



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 <input type="radio"/> Pager <input type="radio"/> Cell <input type="radio"/> Home <input type="radio"/> Other _____ |
| Phone # | _____ | | |

Dosimetry

| | | |
|---|---------------------|-------|
| <input type="radio"/> I would like to apply for dosimetry | Date Required | _____ |
| <input type="radio"/> I do not need dosimetry | | |
| <input type="radio"/> I don't know if I need dosimetry | End Date (if known) | _____ |

Ring Dosimetry

| | |
|---------------|---|
| Dominant Hand | <input type="radio"/> Right <input type="radio"/> Left |
| Size | <input type="radio"/> Small (size 5-7) <input type="radio"/> M/L (size 8-13) <input type="radio"/> 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: | Entered in database |
| | Dosimetry Review: | Expected >10% Limit |
| | | RS Class |
| | | 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