

STATEMENT OF TRAINING AND EXPERIENCE, GENERAL

1. **Identification:**

Name: _____ SS#: - - Birth Date: _____ Phone/Ext: _____

Department: _____ Title: _____ Fax: _____ e-mail: _____

2. **Location of Use:**

PI: _____ Building: _____ Room #(s): _____

3. **Training/Education:**

a) High school graduate: [yes, no] (circle one)

b) College or University:

Name: _____ Location: _____

Degree: _____ Course of study: _____ Year completed: _____

c) Education specifically applicable to the use of radioactive materials/ radiation producing machines:

4. **Experience:**

a) List experience with radioactive materials and/or radiation producing machines, beginning with the most recent:

i. Dates: from _____ to _____ Title: _____

Employer: _____

Address: _____

City/State/ZIP: _____ Phone #: () -

Worked with: () radiation producing machines () radioactive materials

Duties: _____

ii. Dates: from _____ to _____ Title: _____

Employer: _____

Address: _____

City/State/ZIP: _____ Phone #: () -

Worked with: () radiation producing machines () radioactive materials

Duties: _____

iii. Dates: from _____ to _____ Title: _____

Employer: _____

Address: _____

City/State/ZIP: _____ Phone #: () -

Worked with: () radiation producing machines () radioactive materials

Duties: _____

b) If radioactive materials were used previously, list typical radioisotopes used in the appropriate box and key to part 4a:

Type of Source	Quantities Handled			
	microcuries	millicuries	Curies	Kilocuries
Sealed Sources				
Unsealed alpha emitters				
Unsealed beta/gamma emitters				
Neutron sources				

c) If radioactive materials were used indicate which types of facilities you have used and key to part 4b:

- | | |
|---|--|
| <input type="checkbox"/> Ordinary chemical laboratories | <input type="checkbox"/> Field operations |
| <input type="checkbox"/> "Controlled Area" (type B) labs | <input type="checkbox"/> Moisture/density gauges |
| <input type="checkbox"/> "Caves" with remote manipulators | <input type="checkbox"/> Other (specify): _____ |

d) If radiation producing machines were used previously, indicate the type of use below and key to part 4a:

- | | |
|--|--|
| <input type="checkbox"/> X-ray diffraction | <input type="checkbox"/> Cabinet radiography: (energy) _____ |
| <input type="checkbox"/> Medical radiography | <input type="checkbox"/> Accelerator: (energy) _____ |
| <input type="checkbox"/> Medical fluoro | <input type="checkbox"/> Electron microprobe |
| <input type="checkbox"/> Dental radiography | <input type="checkbox"/> Other (specify) _____ |

5. **Certification:**

I certify that the information contained in this statement is true and correct

Signature: _____ Date / /

SEND COMPLETED APPLICATION TO EH&S RADIATION SAFETY