

Badge #

Series #

RADIATION WORKER REGISTRATION FORM

Last Name:

First Name:

MI

Sex:

Date of Birth:

Employer:

Start Date:

Status (Employee, Student, Visitor, etc.):

Work Phone:

Campus Mailing Address:

Job Title:

Name of Department:

Previously badged at
AU/AU Health?Hand that will most likely
handle radiation sources:

Ring Size?

YES

LEFT

Small

Med.

Large

NO

RIGHT

Routine functions of your position (Indicate job duties as related to work done with radiation sources):

I use clinical radiopharmaceuticals

I operate research x-ray systems

I operate DEXA

I operate research irradiators

I operate fluoroscopy systems

I operate general purpose x-ray systems

I operate CT Scanners

I operate therapeutic x-ray systems

I use research radionuclides (list):

Radiation Safety Training (List radiation safety training you have had. Note the title, date, durations, and location.):

Previously badged at another institution? (If yes, see back of form.)

YES

NO

Signature:

Date:

(If you are completing this form electronically, enter your AU/AU Health e-mail address in the signature block.)

If you have worn a dosimeter (radiation badge) previously at another institution, complete the following portion of this form and sign.

Name & Address of Employer: _____ Dates From-To (mm/dd/yy): _____ External Dose, if known (rem): _____

Name & Address of Employer: _____ Dates From-To (mm/dd/yy): _____ External Dose, if known (rem): _____

Name & Address of Employer: _____ Dates From-To (mm/dd/yy): _____ External Dose, if known (rem): _____

I declare this information to be true to the best of my knowledge and authorize the Radiation Safety Office to use copies of this information for purposes of acquiring exposure history records.

Signature: _____ Date:

(If you are completing this form electronically, enter your AU/AU Health e-mail address in the signature block.)

How to submit this form:

- Print the form and submit via campus mail to Teresa Johnson, CI-1004, or
- Attach the form to an e-mail message and send it to Teresa Johnson, TJOHNS45@augusta.edu, or
- Hand-deliver to the Radiation Safety Office in the CI building.

Call Teresa Johnson, 706-721-9830, for assistance.

Radiation Safety Office Use Only

Training: Adequate Required Video
Dosimetry: MWB MRL MRR BIO

Comments:

Spare Badge # _____ Spare Ring Badge # _____ Date:

Approved: _____ Date: _____