

**STATEMENT OF TRAINING AND EXPERIENCE FOR PRINCIPAL INVESTIGATORS  
APPLYING FOR A NEW RADIATION USE AUTHORIZATION (RUA)**

*Please complete and return this form with your Application for Radiation Use Authorization form. This form is required by the California Department of Health Services and the campus Radiation Safety Committee as part of the approval process for your new RUA. Do not use this form if you will be working under the supervision of another Principal Investigator.*

**IDENTIFICATION OF PRINCIPAL INVESTIGATOR:**

|                        |                         |                        |
|------------------------|-------------------------|------------------------|
| <i>Full Name: Last</i> | <i>First</i>            | <i>Middle</i>          |
| <i>Position Title</i>  | <i>Birthdate</i>        | <i>Electronic Mail</i> |
| <i>Department</i>      | <i>Campus Extension</i> |                        |

**EDUCATION LEVEL ACHIEVED:**

|  |                     |                               |              |  |
|--|---------------------|-------------------------------|--------------|--|
| <i>University/College</i>  |                     |                               |              |  |
| <i>Address</i>   |                     | <i>City</i>                   | <i>State</i> | <i>Zip Code</i>                                      |
| <i>Attended: From</i>  | <i>Attended: To</i> | <i>Degree(s)</i>              | <i>Major</i> |  |
| <i>Check Radiation Dosimetry Used:</i>   |                     | <i>Badges: Film/TLD/Luxel</i> |              | <i>Bioassays: urine analyses/thyroid counts/etc.</i> |
| <i>Describe experience with radioactive materials and/or radiation-producing machines. State number of hours of practical experience in the safe handling of radioactive material.</i> |                     |                               |              |  |

|  |                     |                               |              |  |
|--|---------------------|-------------------------------|--------------|--|
| <i>University/College</i>  |                     |                               |              |  |
| <i>Address</i>   |                     | <i>City</i>                   | <i>State</i> | <i>Zip Code</i>                                      |
| <i>Attended: From</i>  | <i>Attended: To</i> | <i>Degree(s)</i>              | <i>Major</i> |  |
| <i>Check Radiation Dosimetry Used:</i>   |                     | <i>Badges: Film/TLD/Luxel</i> |              | <i>Bioassays: urine analyses/thyroid counts/etc.</i> |
| <i>Describe experience with radioactive materials and/or radiation-producing machines. State number of hours of practical experience in the safe handling of radioactive material.</i> |                     |                               |              |  |

**RADIATION SAFETY TRAINING COMPLETED: PLEASE CHECK APPROPRIATE BOX(ES) BELOW:**

THE RADIATION SAFETY OFFICER AND/OR A HEALTH PHYSICIST FROM THE RADIATION SAFETY DIVISION WILL CONDUCT A RADIATION SAFETY ORIENTATION AS PART OF THE RUA APPROVAL PROCESS.

I HAVE READ AND UNDERSTAND THE FOLLOWING TRAINING DOCUMENTS, AVAILABLE ON THE UCI ENVIRONMENTAL HEALTH AND SAFETY WEB SITE [www.ehs.uci.edu](http://www.ehs.uci.edu) UNDER RADIATION SAFETY:

- Radiation Safety Syllabus for radioactive materials and/or x-ray machines, as appropriate.  
 Radiation Safety Manual.

I HAVE COMPLETED OR WILL COMPLETE A RADIATION SAFETY TRAINING CLASS:

- Completed UCI Radiation Safety training online through UCLC. Date \_\_\_\_\_  
 Completed equivalent class Date \_\_\_\_\_  
 at \_\_\_\_\_

**AFFIRMATION OF ADDITIONAL LABORATORY/INDUSTRIAL EXPERIENCE WITH IONIZING RADIATION:**

I affirm that I have completed extensive practical work experience with radioactive materials and/or radiation-producing machines during my education as listed above and at the following institutions/locations:

|  |  |                        |  |   |  |              |                 |
|--|--|------------------------|--|---|--|--------------|-----------------|
| <i>Corporation/University/College</i>  |  |                        |  | <i>Department</i>                             |  |              |                 |
| <i>Address</i>   |  |                        |  | <i>City</i>                                   |  | <i>State</i> | <i>Zip Code</i> |
| <i>From</i>  |  | <i>To</i>              |  | <i>Total Years</i>                            |  | <i>Title</i> |                 |
| <i>Check Radiation Dosimetry Used:</i>   |  | Badges: Film/TLD/Luxel |  | Bioassays: urine analyses/thyroid counts/etc. |  |              |                 |
| <i>Describe experience with radioactive materials and/or radiation-producing machines. State number of hours of practical experience in the safe handling of radioactive material.</i> |  |                        |  |   |  |              |                 |

|  |  |                        |  |   |  |              |                 |
|--|--|------------------------|--|---|--|--------------|-----------------|
| <i>Corporation/University/College</i>  |  |                        |  | <i>Department</i>                             |  |              |                 |
| <i>Address</i>   |  |                        |  | <i>City</i>                                   |  | <i>State</i> | <i>Zip Code</i> |
| <i>From</i>  |  | <i>To</i>              |  | <i>Total Years</i>                            |  | <i>Title</i> |                 |
| <i>Check Radiation Dosimetry Used:</i>   |  | Badges: Film/TLD/Luxel |  | Bioassays: urine analyses/thyroid counts/etc. |  |              |                 |
| <i>Describe experience with radioactive materials and/or radiation-producing machines. State number of hours of practical experience in the safe handling of radioactive material.</i> |  |                        |  |   |  |              |                 |

|   |    |                        |   |       |          |
|---|----|------------------------|---|-------|----------|
| Corporation/University/College  |    |                        | Department                                    |       |          |
| Address   |    | City                   |   | State | Zip Code |
| From  | To | Total Years            | Title   |       |          |
| Check Radiation Dosimetry Used:   |    | Badges: Film/TLD/Luxel | Bioassays: urine analyses/thyroid counts/etc. |       |          |
| Describe experience with radioactive materials and/or radiation-producing machines. State number of hours of practical experience in the safe handling of radioactive material. |    |                        |   |       |          |

**RADIOACTIVE MATERIALS PREVIOUSLY USED:**

| Check Nuclides   | Quantity, mCi | Check Nuclides   | Quantity, mCi | Check Nuclides          | Quantity, mCi |
|------------------|---------------|------------------|---------------|-------------------------|---------------|
| <sup>3</sup> H   |               | <sup>45</sup> Ca |               | <sup>137</sup> Cs       |               |
| <sup>14</sup> C  |               | <sup>51</sup> Cr |               | U/Th                    |               |
| <sup>18</sup> F  |               | <sup>60</sup> Co |               |                         |               |
| <sup>22</sup> Na |               | <sup>86</sup> Rb |               |                         |               |
| <sup>32</sup> P  |               | <sup>125</sup> I |               | Large Gamma Irradiators |               |
| <sup>35</sup> S  |               | <sup>131</sup> I |               | Sealed Sources          |               |

**RADIATION-PRODUCING MACHINES PREVIOUSLY USED:**

| Check Radiation-Producing Machines Previously Used | Check Radiation-Producing Machines Previously Used |
|--|--|
| 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                                  |  |

**ADDITIONAL COMMENTS:**

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**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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**\*\* RETURN COMPLETED FORM TO OFFICE OF ENVIRONMENTAL HEALTH & SAFETY \*\***  
**\*\* 4600 HEALTH SCIENCES RD., UCI CAMPUS, ZOT CODE 2725 \*\***