

Radiation Worker Registration

Environmental Health and Radiation Safety

(Last Name)		(First Name)		(M)				
Social Security Number:	τι [J ID: (Required)	Sex:	Male Female				
Title/Position(s)	Department:		Supervisor:					
Office Phone:	☐ University ☐ Temple	e Hospital □ Jeanes □	Episcopal/Northeastern	☐ Other				
Exposure: Indicate your anticipated use of source of radiation at Temple University.								
Directly with unsealed radioactive n Radionuclide(s) Acti Directly with radioactive material in irradiator teletherapy unit, HDR) Device: Building: Room: Other (describe):	a device (e.g.	(e.g. braDirectly withIncidentally nurses for	th sealed radioactive manchytherapy sources) th X-ray producing maching exposed to source of radiation therapy pating siologist) the source of exposure:	ne(s) adiation (e.g. ents,				
Total Radiation Exposure: Institution/Company/RSO	Phone number	Address	City State	e Zip Code				
Calendar year to date:mrem	Have you been assigned	d a planned special expo	osure as defined by the N	NRC?NoYes				
Training: List any radiation safety training constitution/Company	ourses that you have att Course Name/Topic	ended. Please include tl	he following: Hours Date					
Have you worn a dosimeter (Radiation Badge) or other monitor previously? Yes No If no, continue to signature.								
Experience: List previous employment with Institution/Company	exposure to radiation. If Address	no previous experience City	indicate None. Please in State Zip Code	nclude the following: Dates				
By signing below, I certify that the above is and true to the best of my knowledge. It working with or around radiation at anomotify EHRS to ensure a complete radiation maintained. Signature: Date:	f at any time I begin ther institution I will on exposure record is	machine supervisor mentioned individual can work safely under safety training class. PI/Supervisor Signar	completed by authorizer or ONLY. I certify that I hat I sufficient training in radiater my close supervision unti	ve given the above tion safety so that they I they can take the next				
Fax completed form to 215-707-1600 (2-1600) rev. 4/2018								



Authorization to Release Radiation Exposure History

Name:						
Please Print						
Social Security Numb	er:	-				
Alternate name for re	cords (e.g., ma	iiden name): _				
Authorization to relea				e University is	hereby granted	
Signature:			_ Date	Date:		
RSD Use Only Institution	Request	Follow-up 1	Follow-up 2	Follow-up 3	Received	
	Date	,	·	, -		