



RADIATION SAFETY OFFICE

APPLICATION
FOR USERS OF
RADIATION PRODUCING MACHINES

WHO SHOULD USE THIS FORM ?

Faculty, research technicians, laboratory technicians, undergraduate and graduate students, work-study students, visiting scientists, fellows, and anyone whose work activities and/or study at UVM involves the direct use of ionizing radiations producing machines such as radiographic, mammography, portable, analytical, diffraction and/or fluorescence.

Persons who will be working in a room designated as a radiation area but who are not personally using radiation producing machines may apply for a radiation monitor only. There is a different application for that purpose, see Pat Dartt in 004 Rowell.

WHAT IS THE RADIATION EXPOSURE POTENTIAL FOR A RADIATION WORKER AT UVM?

The radiation exposure potential for any person will vary according to the quantity of radiation handled, the type of radiation handled, and the degree to which the person adheres to safety rules and practices as outlined in the Radiation Safety Handbook.

Based on the exposure history of many years for hundreds of employees and students at UVM, the Radiation Safety Office estimates the maximum annual radiation exposure to the whole body and hands of any radiation user at UVM should be well below the NRC limit.

| | Estimated Max. Annual Exposure at UVM (millirems) | Annual NRC Limit (millirems) |
|-----------------|--|------------------------------|
| WHOLE BODY | 50 | 5,000 |
| HANDS: | 500 | 50,000 |
| LENS of the EYE | 150 | 15,000 |
| SKIN | 500 | 50,000 |

Requirements for radiation machine use:

All persons that intend to use radiation producing machines must fill out this application and attend a special training session offered by the RSO. Please call the RSO at x62570 to schedule a time for this training.

APPLICATION
FOR
RADIATION PRODUCING MACHINE USERS
(NON-INVESTIGATORS)

(Please Print)

1. LAST NAME : _____ FIRST NAME: _____

2. DEPARTMENT : _____

3. LOCATION OF RADIATION WORK: _____
 on campus off campus

4. WORK PHONE NUMBER: _____

4a. PAGER NUMBER: _____

5. MAILING ADDRESS: _____

5a.E-MAIL ADDRESS: _____

6. JOB TITLE: _____

7. EMPLOYED BY: UVM other _____

8. MALE: ___ FEMALE: ___

9. RADIATION WORK: START DATE _____ END DATE _____

10. LOCATION OF RADIATION PRODUCING MACHINE(S):

ROOM(S): _____ BUILDING: _____

ROOM(S): _____ BUILDING: _____

11. Please give the budget information to be use for the a personal radiation monitor.

Budget Number & Name

Expiration Date

12. Describe your plans for work with radiation. (use the back side if necessary).

How often will you be using radiation producing machines?

Your immediate supervisor is:

14. DATE OF BIRTH: _____

15. SOCIAL SECURITY NUMBER : _____

16. HIGHEST ACADEMIC DEGREE:

none Associates Bachelors Masters
 Ph.D. M.D. D.ED. other: _____

17. List your practical experience with radiation:

| YEAR | Institution, location | RADIATION MACHINES USED | FREQUENCY USED |
|------|-----------------------|-------------------------|----------------|
| | | | |
| | | | |
| | | | |

18. List any radiation safety lectures or courses attended.

| YEAR | Number of hours | Institution, location | Topics covered |
|------|-----------------|-----------------------|----------------|
| | | | |
| | | | |
| | | | |

Do you have any certificates of attendance for these lectures or courses?

No Yes (please attach a copy).

19. How do you feel about working with radiation ?
 OK, no major concerns.

My concerns are:

20. Did you wear a whole body badge and/or ring badge at **another** institution?
 YES NO

If you did, please fill out the attached "Radiation Exposure History" form.

21. I agree to use radiation producing machines safely and follow the training, guidelines and procedures presented to me.

(If female) I received a copy of the Pregnancy Policy. YES NO

Signature, Applicant

Date

22. (To be filled out by the **Investigator/Supervisor** responsible for this applicant.)

I, as an Investigator/supervisor will educate and oversee that this applicant will properly use radiation producing machines.

Signature, Investigator

Date

Name (PRINT)

Applicant's name: _____

A: UNSEALED RADIATION SOURCES

Date Exam Passed _____

Exam Score: _____

Certificate Number: _____

B: CESIUM-137 IRRADIATOR

I reviewed the SOP for the Cs-137 Gammacell irradiator with the applicant.

RSO signature *Date*

This person was trained and tested by me and completed all requirements on: _____

**Pat O'Neill* *Date*

** please sign and return to the RSO, 004 Rowell*

C: IODINATIONS

I reviewed the SOP for iodinations with the applicant and the iodination exam was taken and reviewed.

RSO signature *Date*

I received a copy of the "Thyroid Burden Violation of the RSC" dated 9/14/88 and I agree to follow the SOP for iodinations.

Applicant's signature *Date*

D: RADIATION PRODUCING DEVICE

I reviewed radiation safety practices for radiation producing device users with the applicant.

RSO signature *Date*

This person has been trained by me or my Policy designee on the proper use and safety features of the radiation producing device being used.

** Supervisor's signature* *Date*

** please sign & return to the RSO, 004 Rowell*

**UNIVERSITY OF VERMONT
RADIATION SAFETY OFFICE**

RADIATION EXPOSURE HISTORY REQUEST FORM

VOICE: 802-656-2570

FAX: 802-656-8876

TO: Radiation Safety Office

In compliance with the Code of Federal Regulations, Title 10, Part 19, please mail or fax the exposure history of:

Name: _____

Social Security Number: _____

Date of Birth: _____

Employed From: _____ to _____

to the following:

**Keddy Bharathan, Associate Director
Radiation Safety Office
University of Vermont
Room 004 Rowell Building
Burlington, VT 05405**

I hereby authorize the release of my radiation exposure history to the University of Vermont Radiation Safety Office:

Signed

Date