

TRAINING AND EXPERIENCE IN USE OF RADIATION

RSO Form 20 (10/07)

Office Use Only:

Authorized Investigator # _____

Training Required _____ Took RS Class

In order to be added to an authorization to use Radioactive Materials (RAM), this form must be completed and returned to the Radiation Safety Office.

- If you **have not** previously submitted this form, complete Sections 1-8. (To receive credit for training at other institutions, be sure to fill out Section 7.)
- If you **have** previously submitted Form 20, complete only Sections 1-6. Remember to **sign and date** this form (Section 6).

1. **Name** (Print Clearly) First _____ Middle _____ Last _____

SSN* _____

*Your Social Security Number (SSN) is requested to better track and coordinate your records within our radiation user database and with other employers/institutions. Passport, Work Permit, or Canadian Social Insurance numbers are all acceptable, if you do not have a SSN. A UW ID would not give this continuity.

If SSN not available: Passport Work Permit Canadian Social Ins, (#) _____

Male Female Birthdate _____ Email _____

Department _____ Box # _____

UW Title/Position _____

Phone # _____ Phone Type: Lab Office Cell Home Other _____

2. **Authorized Investigator** (Under whom labs are certified & RAM is ordered.) _____

Supervisor _____

3. **Did you take the UW's Radiation Safety Training Course?** Yes No Date _____

4. **Radiation Work** (Describe briefly your **current or expected** work with radiation)

5. **Education** (List Degrees, Major Subject, Emphasis, Date, and School)

6. **This information is correct to the best of my knowledge. I agree to conform to the Rules and Regulations for Radiation Protection WAC-246 and UW Radiation Safety policies.**

Signature _____ Date _____

**COMPLETE SECTIONS 7 and 8 ON THE BACK OF THIS FORM,
UNLESS you have previously submitted a Form 20.**

7. **Other formal training in Radiation Safety.** Please complete for training received at institutions *other than* the University of Washington.

a) *Principles and Practices of Radiation Protection:*

Where _____ When _____

Instructor _____ Duration _____

b) *Radioactivity Measurement Standardization and Monitoring Techniques and Instruments:*

Where _____ When _____

Instructor _____ Duration _____

c) *Mathematics and Calculation of Radioactivity:*

Where _____ When _____

Instructor _____ Duration _____

d) *Biological Effects of Radiation:*

Where _____ When _____

Instructor _____ Duration _____

8. **Experience** *(List work experience with radiation)*

Date Used	Location	Isotope	mCi/Month	Type of Research
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