

# 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](mailto: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