

**VANDERBILT UNIVERSITY
RADIATION WORKER REGISTRATION FORM**

*Before working with radiation sources, a radiation worker must satisfy the training requirements as outlined in the
Vanderbilt University Radiation Safety Manual.*

(Signature required on reverse side.)

A. Radiation Worker Identification Information (PLEASE PRINT CLEARLY)

Last Name: _____ First: _____ M.I.: _____

Date of Birth: _____ Social Security Number: _____ Sex (M/F): _____

Department: _____ VU Dept. Mailing Address: _____

Principal Investigator or Supervisor: _____ Dept. Phone #: _____

B. Radiation Exposure Information

1. Fill out the back of this sheet completely, listing previous work locations where you were monitored for radiation exposure. ***In order for you to be permitted to work with radiation sources, Vanderbilt is required to have your occupational exposure history for the current year.***

2. Sources of radiation you will be exposed to while at Vanderbilt:

X-rays, location: _____

Radioisotopes, which isotopes? _____

Will you be working with activities exceeding 100 uCi/day? Yes No

Radiation monitoring badges are issued to radiation workers who work with significant activities of high energy beta-emitters or gamma-emitters (these do not include ^3H , ^{14}C , ^{35}S , ^{45}Ca or ^{63}Ni); please refer to the policy described in the Radiation Safety Manual.

3. Will you be handling more than 1mCi of radioactive material at one time (except ^3H , ^{14}C , ^{35}S , ^{45}Ca , or ^{63}Ni) ?

(e.g. need a ring badge)?

Yes No

4. Will you be exposed to occupational radiation at locations other than at Vanderbilt?

Yes No

If yes, please indicate where: _____

(Signature required on reverse side.)

CUMULATIVE OCCUPATIONAL EXPOSURE HISTORY

1. MONITORING PERIOD	NAME & ADDRESS OF UNIVERSITY, HOSPITAL, ETC.	PHONE NUMBER
2. MONITORING PERIOD	NAME & ADDRESS OF UNIVERSITY, HOSPITAL, ETC.	PHONE NUMBER
3. MONITORING PERIOD	NAME & ADDRESS OF UNIVERSITY, HOSPITAL, ETC.	PHONE NUMBER

MY CURRENT YEAR TO DATE EXPOSURE HISTORY IS: [] _____ mrem / [] unknown

I hereby certify that the exposure history information listed above is complete to the best of my knowledge.

Radiation Worker's

Date

EH&S USE ONLY

PERMANENT BADGE NUMBER: _____

DEPARTMENT CODE: _____ FREQUENCY: M OR N

BADGE COMPANY NOTIFIED. []

DATE ENTERED IN SYSTEM: _____

TEMPORARY (SPARE) BADGES ISSUED:

WHOLE BODY: _____ (5 DIGIT #) SERIAL #: _____

RING: _____ (5 DIGIT #) SIZE: _____ SERIAL #: _____

MONTH OR QTR OF THE BADGE ISSUED: _____