

RadSafe 5 STATEMENT OF TRAINING AND EXPERIENCE FOR USE OF RADIATION SOURCES: AUTHORIZED USERS & RADIATION WORKERS

Name of Applicant: _____ Date: _____

Date of Birth: (MM/DD/YYYY)	UMKC EMPLID #	Sex: M__ F__
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Topic & Type of Training	Where Trained	Duration of Training
1. Principles of Radiation Protection <input type="checkbox"/> Formal Course <input type="checkbox"/> On-the-job		
2. Radioactive measurements techniques and instrumentation <input type="checkbox"/> Formal Course <input type="checkbox"/> On-the-job		
3. Math Basic to Radioactivity <input type="checkbox"/> Formal Course <input type="checkbox"/> On-the-job		
4. Biological Effects <input type="checkbox"/> Formal Course <input type="checkbox"/> On-the-job		

Experience with Radiation Sources: A. Radioactive Materials

Radionuclide, amount	form	use
1.		
2.		
3.		
4.		

B. Radiation-Producing Devices—type and use (i.e. research, clinical)

1.
2.
3.
4.

Experience with Radiation Detection Instruments:

Type of Instrument	Radiation Detected	Use
1.		
2.		
3.		

Source(s) to be used: A. Radioactive Materials B. Radiation Producing Devices

Worker Location:	Worker Signature: _____
Worker Phone:	
Worker Email:	
AU Department:	
RSOf: _____ Date: _____	AU Signature: _____

RSOf Notes:
On Blackboard: _____

Moved to Active: _____

OTHER NOTES: