



RADIATION DOSIMETER REGISTRATION FORM

RADIATION SAFETY BRANCH

BUILDING 21, ROOM 139 FAX: 496-3544

Please fill out form completely before submitting it to RSB

RSB USE ONLY

Date Form Received: _____

Date Dosimetry Evaluated: _____

APPLICANTS FOR DOSIMETERS MUST BE REGISTERED AND HAVE AN RSB NUMBER BEFORE THIS FORM IS SUBMITTED TO THE RADIATION SAFETY BRANCH.
 If the applicant is not registered with the Radiation Safety Branch, please call either 496-2255 for training and personnel registration or 496-5774 for personnel registration.

APPLICANT INFO ①

APPLICANT'S NAME: _____ RSB #: _____
First Last Middle Initial

MAILING ADDRESS: BUILDING: _____ ROOM: _____

ARE YOU A MINOR UNDER THE AGE OF 18 YEARS OLD? YES NO

TYPE OF APPOINTMENT: PERMANENT (> 4 MONTHS) TEMPORARY (< 4 MONTHS)

I DO **NOT** INTEND TO USE RADIOACTIVE MATERIALS^o

IF BOX IS CHECKED PLEASE PROCEED TO BOX #3 BELOW

RADIONUCLIDES ②

Please check all of the radionuclides the applicant is expected to directly handle.

H-3 C-14 P-33

S-35 Cl-36 Ca-45

Fe-55 Ni-63 As-73

I-125

If no other radionuclides will be used proceed to Box #3. If you will likely use any other radionuclides or are involved in any Radiation Safety approved protocols please list them Box #4 below.

OTHER USES OF RADIATION ③

Please List any other uses of ionizing radiation that you may encounter during your normal work procedures. (i.e. PET Technologist, Nuclear Medicine Physician, Irradiator User, Cardiac Catheterization, Nurse, X-Ray Diffraction, X-Ray/Fluoroscopy, etc.)

I DO **NOT** INTEND TO USE OTHER SOURCES OF RADIATION^o

IF BOX IS CHECKED SIGN IN BOX #6 BELOW THEN SUBMIT FORM TO RSB

OTHER RADIONUCLIDES AND PROTOCOL INFO ④

NOTE: For radionuclides listed in this box please complete the **WORKSHEET FOR OTHER RADIONUCLIDES** in box #5 below.

WORKSHEET FOR OTHER RADIONUCLIDES (Continue on back if necessary) ⑤

In order to determine your need for radiation monitoring, please provide the following information. To the best of your ability please estimate the amounts, actual handling times (not duration of experiment) and frequencies of use and provide a brief description of the procedures in the columns indicated. If your use of radiation changes significantly in the future, please contact your Area Health Physicist as it may be necessary to reevaluate your need for dosimetry. If you have any questions about obtaining radiation dosimeters, please contact your Area Health Physicist at 496- 5774.

Procedure/Nuclide	Stock Vial Activity (mCi)	Maximum Amount Used (mCi) *	Time Radionuclide Handled (min.)	Frequency (times/year)

* This is the amount of radioactivity aliquoted from the source vial for use in a single experiment.

FOR RSB USE ONLY
DOSIMETRY ISSUED

NONE

Whole Body (P)

Zone 3 (chest) Zone 13 (collar)

Zone 17 (fetal) Other Zone

Extremities (U)

Zone 3 (right finger) Zone 4 (left finger)

Other Zone

Ring Size **Frequency**

Small (0) Monthly (M)

Medium (blank) Bi-Monthly (G)

Large (4) Quarterly (N)

ASSIGNED TO BADGE SERIES: _____ TSS INITIALS: _____

SIGNATURES Please supply the appropriate signatures below. ⑥

APPLICANT'S SIGNATURE: _____ DATE: _____

^o BY INDICATING THAT YOU WILL NOT USE SOURCES OF RADIATION, YOU WILL NOT BE ABLE TO BE ENTERED ON ANY NIH 88-1 FORMS, IF THE MATERIAL YOU PLAN TO USE MAY REQUIRE A DOSIMETER