

### 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 [ ]

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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 [ ]

**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 [ ]

|                                |                                 |
|--------------------------------|---------------------------------|
| [ ] Nuclear Reactor            | [ ] Diagnostic X-ray Equipment  |
| [ ] Cyclotron                  | [ ] Therapeutic X-ray Equipment |
| [ ] Accelerator 10 MeV or more | [ ] Analytical X-ray Equipment  |
| [ ] Accelerator under 10 MeV   | [ ] Cabinet X-ray Equipment     |
| [ ] Neutron Generator          | [ ] 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 no class has been completed as yet. 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&amp;S USE ONLY: "X" For complete "E" For exempt

|                               |                              |
|-------------------------------|------------------------------|
| [ ] Videotape                 | [ ] OJT                      |
| [ ] Quiz (Isotope or Machine) | [ ] Exposure History Request |
| [ ] Prenatal form             | U_ID Number Database_____    |
| [ ] Four Hour Seminar         |                              |

Comments: \_\_\_\_\_