

RADIATION WORKER APPLICATION

UNIVERSITY OF MISSOURI

Environmental Health & Safety, 180 General Services Building, Columbia, MO 65211-3050
Phone (573) 882-7018 Fax (573) 882-7940 <https://ehs.missouri.edu> rad@missouri.edu

RADWORKER APPLICATION

Directions: Complete items 1-16 to become a RadWorker under an Authorized User.
Complete Dosimetry Application if dosimetry is required (separate form.)

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	Training Location	Contact Hours	Date

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

13. Radioactive materials, quantities, and brief description of work 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 EVALUATION

For Radiation Safety Staff use only

- Radiation Worker does NOT require dosimetry based on isotope uses described in Schiager, K. J., et al. "Consensus radiation protection practices for academic research institutions." *Health physics* 71.6 (1996): 960-965.
- A formal dosimetry evaluation has been performed, and dosimetry is NOT needed. Please write file location and name.
- Yes, dosimetry is needed. Please see completed Radiation Worker Dosimetry form.
- Other: _____

Additional Comments:

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

Application Instructions

Radiation Worker application section

- Radiation Worker shall complete sections 1-15.
- Be sure to describe the types of uses for radioisotopes in section 13 so that Radiation Safety may assess your dosimetry needs more accurately.
- The Authorized User shall review sections 1-15 and approve this application by signing/dating section 16.

Dosimetry application section

- The Radiation Safety Staff will assess the need for dosimetry. Do NOT fill out the bottom section.
- If dosimetry is needed, complete the Dosimetry Application, separate from this document.

Mail, email, or fax the form to:

MU EHS Radiation Safety
180 General Services Building
Phone: 882-7018 Fax: 882-7940
rad@missouri.edu