STATEMENT OF TRAINING AND EXPERIENCE (Radioactive Material User)

Print Name: _____ Permit Supervisor: _____

Date of Birth (MM/DD/YYYY): _____ Your Department: _____

University Address: _____ Your University Phone: _____

Gender: [ ] Male [ ] Female Your 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 radionuclies? _____)
[ ] 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 checked 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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FOR ENVIRONMENTAL HEALTH AND SAFETY USE ONLY: revised 02/2014

Participant No.	Date Started	User Status	Badge Location	Permit No	Training Date

____ enter in EHS- done on _____ / ____ enter in Mirion WB S M L - done on _____