

**RADIATION WORKER AUTHORIZATION**

<p><u>Worker Information:</u></p> <p>Name: _____</p> <p>Phone: _____</p> <p>Email: _____</p> <p>Date of Birth: _____</p> <p>UML ID: _____</p>	<p><u>Laboratory Information:</u></p> <p>Authorized User/PI: _____</p> <p>Dept: _____ Lab: _____</p> <p>Radiation Sources and amounts: _____</p> <p>Description of work: _____</p>
---	--

**PRIOR OCCUPATIONAL RADIATION EXPOSURE ACKNOWLEDGEMENT**

I **DO NOT** have a prior occupational radiation dose history (via. Film badge, TLD, etc)

---

I **HAVE** a prior occupational radiation dose history (via. Film badge, TLD, etc) and I give permission to the University of Massachusetts Lowell to contact my previous employers, if necessary, to obtain my occupational dose history.

Employer with Contact Name	Address	Type of Work / Isotopes used	Dates of Employment

**PRENATAL RADIATION EXPOSURE POLICY ACKNOWLEDGEMENT**

I acknowledge that the University of Massachusetts Lowell has communicated to me in both verbal and written form its policy on "Prenatal Radiation Exposure" and has also provided me with access to a copy of the Nuclear Regulatory Commission, Regulatory guide 8.13 concerning this same subject.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**RADIATION SAFETY TRAINING**

I have completed the below listed trainings (*initial each*)

Online modules: \_\_\_\_\_

Met with Radiation Safety: \_\_\_\_\_

Lab specific training: \_\_\_\_\_

I have been instructed and I understand the following regarding above work (initial each applicable item):

1. The health risk and radiation protection problems involved \_\_\_\_\_
2. The precautions and procedures to make radiation exposures As Low As Reasonably Achievable (ALARA)..... \_\_\_\_\_
3. The applicable provisions of UML, state, and federal regulations, including the Radiation Safety Guide..... \_\_\_\_\_
4. My responsibility to report violations of above regulations \_\_\_\_\_
5. The appropriate response to any radiation accident..... \_\_\_\_\_
6. The availability of my radiation exposure records..... \_\_\_\_\_

*The above worker has received instructions and on-the-job training to safely perform the work described above. I understand it is my responsibility to ensure they follow all applicable safety procedures.*

Signature (Authorized User): \_\_\_\_\_ Date: \_\_\_\_\_

**Health Physics Certification:**    Monitoring Dosimetry:    Beta/Gamma     Neutron     Ring

Comments; \_\_\_\_\_

Radiation Safety Approval: \_\_\_\_\_ Date: \_\_\_\_\_