

STATEMENT OF TRAINING AND EXPERIENCE FOR USERS OF RADIOACTIVE MATERIALS AND/OR RADIATION-PRODUCING MACHINES

Please complete and return both sides of this form. The following information is required by the U. S. Nuclear Regulatory Commission, the California Department of Health Service and the campus Radiation Safety Committee for all individuals registering as authorized users who will work under the supervision of a Principal Investigator.

IDENTIFICATION OF AUTHORIZED INDIVIDUAL

Name: Last First Middle
eMail @uci.edu Birthdate Male / Female (circle one)
Employee/Student ID# Campus Phone
Position Title Department
Status (circle one) E = Employee, P = Postdoc, G = Graduate Student, U = Undergraduate Student, V = Visitor
Responsible PI with Radioactive Use Authorization (RUA)

HIGHEST EDUCATIONAL LEVEL ACHIEVED

Institution
Address
Dates Attended: From to Degree
Major Minor
List any education specifically applicable to the use of radioisotopes or Radiation Safety. Include date(s) and location(s).

PREVIOUS WORK EXPERIENCE WITH IONIZING RADIATION (use additional sheet if necessary)

If none, check here [ ]

Institution
Address
City State Zip
Dates: From to Department
Did you wear a body badge? Yes [ ] No [ ] Did you wear a ring badge? Yes [ ] No [ ]
Did you receive any thyroid or urine bioassays? Yes [ ] No [ ]

Institution
Address
City State Zip
Dates: From to Department
Did you wear a body badge? Yes [ ] No [ ] Did you wear a ring badge? Yes [ ] No [ ]
Did you receive any thyroid or urine bioassays? Yes [ ] No [ ]

\*\*\*PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM\*\*\*

**RADIOACTIVE MATERIALS PREVIOUSLY USED**

If none, check here [ ]

<u>Nuclide</u>	<u>Max. mCi/procedure</u>	<u>Nuclide</u>	<u>Max. mCi/procedure</u>	<u>Nuclide</u>	<u>Max. mCi/procedure</u>
[ ] <sup>3</sup> H	_____	[ ] <sup>35</sup> S	_____	[ ] <sup>125</sup> I	_____
[ ] <sup>14</sup> C	_____	[ ] <sup>45</sup> Ca	_____	[ ] <sup>131</sup> I	_____
[ ] <sup>18</sup> F	_____	[ ] <sup>51</sup> Cr	_____	[ ] <sup>137</sup> Cs	_____
[ ] <sup>22</sup> Na	_____	[ ] <sup>60</sup> Co	_____	[ ] _____	_____
[ ] <sup>32</sup> P	_____	[ ] <sup>86</sup> Rb	_____	[ ] Gamma Irradiator	
[ ] <sup>33</sup> P	_____	[ ] U/Th	_____	[ ] Sealed Sources	

**RADIATION-PRODUCING MACHINES PREVIOUS USED**

If none, check here [ ]

- |                                                     |                                                      |
|-----------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Nuclear Reactor            | <input type="checkbox"/> Diagnostic X-ray Equipment  |
| <input type="checkbox"/> Cyclotron                  | <input type="checkbox"/> Therapeutic X-ray Equipment |
| <input type="checkbox"/> Accelerator 10 MeV or more | <input type="checkbox"/> Analytical X-ray Equipment  |
| <input type="checkbox"/> Accelerator under 10 MeV   | <input type="checkbox"/> Cabinet X-ray Equipment     |
| <input type="checkbox"/> Neutron Generator          | <input type="checkbox"/> Other _____                 |

**CERTIFICATION**

I hereby certify that all of the information contained in this Statement of Training and Experience form is true and correct to the best of my knowledge. If I use radioactive material, I certify that I will attend Radiation Safety Part II training within six months OR I will contact Radiation Safety to request an extension.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*\*RETURN COMPLETED FORM TO ENVIRONMENTAL HEALTH & SAFETY, ZOT CODE 2725 OR FAX IT AT (949) 824-8539\*\***

FOR EH&S USE ONLY: "X" For complete "E" For exempt	
<input type="checkbox"/> Videotape	<input type="checkbox"/> OJT
<input type="checkbox"/> Quiz (Isotope or Machine)	<input type="checkbox"/> Exposure History Request
<input type="checkbox"/> Prenatal form	U_ID Number Database _____
<input type="checkbox"/> Four Hour Seminar	
Comments: _____	