsafe@wsu.edu. *Incomplete ~ applications/forms can't be processed in a timely manner and may delay your work.*** Please send from ~ your official WSU e-mail account, for identification purposes.

If you have any questions concerning the completion of your application, please call the Dosimetry Program Manager at (509) 335-7058.

Washington State University – Radiation Safety Office Albrook 208 , PO Box 643005 Pullman, WA 99164-3005 <i>Phone (509) 335-8916</i>	Badge #	Badge Type
		Series

RADIATION WORKER APPLICATION

Directions: Complete items 1-18 to register as a WSU radiation worker.
****All fields are required****

1. Name (Last)		2. Name (First, Middle)		3. ID# (WSU)		4. Date of Birth		5. Today's date	
6. Gender Male Female		7. Your Phone #		8. Your WSU E-Mail Address		9. WSU Department and Dept. Zip code			
10. Authorized User (AU/PI) Name				11. Building and Room #		12. WSU Radiation Safety Course Type/Date Materials Machines Other			
13. Completed Online Classroom			14. Enter the date you plan to begin working with radiation/machines						
15. Radioactive material(s)/quantities and/or radiation machine(s)/equipment you plan to use as a radiation worker at WSU: <u>Radiation Machines:</u> X-ray Diagnostic(No dosimetry required) VTH X-ray Therapeutic X-ray Analytical or Crystallographic Radioisotope(s) H-3 and/or C-14 only. (No Dosimetry required.)									
NOTE All radiation workers are required to be trained by their AU or designate on lab/machine/equipment specific radiation safety and worker responsibilities									
16. I understand the radioactive materials authorized user I will be working for is required to provide my job/lab/equipment specific radiation safety training prior to my use of radioactive materials and or operation of radiation producing machines/equipment									
17. I understand and accept my responsibility appropriate to the use of radioactive materials and/or operation of radiation producing machines/equipment as per WAC Title 246 Chapters 220-254									
18. I have received the above listed Authorized User's permission to use radioactive materials and or operate radiation producing machines/equipment									

PERSONAL DOSIMETRY INFORMATION / REQUEST SECTION
Directions: Complete this section to request personal dosimetry

Dosimeter type to add (select all that apply): (Do not complete if H-3 and/or C-14 only user or x-ray diagnostic)

Whole Body (Chest) Extremity ring(s)(number) **Large** **Med** **Small**

****Note**** For fetal dosimetry (baby badge) contact the RSO directly (509) 335-8916 or (509) 335-7058

**** Individuals with past radiation exposure / use will need to read the statement below ****

Any individual that has worked with radioactive materials or radiation producing machines **AND** has received at least **100 mrem** of exposure during the **CURRENT** calendar year (at a location other than WSU) needs to fill out the next section titled **“Radiation Exposure History Request/Release Form”**

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RADIATION WORKER APPLICATION

Directions: Complete items 1-18 to register as a WSU radiation worker.
****All fields are required****

1. Name (Last) Doe	2. Name (First, Middle) John, Middle	3. Id # (WSU, Passport) 123456789	4. Date of Birth January 01, 2000	5. Today's Date May 10, 1985
6. Gender Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/>	7. Your Phone # 509-432-5987	8. Your WSU E-Mail Address doe@wsu.edu	9. WSU Department Radiation Safety	
10. Authorized User (AU/PI) Name Dr. Jane Doe	11. Building and Room # Webster 1201	12. WSU Radiation Safety Course Type/Date Materials <input checked="" type="checkbox"/> 10/01/2009 Machines Other <input checked="" type="checkbox"/> Soil Gauge 06/15/2007		
13. Completed Online <input checked="" type="checkbox"/> Classroom	14. Enter the date you plan to begin working with radiation/machines 10/30/2009			

15. Radioactive material(s)/quantities and/or radiation machine(s)/equipment you plan to use as a radiation worker at WSU:

Radiation Machines:
 X-ray Diagnostic (No dosimetry required) VTH X-ray Therapeutic X-ray Analytical or Crystallographic

Radioactive Materials:
 Radioisotope(s) H-3 and/or C-14 only. (No Dosimetry required.)

****NOTE** All radiation workers are required to be trained by their AU or designate on lab/machine/equipment specific radiation safety and worker responsibilities**

16. I understand the radioactive materials authorized user I will be working for is required to provide my job/lab/equipment specific radiation safety training prior to my use of radioactive materials and or operation of radiation producing machines/equipment

17. I understand and accept my responsibility appropriate to the use of radioactive materials and/or operation of radiation producing machines/equipment as per WAC Title 246 Chapters 220-254

18. I have received the above listed Authorized User's permission to use radioactive materials and or operate radiation producing machines/equipment

PERSONAL DOSIMETRY INFORMATION / REQUEST SECTION

Directions: Complete this section to request personal dosimetry

Dosimeter type to add (select all that apply):

Whole Body (Chest) - Extremity ring(s)(number) **1** **Large** **Med** **Small**

****Note**** For fetal dosimetry (baby badge) contact the RSO directly (509) 335-8916 or (509) 335-7058

**** Individuals with past radiation exposure / use will need to read the statement below ****

Any individual that has worked with radioactive materials or radiation producing machines **AND** has received at least **100 mrem** of exposure during the **CURRENT** calendar year (at a location other than WSU) needs to fill out the next section titled **"Radiation Exposure History Request/Release Form"**

Radiation Exposure History Request/Release Form

ATTENTION: Radiation Safety Officer

Please send WSU a copy of all radiation exposure history records (current calendar year only) you have for the individual listed below. They have indicated as stated below that they have been exposed to radiation and monitored by your facility during the current calendar year.

WSU will only use this information to maintain our radiation records in compliance the State of Washington laws, rules and regulations regarding radiation protection.

Thank you for your cooperation and assistance.

Sincerely,

Radiation Safety Office – Dosimetry Program Manager

Check the applicable box(s) below and complete required employer information.

I have worn dosimetry during the **current** calendar year **and** I have received at least 100 mrem of exposure.

Previous Employer Name:

Street Address: _____ City _____ State _____ Zip _____

I am **currently** being monitored by another employer for radiation exposure.

Previous Employer Name:

Street Address: _____ City _____ State _____ Zip _____

TO WHOM IT MAY CONCERN: You are authorized to furnish to Washington State University in Pullman, Washington, all information concerning my radiation exposure history while I was associated with your organization. I acknowledge that copies of this request form are valid.

Printed Name

Signature

Date