

RADWORKER AND DOSIMETRY APPLICATION

UNIVERSITY OF MISSOURI – COLUMBIA

Environmental Health and Safety, 8 Research Park Development Building, Columbia, MO 65211-3050

Phone (573) 882-7221

Fax (573) 882-7940

http://ehs.missouri.edu

RADWORKER APPLICATION

Directions: Complete items 1-16 to become a RadWorker under an Authorized User.

Complete Dosimetry Application section if dosimetry is required.

1. Name		2. Job Classification		3. Date		
4. Birthdate	5. University ID Number:		6. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		7. Department	
8. Authorized User (AU) Name		9. AU Address		10. AU Office/Laboratory Phone		AU No.

11. Radioactive Material Training Classes	Where Trained	Contact Hours	Date

12. Radioactive Material Handling Experience					
Radioisotope	Form	Activity Used (mCi)	Where Gained	Type of Use	Dates
					to

13. Radioactive materials and quantities to be used at MU

14. Worker instructed by Authorized User or staff on laboratory safety, radiation safety and worker responsibilities? Yes Date ___/___/___

Comments: _____

15. Radiation Worker's Signature _____ Date ___/___/___

Radiation Worker – I have been trained and understand and accept my responsibilities appropriate to the use of Radioactive Materials. I authorize the release of my radiation exposure records (internal and external) to the RSO of the University of Missouri-Columbia.

16. Authorized User's Signature _____ Date ___/___/___

Authorized User - As identified above, I approve and accept responsibilities for this individual to handle RAM under my Authorization.

DOSIMETRY APPLICATION

Note: A unique identifier is required for dosimetry issuance; if you do not have a university ID number, contact your assigned Health Physicist.

Select Action:

- Add
- Delete
- Change or Transfer (attach note)

Select Dosimetry:

- Chest
 - Collar
 - Extremity (ring)
 - Fetal Dosimeter (Contact Your Assigned HP)
- select size: small
 medium
 large

Dosimetry & radiation exposure history information: Check the box(s) below that apply.

- I was required to wear a dosimetry monitoring device during this calendar year (complete employer information below).
- I am currently monitored by another employer (complete employer information below).

Employer Name: _____

Street Address: _____ City _____ State _____ Zip _____

Dosimetry Series Code: _____ Assigned Health Physicist: _____ Dosimetry Frequency: _____

HP Approval: Date received ___/___/___ HP review completed ___/___/___ HP Signature _____

Application Instructions

RadWorker application section

- Radiation Worker shall complete sections 1-15.
- The Authorized User shall review sections 1-15 and approve this application by signing/dating section 16.

Dosimetry application section

- Complete this section if dosimetry is required.
- A unique identifier for dosimeter as required by regulation. If you do not have a University ID number contact your Health Physicist, if known, or call the Radiation Safety Office at 882-7221.
- Select the action requested: Add, Delete, Change or Transfer (Attach explanation as necessary)
- Select dosimeters needed. Contact your assigned Health Physicist if you have questions or if you are requesting a fetal dosimeter.
- Check the appropriate Dosimetry History Information box and complete the employer information if required.
- If you are currently being monitored for radiation exposure or begin working for a facility that is required to issue you a dosimeter, you need to contact the EHS office. We need to ensure that your exposure limits are monitored carefully.
- If the Series Code is blank, your lab/department may not have dosimetry service. Contact your assigned Health Physicist, if known, or call the Radiation Safety Office at 882-7221.

Mail or fax the form to:

Radiation Safety Building
8 Research Park Development Building
Phone: 882-7221 Fax: 882-7940