



UNIVERSITY OF VERMONT
 RADIATION SAFETY OFFICE
 004 Rowell Building, 106 Carrigan Drive
 802-656-2570, FAX 802-656-8876



RADIATION USER APPLICATION

Last Name	First Name	Middle Initial
Social Security Number	Date of Birth	Gender [] M [] F
Department	Office Mail Address (room and building)	Phone Number
Email Address	UVM network ID	Home/Cell Phone Number
Investigator/Supervisor	Your Job Title	Faculty/Staff/Student * [] F [] S [] Student
Highest Academic Degree [] none [] Associates [] Bachelors [] Masters [] Ph. D. [] M.D. [] Other: _____		
* If Student; [] Undergraduate [] Graduate [] Work-Study		

In-the-Vicinity Only (For persons not using radioactive materials or devices) [] Yes *

** For in-the-vicinity users you may skip to the top of page 2*

Radioactive Materials to be Used

<input type="checkbox"/> ³ H	<input type="checkbox"/> ¹⁴ C	<input type="checkbox"/> ³² P
<input type="checkbox"/> ³³ P	<input type="checkbox"/> ³⁵ S	<input type="checkbox"/> ⁴⁵ Ca
<input type="checkbox"/> ⁵¹ Cr	<input type="checkbox"/> ⁵⁵ Fe	<input type="checkbox"/> ⁵⁹ Fe
<input type="checkbox"/> ¹²⁵ I	<input type="checkbox"/> Other: _____	

Radiation Devices to be Used

- Analytical X-ray Device
- Medical/Fluor X-ray Device
- Veterinary X-ray Machine
- Cabinet X-ray Device
- Biological X-ray Irradiator
- Electron Microscopy
- Other: _____

Radiation Use Location: Room Number: _____ Building: _____

List Previous Radiation Experience

Institution	Radiation Used	Amount/Activity Used	Dates

Did you wear a radiation dosimeter, either whole body or ring, at another institution in the current calendar year? NO YES

If yes, please fill out the Radiation Exposure History form on the last page.

How do you feel about working with radiation?

No concerns.

My concerns are; _____

For Female Applicants only I have received a copy of the Radiation Safety Office's **INSTRUCTION CONCERNING PRENATAL RADIATION EXPOSURE.**

I agree to follow all procedures for sealed and unsealed radiation use in the RADIATION SAFETY HANDBOOK and/or all other applicable documents provided to me by the Radiation Safety Office.

Signature of applicant

Date

For Investigator

The above applicant will be using radioactive materials and/or radiation producing device under my direction.

Signature of investigator

Date

TRAINING & LECTURES COMPLETED

	TITLE OF TRAINING/LECTURE	HOURS	DATE ATTENDED	DONE BY	CERTIFICATE NUMBER
1	Certification For Radiation Users	2			
2	Custodial Radiation Safety Awareness	1			
3	Electron Microscope Radiation Safety	1			
4	General Radiation Safety Practices	—			
5	Iodination Safety Training	1			
6	Radiation Safety Awareness Training	1			
7	Radiation Safety Awareness Training for Ancillary Personnel	1			
8	Radiation Safety for First Responders	1			
9	Surveyor Training	1			
10	X-ray Analytical User Safety Training	1			
11	X-ray Biological Irradiation Safety Training	1.5			
12	X-ray Dental Safety Training	2			
13	X-ray Fluoroscopy Safety Training	1			
14	X-ray Machine User Safety Training	1			
15	X-ray Safety Training for XRF Device Users	1			
16	X-ray Safety Training for XRF & XRD Device Users	1			
17	X-ray Safety Training in Vet Medicine	1			
18	X-ray Cabinet Safety Training	1			

Radiation Safety Office
106 Carrigan Drive, 004 Rowell Building
Burlington, Vermont 05405
(802) 656-2570
FAX: (802) 656-8876
radsafe@uvm.edu
www.uvm.edu/radsafe



The
UNIVERSITY
of **VERMONT**

RADIATION EXPOSURE HISTORY REQUEST FORM

TO: _____

In accordance with 10CFR Part 19, please mail or fax the exposure history of the following person;

Name:

Social Security No.:

Date of Birth:

Employed From:

To:

To the following address;

***Thomas Kellogg, RSO
University of Vermont
Radiation Safety Office
106 Carrigan Drive
004 Rowell Building
Burlington, VT 05405***

Fax number: 802-656-8876

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

Signed

Date