

Today's Date: ___/___/___



Northeastern

Radiation Worker Registration Form

Please complete this form BEFORE you attend Radiation Safety Training. Bring this form, signed by the laboratory Principal Investigator to 170 Cullinane Hall.

I. Personal Information							
Last Name:		First Name:			MI:	Gender:	
D.O.B.:	S.S.N. (or Student I.D.#):						
Student (check one):	Graduate:	Undergraduate	Work Study:	Other: _____			
Term of Employment:							
Department:		Room/Bldg:	Extension:				
Principal investigator:		Room #:	Extension:				

II. Radioactive materials: Prior Experience and Training							
Please place a checkmark to indicate the appropriate answer(s) for the following Questions (NOTE: Some answers may depend on a previous response.)						<u>YES</u>	<u>NO</u>
1. Have you ever worked with radioactive materials before? (<i>Note: If you answered no, please skip to question 4</i>)							
2. Have you ever received formal Radiation Safety Training?							
3. Have you ever worked with radiation/radioactive materials and been issued dosimetry at another facility within the United States? (NOTE: If you answered "Yes" you must complete the section below for each facility at which you worked and contact Environmental health and Safety to fill out an exposure release form.)							
4a.) Please indicate all of the radiation sources you will be involved with:							
H-3	C-14	P-32	S-35	Rb-86	Tc-99m	I-125	In-111
4b.) Please List any other radiation sources you will be involved with that were not previously listed:							
_____				_____			
_____				_____			
Facility of Issue:				Facility of Issue:			
_____				_____			
Address:				Address:			
_____				_____			
City: _____		State: _____		City: _____		State: _____	
Employment: Start: _____		End: _____		Employment: Start: _____		End: _____	

Radiation Worker Signature: _____

Date _____

Principal Investigator/Supervisor Signature: _____

Date _____