

REGISTRATION AS A USER OF RADIONUCLIDES

NAME _____
(PRINT)

Tel Extn _____

- Academic Undergraduate
 Technician Other: please specify below
 Research Staff
 Postgraduate

Email _____

Age if under 18

Male Female

Unit/Division _____

Area _____

School/College _____

Supervisor/Group Leader _____
(if applicable)

ESTIMATED USAGE OF RADIONUCLIDES

Isotope	Maximum MBq to be handled at one time	Estimated frequency of usage of max amount*	Time Max amount handled (min)	Point Source of Max MBq at 15cm for Time Handled		Point Source of Max MBq at 30cm for Time Handled	
				Skin Dose (mSv)	Deep Tissue Dose (mSv)	Skin Dose (mSv)	Deep Tissue Dose (mSv)

*Enter: D (daily) W (weekly) M (monthly)

Any registrants who may be pregnant are legally required to inform the University to enable a suitable risk assessment to be made.

*Applicant and RPS
Please remember to sign the form overleaf*

Details of training and/or experience in safe handling of radionuclides (*if no details are given, the registrant will be required to attend the University's new users' course*):

Any previously recorded doses (mSv):

Body: Skin/Extremity/Finger Dose (from last 12 months):

Signature of applicant: _____ Date: _____

Signature of RPS: _____ Date: _____

SIGNIFICANT CHANGES IN USAGE MUST BE NOTIFIED TO SAFETY SERVICES

FOR COMPLETION BY SAFETY SERVICES

Register as a radiation worker:

Register as a radiation worker with the following conditions:

a) Personal monitors must be worn: *Body badge* *Finger badge*

b) Training/precautions are required:

The supervisor must ensure the applicant is fully acquainted with the local rules (see code of practice *Protection Against Ionising Radiations*) which ensure that the University complies with the Ionising Radiation Regulations 1999 and the Radioactive Substances Act 1993.

This registration as a user of radionuclides is valid for three years. The Radiation Protection Service will send registered workers a renewal form at the end of that period.

Return completed form to the Radiation Protection Technician, Safety Office, 3 Cross Row

Signed: _____ Date: _____

(Radiation Protection Officer)