

FORM 3
 University of California, Davis
 Environmental Health & Safety, Health Physics

Date Received: _____

RUA	Date Added	Date Term.

RADIATION USE AUTHORIZATION - STATEMENT OF EXPERIENCE

FIRST NAME: _____ LAST NAME: _____ PHONE (work): _____
 EMPLOYEE / STUDENT ID #: _____ DATE OF BIRTH: _____ Circle one: Male Female
 DEPARTMENT: _____ RUA # & PI YOU WORK WITH : _____
 STATUS: STUDENT _____ VISITOR _____ EMPLOYEE _____ E-MAIL ADDRESS: _____

A. PREVIOUS EXPERIENCE

Have you had previous experience working with ionizing radiation? yes _____ no _____

If yes, then indicate the institution, date(s) and type of work.

Institution _____ Date _____ Type of work _____

Address: _____

Institution _____ Date _____ Type of work _____

Address: _____

B. PREVIOUS DOSIMETRY ISSUANCE

Has an institution(s) issued you radiation dosimetry for the **current calendar year**? yes _____ no _____.

If yes, then indicate the institution, address and duration.

Institution _____ Address _____

City _____ State _____ Zip _____ Duration _____

Are you presently issued dosimetry at another institution? yes _____ no _____ It is your responsibility to inform EH&S!

Have you ever used a Planned Special Exposure (>5 rem/year)? yes _____ no _____; If yes, attach statement with details.

C. PLANNED IONIZING RADIATION WORK

List radionuclide(s), experimental quantities, and chemical form.

Radionuclide _____ Quantity _____ Form _____

Radionuclide _____ Quantity _____ Form _____

D. TRAINING

Indicate if you have ever received ionizing radiation safety training.

UC Davis EH&S radiation class lecture or test? yes _____ no _____ If yes, approximate date _____

List any other radiation safety training you have received:

Topic _____ Location _____ Duration (hrs) _____

I will or have read the appropriate EH&S radiation safety training booklet.

I will or have read the Safety Protocol(s) which correspond with my job assignment for RUA _____.

I have been made aware of the UC Davis Radiation Safety Manual, which contains emergency information.

I will follow the safety procedures necessary to work with radioactive material and minimize my exposure to radiation.

I hereby authorize UC Davis, Environmental Health and Safety/Health Physics to obtain information on the nature and amount of occupational radiation exposure that I received in the past.

 Signature

 Date