

California Institute of Technology

New Radiation Worker Form

This section to be completed by Principal Investigator

Add the individual below as an authorized user on my permits as indicated.

Date	Principal Investigator	Department	Mail Code
Permit Number(s)		Signature of Principal Investigator	

This section to be completed by New Worker

New Worker's Statement of Radiation Training and Experience

Name		Caltech Status	
Social Security Number - -		Date of Birth	
Building and Lab		Campus Extension	Mail Code
Have you ever been on Caltech's Radiation Worker Program Yes <input type="checkbox"/> No <input type="checkbox"/>			If yes, when?

Other employment involving exposure to radiation or use of radiation dosimeters (e.g. film badge, TLD). List all such employment.

Name and address of employer	Dates of employment	Dosimeter used?
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>

Briefly describe your training and experience in the use of radioactive materials or radiation-producing machines.

In the appropriate sections below, enter the radionuclides previously used.

	Isotopes/Activities Handled		
	Microcurie amounts	Millicurie amounts	Curie amounts
Sealed sources			
Unsealed α emitters			
Unsealed β/γ emitters			
Neutron sources			

Signature of New Worker	Date
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This section to be completed by Safety Office

<u>Special Conditions</u> 	<u>Personnel monitoring</u> <input type="checkbox"/> Body β/γ badge <input type="checkbox"/> Body $\beta/\gamma/n$ badge <input type="checkbox"/> Finger dosimeter	<u>Temporary dosimeters</u> XBG # _____ Date _____ XBGN # _____ Date _____ TLD # _____ Date _____
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Signature of Institute Health Physicist	Date
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