

North Carolina State University
Environmental Health & Safety Department
Radiation Safety Division

DOSIMETRY SERVICE ASSESSMENT AND EXPOSURE HISTORY FORM

Section 1: Participant Data

As required in the N.C. *Regulations for the Protection Against Radiation, 15A NCAC 11*, the following information regarding your radiation exposure history this calendar year is necessary for assessment of dosimetry service. Please complete the following items, then certify the information and submit this information to the Radiation Safety Division.

Full Name: _____
Last First Middle

Campus Id Number: _____ **Date of Birth:** _____ **Gender:** Female Male

List any other name(s) under which you have been monitored: _____

Section 2: Circle the appropriate response:

- | | | | |
|--|------------------------------|-----------------------------|---------------------------------|
| | | | <u>NCSU DOSIMETRY</u> |
| (a) I will work with ³ H, ¹⁴ C, ³⁵ S, ³³ P only: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, no badge required |
| (b) I will work with ³² P or ³⁶ Cl per protocol: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, dosimeter required |
| (c) I will work with ⁸⁶ Rb, ²² Na, ⁵¹ Cr, ¹³¹ I: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, dosimeter required |
| (d) I will work with X-ray or fluoroscopy equipment: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, dosimeter required |
| (e) I will work with Pulstar Nuclear Reactor: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, dosimeter required |
| (f) I will work for Environmental Health & Safety: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, dosimeter required |
| (g) I will work with Moisture Density Gauges: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, dosimeter required |
| (h) I am a voluntarily declared pregnant worker: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, administratively badged |
| (i) I am not required, but would like a whole-body badge: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, administratively badged |
| (j) I am not required, but would like an extremity badge: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, administratively badged |

Classification: Faculty Laboratory Staff Student Resident Other-Specify _____

With which Principal Investigator will you be working?

Name of PI: _____ Start Date: _____ through _____

Section 3: Previous employment(s) involving radiation exposure this calendar year

Have you been occupationally exposed to radiation sources this calendar year at another institution? Yes No
Does any concurrent employment to NCSU require exposure to radiation sources this calendar year? Yes No

Facility Name: _____ Facility Name: _____

Department: _____ Department: _____

Mailing Address: _____ Mailing Address: _____

Dates: _____ through _____ Dates: _____ through _____

Section 4: Signature, a typed signature authorizes the release of the above information to North Carolina State University.

I authorize the release of my radiation exposure history to North Carolina State University and will notify Environmental Health & Safety in the event of changes to the above information.

Applicant: _____
Signature

Date: _____
Permanent mailing address:

North Carolina State University
Environmental Health & Safety Department
Radiation Safety Division

Radiation Worker Registration Form

Section 1 Personnel data

Name: _____ E-mail address _____

Authorized User or PI Full Name: _____

Department: _____ Date: _____

Building: _____ Room No.: _____

Office Phone: _____

Campus Box Number: _____ Gender: Male Female

Date of Birth: _____ NCSU ID#: _____

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Section 2 Radiation Safety Training

All personnel working with radiation sources are required to have training in the safe use, storage, handling, and disposal of these materials. Please indicate the applicable training option:

_____ Complete the Basic Radiation Safety Course offered by NCSU. [Call 515-2894 for next available class]

_____ Provide a certificate of completion for a course on radiation safety from another institution.

_____ Pass examination on radiation safety administered by the Radiation Safety Division.

Section 3 Previous Occupational Exposure to Radiation

The North Carolina Regulatory Codes and the NC Division of Radiation Protection require documentation of previous occupational exposure to radiation for this calendar year.

No, I have had no occupational exposure to radiation this calendar year.

Yes, I have had occupational exposure to radiation this calendar year.

Section 4 Informed Consent - Initial on the provided space

_____ Laboratory personnel must be informed of the potential radiation hazards present in the workplace. By typing my initials, I understand the presence of these hazards and will employ safe work habits minimizing this hazard to myself, coworkers, the general public, and the environment.

Section 5 Certification. I certify that the above information is correct to the best of my knowledge

Select the training and attendance dates Principles Xray