

## Radiation Worker and Dosimetry Application

### Personal Information

Fill out all fields for the personal information about the user of radioactive materials.

Full Legal Name _____	Preferred Name _____
Employee ID # _____	Gender: <input type="radio"/> Male <input type="radio"/> Female
UW E-mail _____	Birthdate _____
Department _____	UW Box # _____
Title/Position _____	Phone Type: <input type="radio"/> Lab <input type="radio"/> Office
Phone # _____	<input type="radio"/> Pager <input type="radio"/> Cell <input type="radio"/> Home
	<input type="radio"/> Other _____

### Dosimetry

I would like to apply for dosimetry      Date Required \_\_\_\_\_

I do not need dosimetry

I don't know if I need dosimetry      End Date (if known) \_\_\_\_\_

### Ring Dosimetry

Dominant Hand  Right  Left

Size  Small (size 5-7)  M/L (size 8-13)

XL (size 14-16)

### Applicant Agreement

This information is correct to the best of my knowledge. I agree to abide by the Rules and Regulations of Radiation Protection, listed in [Washington State Administrative Code \(WAC\) 246](#) and the UW Radiation Safety Policies listed in the [Radiation Safety Manual](#). I agree to attend all required UW Radiation Safety Training as specified by Radiation Safety. If I fail to do so, I understand that I will not be allowed to work with radioactive materials or radiation until I complete the training.

If applying for dosimetry, I authorize the University of Washington to receive a summation of all pertinent previous and/or concurrent occupational radiation exposure data. I agree to return all dosimeters in a timely manner and report losses promptly. I understand that failure to return dosimetry may result in fines to my department.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### PI/Supervisor Agreement

I agree the above named individual should be considered a radiation worker (occupationally exposed to radiation), and should be added to any applicable Radiation Use Authorization (RUA).

PI/Supervisor Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

**Please complete the back side of this form**

Radiation Safety office use only	Badge Type(s) _____	Participant # _____
Series Code _____	Spare(s) Assigned _____	Permit # _____
Date Ordered _____	Reactivation Date _____	
Termination Date _____	Admin Review: <input type="checkbox"/> Entered in database	<input type="checkbox"/> RS Class _____
	Dosimetry Review: <input type="checkbox"/> Expected >10% Limit	HP Initials _____

# Radiation Worker and Dosimetry Application

## Radiation Work

Briefly describe your current or expected work with radiation including nuclides and activities. For radiation producing machines (e.g., LINAC, x-ray, cyclotron), include machine types and scope of use.

## Training and Education

List all radiation safety training you received from UW or other institutions, as well as applicable degrees, dates, and schools.

## Previous and/or Concurrent Occupational Radiation Exposure

Please provide the dates and the name and address of the institution(s) where you were monitored. Attach additional pages if necessary.

I have never been monitored for occupational radiation exposure

Institution \_\_\_\_\_

City/State \_\_\_\_\_

Dates Worked \_\_\_\_\_

E-mail \_\_\_\_\_

Institution \_\_\_\_\_

City/State \_\_\_\_\_

Dates Worked \_\_\_\_\_

E-mail \_\_\_\_\_

Institution \_\_\_\_\_

City/State \_\_\_\_\_

Dates Worked \_\_\_\_\_

E-mail \_\_\_\_\_

Institution \_\_\_\_\_

City/State \_\_\_\_\_

Dates Worked \_\_\_\_\_

E-mail \_\_\_\_\_