

## MINES RADIATION USER INFORMATION AND AUTHORIZATION

1. User Information			
<b>Last Name</b>	<b>First Name</b>	<b>CWID</b>	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Date of Birth</b>	<b>Mines Email</b>	<b>Department</b>	

2. Rad Use Information			
<b>Rad Supervising PI</b>	<b>Rad User Category</b>		
	<input type="checkbox"/> AU (listed on License)	<input type="checkbox"/> ISU	<input type="checkbox"/> DSU
Rad Materials Used (check all applicable)			
<input type="checkbox"/> alpha emitters	<input type="checkbox"/> beta emitters	<input type="checkbox"/> gamma & X-ray	<input type="checkbox"/> neutron sources
<input type="checkbox"/> dispersible	<input type="checkbox"/> sealed sources	<input type="checkbox"/> calibration/exempt	<input type="checkbox"/> other:
Dosimetry Need			
<input type="checkbox"/> badge	<input type="checkbox"/> badge w/ neutron detection	<input type="checkbox"/> ring: <input type="checkbox"/> small <input type="checkbox"/> medium/large <input type="checkbox"/> X-large	
Exposure tracking			
<input type="checkbox"/> no exposure in current year			
<input type="checkbox"/> Yes I have participated in a dosimetry monitoring program at other institution in current year		<input type="checkbox"/> I have the exposure report and will provide a copy or <input type="checkbox"/> I will request an exposure report	
<input type="checkbox"/> planned or special exposures to report:			

3. Administrative Requirements	User's initial
Obtain authorization from supervising PI before working with licensed rad materials	or <input type="checkbox"/> N/A
Know emergency procedures and contacts	or <input type="checkbox"/> N/A
Know experiment or operating procedures; practice radiation protection principles to keep dose ALARA	or <input type="checkbox"/> N/A
Review "Notice to Employees" posted by lab entrance	or <input type="checkbox"/> N/A
Record own rad materials uses and whereabouts; secure rad materials	or <input type="checkbox"/> N/A
If generating rad waste, complete EHS "Hazardous Waste Generator Training" and refresher training	or <input type="checkbox"/> N/A
Know pregnant rad user's rights and declaration procedures	or <input type="checkbox"/> N/A
Report to RSO exposures concurrently received at other institution(s)	or <input type="checkbox"/> N/A
Upon leaving Mines, report rad materials inventory and locations to supervising PI	or <input type="checkbox"/> N/A
Other special requirements:	or <input type="checkbox"/> N/A

*By signing below I confirm that the information provided above is accurate to the best of my knowledge and I will comply with the applicable administrative requirements.*

**User's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

User name: \_\_\_\_\_

4. Training		
<b>Online general rad safety training</b>		
Date completed:	Score ( $\geq 70\%$ to pass):	
<b>In-lab specific training</b>		
Lab #	Trainer's signature	Date completed
<input type="checkbox"/> GRL342		
<input type="checkbox"/> HH132		
<input type="checkbox"/> HH223		
<input type="checkbox"/> GRLA114		
<input type="checkbox"/> CK012&012A		
<input type="checkbox"/> CK014		
<input type="checkbox"/> CK008		
<input type="checkbox"/> CH059		
<input type="checkbox"/> CH186		
<input type="checkbox"/> other:		

5. Authorization	
<input type="checkbox"/> User information completed	
<input type="checkbox"/> Required training completed	
<input type="checkbox"/> Dosimeter(s) ready. Dosimetry program participant #: _____	
<input type="checkbox"/> Lab access granted	
<b>User is authorized as</b> <input type="checkbox"/> AU <input type="checkbox"/> ISU <input type="checkbox"/> DSU <input type="checkbox"/> Note: _____	
<b>RSO Signature:</b> _____ <b>Date:</b> _____	