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.

<table>
<thead>
<tr>
<th></th>
<th>Estimated Max. Annual Exposure at UVM (millirems)</th>
<th>Annual NRC Limit (millirems)</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHOLE BODY</td>
<td>50</td>
<td>5,000</td>
</tr>
<tr>
<td>HANDS:</td>
<td>500</td>
<td>50,000</td>
</tr>
<tr>
<td>LENS of the EYE</td>
<td>150</td>
<td>15,000</td>
</tr>
<tr>
<td>SKIN</td>
<td>500</td>
<td>50,000</td>
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</tbody>
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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 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:

<table>
<thead>
<tr>
<th>YEAR</th>
<th>Institution, location</th>
<th>RADIATION MACHINES USED</th>
<th>FREQUENCY USED</th>
</tr>
</thead>
<tbody>
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</table>

18. List any radiation safety lectures or courses attended.

<table>
<thead>
<tr>
<th>YEAR</th>
<th>Number of hours</th>
<th>Institution, location</th>
<th>Topics covered</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

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)
For RSO Use Only

[ ] No Film Badge Needed

[ ] Film Badge Needed:

Landauer Series # _____________________

[ ] Whole Body Badge

[ ] Ring (Finger)

size: [ ] Small    [ ] Medium    [ ] Large

[ ] Pelvic

[ ] Ankle

[ ] Neutron

Investigator approved by RSC? [ ] Yes    [ ] No

[ ] Send for Film Badge History

[ ] Add to PIF data base

[ ] Secondary User

[ ] Sealed source/x-ray user only "9999"

[ ] Mail list "9998"

RK: ______ [ ] met on ________

TK: ______ [ ] met on ________

KB: ______ [ ] met on ________

LI: ______ [ ] memo to Investigator/supervisor re this user

Attended RSO safety lecture: ___________________________ _____________

presenter                       date

Topic: [ ] Radiation Safety for X-ray Analytical Device Users

[ ] Radiation Safety for X-ray Machine Users

[ ] Radiation Safety for the Biological X-ray Irradiator Users
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
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