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		REM Use Only					
		g Date A	Authorization #	RASTA			
authorized at Purdue should indicate their previous project				User:			
director's name below:		Training					
	Online:	Class	:	Rep.:			
Previous Project Director:	Dosimetry GDS:						
			R:	Log:			
Was a film badge issued?	Matt	. K	yle	Jim			
☐ No							
Applicant:		Birtl	n Date:				
Last Name Firs	t Name	M.I.					
Purdue ID #: Telephone:		nail:					
Department: Position:		Locat	ion:				
			Buildi	ng & Room			
I request authorization to use the following radioactive mater project summary (Form A-1) beginning on the date below: Estimated Starting Date:	ials and/or rad —	iation producing	g devices indic	ated in the			
Isotopes	R	Radiation Producing Devices					
(See H-3 Example)	(Check All That Apply)						
Isotope: H-3	nalytical X-ray	Medical/Veterin	ary X-ray	Accelerator			
	Open Beam	DEXA					
Qty./Exp. (mCi): .01	Closed Beam	Diagnostic Radi	ography Vete	rinary Therapy			
	Cabinet	Fluoroscop	oic	Tandem			
		<u> </u>	L				
Statement of Training	ng and Expe	erience					
 No previous training or experience with using radioactiv Type of Training (Check Appropriate Column) 	e materials or	radiation produ	cing devices. (Go to # 2)			
	Fo	ormal Course	On-The-Jo	b Neither			
Principles and Practices of Radiation							
Radioactivity Measurement, Monitoring Techniques, and In	struments						
Mathematics and Calculations Basic to the Use and Measurement of Ra	dioactivity						
Biological Effects of	Radiation						

Continued on Next Page

2. Formal Courses (D use of radiation or									
Title of Course		Where Trained		Duration	tion		Course Content		
3. Experience (List ac courses; on-the-jol			naterials, r	adiation produ	ıcing	g devices; de	etails of form	nal laboratory	
Isotope	Maxi	mum Used (mCi)		Where Gaine	ed	Duration Type of U		Type of Use	
4. Occupational Radiation Exposure History (Previous employers, including Purdue, involving radiation exposure)									
Name and Addre		ess of Employer and Department		Dates of Employment (From - To)					
No previous occup	ationa	l radiation exposi	ure history	y.					
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:				9	Signa	nature:			
Authorization Number	:	(Please Prin	t)			Date:			
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:	oplicant's Signature: Date:								