**STATEMENT OF TRAINING AND EXPERIENCE (Radioactive Material User)**

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Permit Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

University Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ University Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: [ ] Male [ ] Female Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check One: [ ] FACULTY [ ] STAFF [ ] GRADUATE STUDENT [ ] POST DOC [ ] UNDERGRADUATE STUDENT

I plan to use (check all that apply): [ ] radionuclides in liquid or solid form (which ones? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

[ ] sealed encapsulated sources only

A. Have you ever received **formal training** in the following topics? Check YES or NO below.

 [Radiation Safety Courses at other institutions and lectures on the topics as part of college level coursework

 (for example- Physics, Biology, Chemistry, etc.) would be considered formal training.]

 Principles and Practices of Radiation Protection [ ] YES [ ] NO

 Radioactivity measurement, monitoring techniques, and instruments [ ] YES [ ] NO

 Mathematics and calculations basic to the use and measurement of radioactivity [ ] YES [ ] NO

 Biological effects of radiation [ ] YES [ ] NO

 If you circled YES for any of the above, complete the section below.

|  |  |
| --- | --- |
| Name of the course/lecture | Location where training was received |
|  |  |
|  |  |
|  |  |

B. If you ever handled radioactive materials before and thereby received **on the job training** in the above topics, complete the table below--

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Radionuclide Used | Maximum experimental activity used | Location where radionuclide was used | Length of time radionuclide was used (# of years) | Experimental procedure(s) performed with radionuclide |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

C. Are you **currently** issued radiation dosimeters (badges) at an institution other than the University of Delaware?

 Check One: [ ] YES [ ] NO If YES, indicate name of institution(s) and complete mailing address(es) on back of form.

D. Have you ever **previously** been issued radiation dosimeters (badges) at an institution other than the University of Delaware?

 Check One: [ ] YES [ ] NO If YES, indicate name of institution(s) and complete mailing address(es) on back of form.

E. I authorize the University of Delaware to request and receive all past radiation exposure history records from prior employers, including

 universities and other radiation work locations.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- |
| Participant No. | Date Started | User Status | Series Code | Permit No | Training Date |