

SEALED SOURCE WORKER APPLICATION

Please print clearly

Name: (First, MI, Last) _____

Date of Birth: _____ Gender: Female / Male

University ID #: _____ Social Security # (last 4 digits): xxx-xx- _____

ISU Telephone: _____ E-mail Address: _____

ISU Department: _____ Principle Investigator: _____

Have you been a radiation worker at any location other than Iowa State University? Yes No
(If yes, a release authorization must be completed and signed)

Iowa State University requests this information for the purpose of complying with the requirements of 10 CFR 20.2102 and 641-40.19(136C) of the Iowa Administrative Code regarding the maintenance of personal radiation exposure records. **Personal information is kept confidential.** Incomplete applications will delay approval.

A. Radiation Safety Training Requirements

<i>Approval Type</i>	<i>Required Course</i>	<i>Date Completed</i>
Radioactive Sealed Sources (SS)	Sealed Source Radiation Safety	
Moisture/Density Gauges	Moisture/Density Gauge Training & Manufacturer's Training	

B. Sealed Source Information - Attach additional description if needed

1. Sealed Source Nuclide: _____ Activity: _____ How Often Used: _____
Experiment / Assay (describe): _____

2. Sealed Source Nuclide: _____ Activity: _____ How Often Used: _____
Experiment / Assay (describe): _____

Form continues on reverse side

C. Principal Investigator Request for Addition to Authorization

I certify that the individual named above has completed the listed requirements to use sealed sources and portable gauges/devices at Iowa State University. I request that an amendment be made to my Authorization to include them as approved personnel.

I understand that it is my responsibility to supervise the work conducted by this individual, to provide them with specific training on laboratory operating and safety procedures, and ensure that they abide by all University rules and policies concerning the possession and use of sealed sources and portable gauges/devices as outlined in the Radiation Safety and Laboratory Safety Manuals.

To the best of my knowledge the above information is correct. I also understand that the information provided will be used to determine if the applicant qualifies as a dosimetry participant. I further acknowledge that if the applicant does not qualify as a dosimetry participant that they may still request a dosimeter and I agree to cover all costs of dosimeter maintenance.

Signed (Participant): _____

Date: _____

Signed (Principal Investigator): _____

Date: _____

Return the completed form to: Environmental Health and Safety, 2408 Wanda Daley Drive / 3602 or email to ehsinfo@iastate.edu

For EH&S use only

Training Course: _____

Test Date: _____

Test Score: _____

Applicant issued dosimetry: YES NO

Dosimeter(s): _____

Participant Number: _____

Series Code: _____

Former Name (if changed): _____