

RI-01

RADIATION USER PERSONAL DATA

PURPOSE

This form specifies personal data that must be provided by each radiation user, including a summary of training and experience with radiation sources and, if necessary, a form to request radiation exposure or radiation safety training records from previous employers. The confidentiality of personal data, and the right of individuals to review their own records and to obtain written summaries of radiation exposures are also specified.

RULES AND REGULATIONS

An “**occupational worker**” is any individual whose official duties or authorized activities include handling, operating or working in the presence of any type of radiation source on a regular basis. As a condition of performing such duties or activities, each radiation user is required to provide certain personal information to the Radiation Control Office (RCO). The required information includes (1) primary identification data, e.g. full name, birth date, sex and university ID number; (2) previous training and experience with radiation sources; and (3) current employment status, including job title or description, department, PU and work location.

Personal records of radiation users also contain the scores obtained on tests taken to demonstrate knowledge of radiation safety procedures, data obtained from monitoring of external and internal radiation exposures and reports on any injuries or abnormal incidents related to the use of radiation sources.

Individual radiation user records are treated as confidential and are available only to individuals with a legitimate need for the information. An individual may review the contents of his or her personal radiation user file at any time upon written request to the RCO, and will receive an annual summary of his or her radiation monitoring record.

The Rules and Regulations Pertaining to Radiation Control issued by the Colorado Department of Public Health and Environment are based on an annual limit for internal and external exposure. This limit is defined for a calendar year and includes all occupational doses received at all places of employment. It also includes an attempt to obtain records of lifetime cumulative occupational radiation dose from previous work with radioactive material.

For your personal safety and in compliance with this regulation, the Radiation Control Office needs to know all reportable radiation exposures received during the current year from all employers. Failure to obtain these records means that the allowable limit

for the remainder of the year will be reduced by 25% for each quarter of the current year that the data is absent.

There are two ways that this information can be obtained:

1. Provide a written statement to the Radiation Control Office that describes the nature and extent of all radiation exposures received.
2. Request this information from all employers involving radiation exposure.

PROCEDURE

Each radiation user shall submit a completed "RADIATION USER TRAINING & PERSONAL DATA" form (RF-1A) to the RCO before starting work with any radiation sources. Users must complete the form in its entirety. 'User Categories' and their training requirements are defined on pages 10 and 11 of Colorado State University's Radiation Control Manual.

If any previous employment involved exposures to ionizing radiation, a "REQUEST FOR RADIATION EXPOSURE HISTORY AND/OR TRAINING VERIFICATION" form (RF-1B) shall also be completed for *each* such employer and submitted to the RCO. This form is not required, but failure to obtain these records means that the allowable limit for the remainder of the year will be reduced by 25% for each quarter of the current year that the data is absent.

Radiation users with board certification, who prescribe, compute, prepare or deliver radiation doses shall submit a copy of their specialty board certificate.

RF-1A RADIATION USER TRAINING AND PERSONAL DATA

(Please type or print legibly)

Given Names (first and middle or initial): _____
Surname (family or last name): _____
Degree: _____ E-Mail Address: _____

Department: _____ **Work Building:** _____

Office Phone #: _____ **Lab Phone #:** _____

User Category: Ancillary Normal User Qualified User Principal User RHS Student
Irradiator User Vet Student X-ray User Density Gauge User Animal Holder

Birth Date: _____ **University ID #:** _____ **Male:** **Female:**

Principal User: _____

Home Address: _____

City: _____ **Zip:** _____ **Home Phone:** _____

Have you had previous work experience involving occupational radiation exposure from another insitution? Yes No

Have you received training on radiation safety from another institution? Yes No

If you checked "Yes" for either of the above statements, complete a "REQUEST FOR RADIATION EXPOSURE HISTORY AND/OR TRAINING VERIFICATION" form (RF-01B) for each such institution or employer.

Do you want to request a film badge? Body Extremity No

See page 12 of the Radiation control Manual for dosimetry requirements and verify this with your PU.

All radiation users with board certification, who will be responsible for prescribing, computing, preparing or delivering any kind of radiation doses to humans, attach a copy of your board certificate.

The above information is accurate and complete and I have read and understand my Principal Users' safety plan and approval which includes potential doses. I understand that I may communicate directly, in confidence and without prejudice with the Radiation Safety Office, the Colorado Department of Public Health and Environment, Radiation Control Division or the U.S. Nuclear Regulatory Commission on any matter concerning radiation protection.

Your Social Security Number will be used ONLY for identification purposes to track radiation dosimetry, training and other records maintained by the Radiation Control Office. The records are confidential and may not be viewed by anyone except for yourself and the RCO staff. Providing your Social Security Number is done so on a completely voluntary basis. If you do not wish to provide your Social Security Number for RCO purposes, you must obtain an alternate CSU Identification Number from Human Resources Services (x5796) or Admissions (x6909) in order to complete this form.

Signature: _____ **Date:** _____

Principal Users' Signature: _____ **Date:** _____

"Please retain a copy for your files"

**RF-1B REQUEST FOR RADIATION EXPOSURE HISTORY AND/OR
TRAINING VERIFICATION**

(Please type or print legibly)

Organization: _____ Previous employer or institution where radiation exposure and/or training was received
Address: _____
City: _____ State: _____ Zip: _____
Phone #: _____ Attn: _____ Radiation Safety Officer, if known, or supervisor (indicate which).

Complete organization address required.

For the Occupational Worker:

Last Name: _____ First Name: _____
Previous (maiden or other last names known by): _____
ID No.: _____
Inclusive dates of work with radiation -- From: _____ To: _____
Signature: _____ Date: _____
CSU Principal User: _____

To whom it may concern: *(to be completed by the above named organization's Radiation Safety Office)*

Please complete this form for the work dates listed above and send the following to the address indicated below: The occupational radiation dose received by the above named individual during the current year is: _____ mrem The lifetime cumulative occupational radiation dose received by the above named individual is: _____ mrem Yes / No Please verify that the individual received radiation safety training appropriate for independent work with radioactive materials or radiation-generating machines. If 'Yes' was marked, please include the appropriate documentation for our records.
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Please send the requested information to:

Colorado State University
Environmental Health Services
Radiation Control Office
133 General Services Building
Fort Collins, Colorado 80523-6021
Office Number: (970) 491-4835 Fax Number: (970) 491-4804

A photocopy or facsimile of this request is as valid as the original.

Your Social Security Number will be used ONLY for identification purposes to track radiation dosimetry, training and other records maintained by the Radiation Control Office. The records are confidential and may not be viewed by anyone except for yourself and the RCO staff. Providing your Social Security Number is done so on a completely voluntary basis. If you do not wish to provide your Social Security Number for RCO purposes, you must obtain an alternate CSU Identification Number from Human Resources Services (x5796) or Admissions (x6909) in order to complete this form.