PURDUE UNIVERSITY Radiation Safety

Radioactive Materials and Radiation Producing Devices Use Application

IMPORTANT: Applicant must attend the training and submit		it	REM Use Only			
this application to be authorized. Applicants previously		Rout	Routing Date		Authorization #	
authorized at Purdue should indic	ate their previous project					User:
director's name below:			Training			Dos.:
		Online:		Class:		Rep.:
Previous Project Director:			Dosimetry			GDS:
					R:	Log:
Was a film badge issued? Yes		RS	0	HP		НР
Applicant:				Birth Date:		
Last Name		First Name	M.I.			
Purdue ID #:	Telephone:	E	mail:			
Department:	Position:			Location:		
					Building &	Room

I request authorization to use the following radioactive materials and/or radiation producing devices indicated in the project summary (Form A-1) beginning on the date below:

Estimated Starting Date: _____

Isotopes (See H-3 Example)		Radiation Producing Devices (Check All That Apply)			
lastono	11.2		Analytical X-ray	Medical/Veterinary X-ray	Accelerator
Isotope:	H-3		Open Beam	DEXA	
	.01				
Qty./Exp. (mCi):			Closed Beam	Diagnostic Radiography	Veterinary Therapy
			Cabinet	Fluoroscopic	Tandem

Statement of Training and Experience

] No previous training or experience with using radioactive materials or radiation producing devices. (Go to # 2)

1. Type of Training (Check Appropriate Column)

	Formal Course	On-The-Job	Neither
Principles and Practices of Radiation Protection			
Radioactivity Measurement, Monitoring Techniques, and Instruments			
Mathematics and Calculations Basic to the Use and Measurement of Radioactivity			
Biological Effects of Radiation			

Continued on Next Page

2. Formal Courses (Do not include Purdue Radiation Safety Training. List all courses taken for credit pertaining to the use of radiation or radioactive materials such as radiochemistry, radiation biology, nuclear engineering, etc.)

Title of Course	Where Trained	Duration	Course Content

3. Experience (List actual use of radioactive materials, radiation producing devices; details of formal laboratory courses; on-the-job training; and etc.)

Isotope	Maximum Used (mCi)	Where Gained	Duration	Type of Use

4. Occupational Radiation Exposure History (Previous employers, including Purdue, involving radiation exposure)

Name and Address of Employer and Department	Dates of Employment (From - To)

No previous occupational radiation exposure history.

To Be Completed by The Project Director				
I have read and understand the Purdue University Radiation Safety Manual and will comply with university, state, and federal regulations governing the use and storage of radioisotopes and radiation producing devices. I will ensure the applicant receives project-specific training and other necessary guidance and training.				
Project Director:	Signature:			
(Please Print)	D .			
Authorization Number:	Date:			

I have received instruction on prenatal exposure risks to developing embryos and fetuses and understand the NRC regulations that require prenatal occupational exposure be 0.5 rem or less during a declared pregnant woman's entire gestation period.

I have been given an opportunity to ask questions and am aware that I may discuss occupational exposure with a member of the Radiation Safety staff at any time in the future.

I have read and understand the Purdue University Radiation Safety Handbook and will comply with university, state and federal regulations governing the use of radioisotopes and other sources of ionizing radiation.

I grant permission to make available any and all information concerning my radiation exposure history while employed by or assigned to the previous addresses listed.

I certify that the statements contained in this application are correct and complete to the best of my knowledge.

Applicant's Signature:

Date: