

PURDUE UNIVERSITY
Radiation Safety

Radioactive Materials and Radiation Producing Devices Use Application

IMPORTANT: Applicant must attend the training **and** submit this application to be authorized. Applicants previously authorized at Purdue should indicate their previous project director's name below:

Previous Project Director: _____

Was a film badge issued? ☐ Yes
☐ No

REM Use Only			
Routing Date		Authorization #	
Training		RASTA	
Online:		Class:	
Dosimetry		User:	
		Dos.:	
		Rep.:	
		GDS:	
		Log:	
Matt	Zach	Jim	Sharon

Applicant: _____ Chmiel _____ Gregory _____ J _____ Birth Date: _____ July 21, 1967
Last Name First Name M.I.

Purdue ID #: 0 0 1 0 1 4 4 6 5 7 Telephone: 494-5381 Email: gjc@purdue.edu

Department: Physics & Astronomy Position: Technician Location: Phys B188
Building & Room

I request authorization to use the following radioactive materials and/or radiation producing devices indicated in the project summary (Form A-1) beginning on the date below:

Estimated Starting Date: October 22, 2014

	Isotopes (See H-3 Example)				
Isotope:	H-3	Be-10	Al-26	Cl-36	I-129
Qty./Exp. (mCi):	.01	0.000	0.003	0.003	0.4

Radiation Producing Devices (Check All That Apply)		
Analytical X-ray	Medical/Veterinary X-ray	Accelerator
Open Beam <input type="checkbox"/>	DEXA <input type="checkbox"/>	
Closed Beam <input type="checkbox"/>	Diagnostic Radiography <input type="checkbox"/>	Veterinary Therapy <input type="checkbox"/>
Cabinet <input type="checkbox"/>	Fluoroscopic <input type="checkbox"/>	Tandem <input checked="" type="checkbox"/>

Statement of Training and Experience

☒ No previous training or experience with using radioactive materials or radiation producing devices. (Go to # 2)

1. Type of Training (Check Appropriate Column)

	Formal Course	On-The-Job	Neither
Principles and Practices of Radiation Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radioactivity Measurement, Monitoring Techniques, and Instruments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics and Calculations Basic to the Use and Measurement of Radioactivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biological Effects of Radiation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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2. **Formal Courses** (Do not include Purdue Radiation Safety Training. List all courses taken for credit pertaining to the use of radiation or radioactive materials such as radiochemistry, radiation biology, nuclear engineering, etc.)

Title of Course	Where Trained	Duration	Course Content
NA			

3. **Experience** (List actual use of radioactive materials, radiation producing devices; details of formal laboratory courses; on-the-job training; and etc.)

Isotope	Maximum Used (mCi)	Where Gained	Duration	Type of Use
NA				

4. **Occupational Radiation Exposure History** (Previous employers, including Purdue, involving radiation exposure)

Name and Address of Employer and Department	Dates of Employment (From - To)
NA	

☒ No previous occupational radiation exposure history.

To Be Completed by The Project Director

I have read and understand the Purdue University Radiation Safety Manual and will comply with university, state, and federal regulations governing the use and storage of radioisotopes and radiation producing devices. I will ensure the applicant receives project-specific training and other necessary guidance and training.

Project Director: _____

(Please Print)

Signature: _____

Authorization Number: _____

Date: 10-28-2014

I have received instruction on prenatal exposure risks to developing embryos and fetuses and understand the NRC regulations that require prenatal occupational exposure be 0.5 rem or less during a declared pregnant woman's entire gestation period.

I have been given an opportunity to ask questions and am aware that I may discuss occupational exposure with a member of the Radiation Safety staff at any time in the future.

I have read and understand the Purdue University Radiation Safety Handbook and will comply with university, state and federal regulations governing the use of radioisotopes and other sources of ionizing radiation.

I grant permission to make available any and all information concerning my radiation exposure history while employed by or assigned to the previous addresses listed.

I certify that the statements contained in this application are correct and complete to the best of my knowledge.

Applicant's Signature: _____

Date: 2014-10-22